VACCINATE VNSNY!

FAQ #3: December 23, 2020 -- Containing Answers from December 21st

The following FAQs were adapted from questions submitted by VNSNY staff for the Vaccinate VNSNY! Conference Calls hosted by Andria Castellanos on Monday, December 21st.

**Vaccine Basics & Safety**

“Is the vaccine recommended for those who already tested positive for the COVID-19 virus?”
Yes, the CDC Advisory Committee is recommending it. They recommend a delay of 90 days after you get your diagnosis, but if you’ve had it more than 90 days ago, you should get vaccinated.

“Although long-term side effects are not yet known, can the medical community anticipate what the possible long-term effects are in taking the vaccine? If so, what are they?”
Because all COVID-19 vaccines are new, it will take more time and more people vaccinated to learn about rare or possible long-term side effects. The good news is at least eight weeks’ worth of safety data were gathered in the clinical trials for the authorized vaccines, and it’s unusual for the vaccine side effects to appear more than eight week after vaccination. Even though no safety issues arose during the clinical trials, CDC and other federal partners will continue to monitor the new vaccines for serious side effects - known as adverse events - using many vaccine safety monitoring systems.

This continued monitoring can pick up on side effects that may not have been seen in clinical trials. If an unexpected side effect is seen with the new COVID vaccines, experts can quickly study it further to determine if it is a true safety concern. The monitoring of vaccine safety is a critical step to help ensure that the benefits of these COVID-19 vaccines continue to outweigh the risks for people who are vaccinated.

“Is it important to be tested before receiving the vaccine? What happens if a person is asymptomatic positive or has antibodies unknowingly?”
Yes. Currently, it’s not recommended to get tested for COVID-19 before getting the vaccine. I guess if you tested positive for the COVID-19 positive, it might indicate that you may have had a natural immunity from the COVID-19 virus, but it is really unknown right now how long this natural immunity protection can last, and CDC recommends that you get vaccinated even if you had the COVID-19 in the past because we can catch it more than once. One concern that people have raised is whether the side effects might be worse if you already have antibody, and in fact, in the Moderna trial, the side effects seemed to be less in people who came in with existing
antibody. So, there’s, you know, for both reasons, there’s no indication to get antibody testing before vaccination.

“I have heard different directives for people who are immunocompromised. Is it recommended to get the vaccine in these cases?”

It really depends on what that term means. And I think it would be somebody who has a serious immunocompromising condition really needs to speak to their, you know, their own physician about that. Just remember, again, this is not a live virus. The concern with people with immunodeficiency in the past has often been, can they develop disease from a live virus vaccine, and that’s not the issue in this case. So, there should be relatively few situations where an underlying disease renders you ineligible to receive the vaccine. The one that’s been stipulated is if you had a severe allergic reaction to any component of the vaccine, you probably should not get this vaccine.

“Is the vaccine a cure for COVID-19, or just a vaccine that we take, which would mean you can still get COVID-19? Also, why are they not telling people that blood clots could be another side effect?”

I’m not sure what the questioner means about the blood clots. Blood clotting has been shown to be a severe or a significant complication of COVID disease, so the vaccine, if anything, should make you less likely to have problems with blood clots. If you already have COVID or you come down with COVID, will the vaccine help you resolve it? And that really has not been addressed, and it seems unlikely. So, I wouldn’t expect that this would be used in that way.

“Will I still need to wear a mask after I get the vaccine?”

Yes, CDC, right now, really recommends that everyone still wear the mask while this vaccination roll-out is ongoing because not everybody can be vaccinated at the same time. So, the infection transmission of the infection may still be present, so right now, CDC recommends continue following the recommendations to prevent the spread, such as using the mask, continue social distancing, avoid large crowds, and continue the hand hygiene and hand washing techniques.

I think it’s important to remember that we don’t know if people who have been vaccinated can still get infected and potentially transmit the virus. We know they don’t get sick in nearly the same way. There’s 95% reduction in their rate of illness, and as I said, 100% reduction in the rate of severe illness, but that doesn’t mean that they can’t be infected and transmit. So, that’s a strong reason to continue to practice all of the steps that Dr. Dignam outlined.

