FAQ #8:  **January 13, 2020 -- Containing Answers from January 11th**

The following FAQs were adapted from questions submitted by VNSNY staff for the Vaccinate VNSNY! Conference Calls hosted by Andria Castellanos on Monday, January 11th.

### Vaccine Basics & Safety

**How soon will I be protected after vaccination?**

Dr. Jay Dobkin, Chief Medical Officer, VNSNY Choice Health Plans: The Moderna clinical trial provides us a lot of useful data, but it’s important to keep the limitations in mind answering this question.

First of all the trial used clinical endpoints. Specifically what was measured was the occurrence of symptomatic laboratory confirmed COVID-19. The main objective was to see if the rate of COVID-19 was lower in those receiving vaccine starting two weeks after the second dose, which turned out to be the case. There were 90 cases of COVID in the placebo group and only five in the vaccinated group, giving us the efficacy rate of 94%.

The follow-up period reported so far was 100 days after the first dose. So how long protection will last beyond the 100 days will be addressed in ongoing studies. We think it’s likely to be quite a bit longer than that.

A second observation was that the rate of cases began to appear lower in the vaccine group 14 days after the first dose. So that would be the best answer for now as to how soon protection begins. The study found about an 80% decrease in the risk of COVID between the first and second dose, which seems significant but should not be over interpreted. This doesn’t mean that one dose gives you 80% protection for longer than 30 days.

The single-dose approach has become a prominent concern since some people are suggesting that vaccine supply should be devoted to providing only a single dose and that way more people can get some protection. Many though, including me, feel that this is premature and potentially dangerous since there are no clinical trial data other than what I just mentioned that bear on this question.

In fact there is a large body of evidence indicating that several vaccine exposures are required to generate the immunologic memory. That's the goal of vaccinations. This is why virtually all the trials were designed using a multidose strategy.
So how do I know if I'm protected once I've been vaccinated?
This is an obvious question but at this stage can only be answered with a probability. We know that COVID-19 will be prevented in 94% of people completing the two-dose vaccine. We can’t say which individuals are protected and which are not. To do this we need another marker or predictive factor.

In the Moderna trial, there didn’t appear to be any demographic factor predicting protection, which is a good thing. The vaccine seemed to work as well in men and women, young and old, and those with a variety of underlying conditions or risk factors.

What is likely to be required is another test that can predict or correlate with protection. One that is already being examined is antibody levels. If a certain level can be shown to be associated with protection or susceptibility, this will allow us to better answer the question, am I protected? It will also be useful in addressing a number of other questions such as the possibility of using lower doses of the current vaccines, and possibly as a way to validate new vaccines without such large clinical trials.

For now what we know is that both available vaccines are highly effective at preventing disease and the opportunity and challenge before us is getting that protection to people as soon as possible.

If one gets the vaccine and experiences symptoms similar to those attributed to COVID-19, how do they know if they are just side effects from getting the vaccine or are COVID related? Should one get the rapid test for COVID or would the results be skewed by the vaccine?

Dr. Ritchell Dignam, Chief Medical Officer of Provider Services: The clinical trials for Moderna with thousands of participants have shown that Moderna’s vaccine side effects are infrequent, minor and short-lasting. These subjects primarily reported side effects such as local pain at the site of injection, muscle aches, fever and headaches.

And we need to remember that the COVID-19 vaccines currently authorized for use do not contain a live virus. So this is not a live vaccine so it will not give you the COVID-19 illness. If you have symptoms that might indicate COVID-19 infection it would be good to get the COVID-19 PCR antigen test to check for the infection, and getting the vaccine should not affect the results of this test.

Can you take the vaccine if you currently have COVID?

*Note: The clinical team provided this response after the call:
If you currently have COVID-19 infection, the first thing to do is to finish your isolation period and wait until you're asymptomatic. Vaccinations should not take precedence over the quarantine or isolation requirements of either exposure to COVID or diagnosis of COVID.

Once you've had COVID, the recommendation beyond isolation period is that the vaccine should still be taken. Current evidence suggests that reinfection with COVID-19 is uncommon in
the 90 days after initial infection, so, if you have had COVID-19, you can wait 90 days from the date you learned of your infection before getting the vaccine. But you don’t have to wait those 90 days if you don’t want to. If you would prefer to get vaccinated sooner, send an email to scheduleme@vnsny.org to make an appointment once you have finished your isolation period and you are asymptomatic.

If you have a lot of allergies should you get the vaccine?
Dr. Jay Dobkin: It really depends on the details of your allergic history. Again if there's a history of severe allergic reactions to injectable medical treatment, that’s probably at least a caution if not a contraindication and should be reviewed with your own doctor.

What most people mean by allergies, things like hay fever or food allergies or even allergies to oral medications, are not considered contraindications to receiving this vaccine.

I’m wondering for those of us that are patient facing, if someone is exposed to and ends up getting COVID a day or two after receiving the vaccine but before the vaccine has a chance to take effect, are there any contraindications known?
Dr. Jay Dobkin: There doesn’t appear to be any adverse consequence of having just received the vaccine. As I mentioned in my remarks, in the trial there were a very small number of cases that occurred in the first few weeks after the initial dose, and Moderna analyzed the pattern, and what I reported to you is basically the best they could come up with, which is that it appeared that after about two weeks the rate began to be different between those who had or had not received the vaccine.

I would always say that there may be some protection earlier than two weeks. We just haven’t been able to detect it yet. And I wouldn’t think there needs to be any difference in what you would do in terms of handling an acute infection. You know, the same evaluation, treatment, isolation would be indicated regardless of whether you had just been vaccinated or not.

Vaccine Availability & Administration
I’m unable to join the call but want to know if Partners in Care has recommended sites for home health aides to get their vaccination?
So our first recommended site to get vaccination is right here at VNSNY. And we will make sure that this person’s email gets sent to our schedulers. But Marian do you also want to talk about what we’re doing in terms of posting other possible community sites where there might be availability?

Marian Haas, Chief Human Resources Officer: We have posted links to the New York City and the New York State DOH websites that provide numerous locations where you can register for vaccination. Please check those sites, as there are many, many other places in the community where vaccinations are being offered.
You will find those links both on the Vaccinate VNSNY site on the Intranet, and on the Frontline Resources page for the home health aides. They’re easy to use. You put in your location information and they will provide you with sites in your local area.

If you do get a vaccination somewhere other than VNSNY, please get your documentation and then send that documentation into your health services department either via Ask HR if you are a Workday user or by sending it to the Partners Health Services department — there’s several ways to do that that are also posted on that site.

And as you probably are hearing on the news, more sites are opening up each day. As frontline health care workers and frontline home care workers you are eligible to be vaccinated at those sites.

**Will we be able to get the vaccine in the outer boroughs, for example Westchester?**

So we are giving vaccine in our Manhattan office because the logistics of giving this vaccine are quite complex. If this person lives in Westchester there might be local community opportunities to get vaccinated. We are posting whatever we know on our sites as Marian described earlier.

We at this point do not plan on bringing our vaccine operations to Westchester. Again we’re going to be vaccinating about 200 employees a day, that’s our goal. So we really need to have a very efficient way to do that.

**Can I be covered for the COVID vaccine as a VNSNY employee if I go to a clinic for administration? I do not have medical insurance with VNSNY as a per diem.**

Marian Haas: It is a very specific question and I’m not sure of the answer. It’s my understanding that the city and state providers are not charging for vaccination, but I think we would want to speak specifically with this individual about their circumstances. Clearly if you come to VNSNY we are not charging you for that vaccination. But how it would work elsewhere I’m not sure. We will have someone follow-up with this individual.

**To get the vaccine we have to make an appointment where the agency calls us. What is it going to be like?**

I guess this is a person who we are reaching out to. Our schedulers are reaching out to our employees to get them on the schedule.

You may have missed the beginning of my call where I said we have a new email. If your scheduler hasn’t reached out to you yet and you want to get on the schedule, you can send an email to scheduleme@vnsny.org. And we will make sure that this person gets forwarded to the scheduler.