“Could this vaccine negatively affect people of childbearing age?”
If they were pregnant at baseline, they were excluded from the trial, but there were a number of pregnancies in both vaccine trials, and no adverse events were identified. The professional organization of obstetricians, ACOG, came out with a recommendation last week supporting the idea of vaccination for pregnant women, given the adverse impact that we know COVID-19 disease can have in pregnancy.

**Vaccine Availability & Administration**

“**When are the non-patient-facing VNSNY employees getting the vaccine?**”

There is a schedule for prioritization, and those frontline staff who are taking care of the patients in the skilled nursing facility will actually be first ones to get the vaccine. But those who are not patient-facing at this time, they will be scheduled as well. But as Andria pointed out, we don’t really know when and who will be - I mean, when the vaccination schedule will be available because we don’t really know when we’re getting the vaccine at this point.

“**What are the plans to allow the vaccine to come to an acceptable temperature for injection?**”

Currently, the Moderna vaccine will be refrigerated. So, we will not be freezing it. We can refrigerate that vaccine. And once the vaccine comes out of the refrigerator, there will be information - if it needs to be sitting for a little while or not. We take that also out of the refrigerator. It can be used within a certain period of time. All of that information will be discussed and addressed with our vaccinators, and the staff will know that. So, we’ll have some more information for you on that.

“**Will field staff be prioritized by age to receive the vaccine?**”

We are still working out our prioritizations, in terms of the field staff, and we’ll keep you posted when we finalize that.

“**I know the field staff will receive the vaccine first when we get them. Will the workers who go to the office also be considered first to get the vaccine as well? We are commuting and, on the trains and the busses are becoming more crowded, and I’d really appreciate if we are also being considered to receive the vaccine.**”

It is our hope that we will be able to offer vaccine to all of our employees. And we are working closely with the City and the Federal Guidelines around which employees should be vaccinated and in what order. So, that is all in development. And again, it’s our hope that we’ll be able to offer vaccine to all of our employees.

**Individual Vaccine Questions & Concerns**

“**There were some very specific questions here about how long the vaccine is stable outside of the zero-degree Fahrenheit, and can vaccines be refrigerator or re-used.**”

So, the vaccine is stable for six hours after you have pierced the actual vial. Each vial has ten doses. So, we know that it’s good for six hours once you’ve pierced the vial. And we have to check on the insert about if you have not pierced the vial and that it can be returned to the refrigerator, but I believe it can be.

“**Will EpiPens be available in the event of a vaccine reaction?**”
Yes. EpiPens and an anaphylactic kit will be available for all of the vaccine administrators to have in the vaccination rooms.

“Do the medical experts believe that vaccines will properly protect against the new COVID strain recently identified in the UK?”

The first point to make is that the fact that virus has picked up mutations is no surprise. So, this has been known for almost every other virus. And for this one, since the beginning of the COVID epidemic. And it seems more likely that human behavior rather than virus biology is driving the increases. If you followed the news over the weekend, the same strain was identified in South Africa where investigators concluded very quickly that it was human behavior rather than virus biology that was driving the increase.

Whether viruses can become more dangerous -- more easily transmissible -- is something that’s been studied for decades, and in the laboratory, there is evidence that this can happen. It seems to be a very unusual event in epidemics.

In one, you know, one setting that I’ve been very interested in for many years, is with HIV, where there’s a lot of strain diversity, and people speculated that maybe that would account for increased transmission. It turned out not to be the case. The strains vary, and transmission seems to be a function of human behavior.

And to get to the last point, in terms of whether this is going to render the vaccine ineffective, it seems extraordinarily unlikely that that would be the case, but given the fact that this is early in our understanding of this epidemic, if anything, this concern about strain variation creates an even greater urgency to get people vaccinated so there’s less virus circulating that’s able to mutate. This will continue to be discussed, and we’ll have more to say, I’m sure, in the future.

“Isn’t it true that the Moderna efficacy fell to about 85-to-86% for people 65 and over?”

There’s the subgroup analysis study shows somewhat lesser effect, but remember, 85% is still quite extraordinary, and again, given the very concentrated mortality at the advanced age groups, the fact that the Moderna vaccine was 100% effective at preventing severe disease, to me, really is the take-home message.