**If you are out on Workmen’s Comp can you still get vaccinated?**

Marian Haas: The fact that someone is out on Worker’s Comp would imply that they have some medical condition that is limiting their ability to work. If that medical condition contraindicates getting the vaccine then no, you should not be vaccinated. But if it doesn’t, the fact that you’re on Worker’s Comp would not preclude you from eligibility to be vaccinated. So it is something
that you should discuss with your medical provider as long as you are feeling well, and as long as you’re in our eligible category of being a frontline healthcare worker.

Will nurses who signed up to vaccinate at the Queens site be able to sign up for a schedule at the 220 Street office to support our efforts to vaccinate staff?
Tony Dawson, Vice President of Quality and Customer Experience: We’re working on the schedule now for the next couple of weeks. You need to do your training first to make sure you have your CPR. And if you’ve gone through that training and have your CPR then we can schedule you for the 220 site and certainly for the Queens site if and when we roll out to that site.

I have scheduled my vaccination for this week. I haven’t received any confirmation emails yet. When should I expect the email?
I believe the emails are going out the day before. I’d like to confirm that with our team. If you’ve been scheduled and you don’t get an email, still come for your appointment because we have all the information you need when you get there. And I will get the actual answer from our Information Services Team about when you should receive the emails.

**Individual Vaccine Questions & Concerns**

I had a severe allergic reaction to taking oral sulfa medications. Is there any problem for me to get the vaccine?
Dr. Jay Dobkin: At the present time allergies to oral medications are not considered a contraindication. You know, if you have specific additional questions, I would suggest reviewing them with your physician. But the only contraindications to the vaccine are allergies to injectable treatment or to any components of the vaccine.

I had nasopharyngeal carcinoma and underwent chemo and radiation. I have chronic middle ear and nasal passage problems. How safe is it for me to get the vaccine?
Dr. Jay Dobkin: Again I would just repeat the prior answer. We don’t have an indication that any underlying conditions make the vaccine either more dangerous or less effective. If anything it sounds like the questioner would be high priority and benefit greatly from getting vaccinated.

I will be receiving the vaccine on Saturday and my question is should I stop taking vitamins?
Dr. Ritchell Dignam: Taking vitamins has not been shown to be contraindicated to get the vaccine and therefore there's really no recommendation to stop taking your vitamins before one gets vaccinated.

I’m not ready to get the vaccine. Is it going to be mandatory or is a voluntary?
So the vaccine is voluntary. It is not mandatory.

I would love to take the vaccine but my question is I have had three miscarriages and I have been trying to conceive. I just want to know if the vaccine has no side effects because I heard different stories about the vaccine. I already asked my doctor but I didn’t get a good answer.
Dr. Jay Dobkin: There’s really no definitive data on the use of vaccines in pregnancy but the American College of Obstetrics and Gynecology has issued an opinion that says you should probably get this vaccine or at least discuss that with your provider because the risk of COVID during pregnancy is probably significantly greater than any potential risk of the vaccine.

I eat shellfish all the time but on rare occasion I have had an allergic reaction of breaking out in severe hives. Should I be concerned about getting the Moderna vaccine or is this issue only pertinent to those receiving the Pfizer vaccine? I’m scheduled to receive my vaccine on January 15. Please advise if I should alert the staff in advance.

So I’ll take the second part and I will ask Dr. Dobkin to take the first part. So the second part is if you have had a very bad allergic reaction to anything in the past, we want to know about it when we’re vaccinating you, just in case you’re the one in a million, right?

So we’ve had many examples of that already in the 400 vaccines that we’ve done, and we get ready just in case. We make sure that we watch you for more than 15 minutes. We might watch you for 30 minutes. We have EpiPens available in the rooms, we have many nurses there. We have a whole emergency procedure ready to go, so we are very prepared. And I said earlier we have not had one bad reaction.

The first part of the question was, is it better to receive Pfizer or Moderna, and I don’t know. Dr. Dobkin if you have an opinion on that?

Dr. Jay Dobkin: Neither one seems to have a problem with people with food allergies. The one thing I would say -- and this is not intended to be a smart aleck answer -- but if you think you have a potential allergy to something I would try and avoid that around the time of your vaccination just to avoid confusion. So don’t eat shellfish the night before I guess would be the message.