

# DEFEATING COVID-19:

ANSWERING THE COMMUNITY'S QUESTIONS ABOUT VACCINES

## COMPLETE Q&A



PROVIDED BY: UL LAFAYETTE NURSING PROFESSIONAL DEVELOPMENT PROGRAM AND WOMAN'S FOUNDATION  
JOINT PROVIDED BY: UNITED WAY OF ACADIANA AND SWLAHEC



Nursing Professional Development Program



United Way of Acadiana



# WHO IS ANSWERING YOUR QUESTIONS? LOCAL EXPERTS.



Dr. Bryan Sibley  
(Pediatrics)



Dr. Garabet "Garo"  
Akoghlanian  
(Infectious Diseases)



Dr. John Storment  
(Reproductive  
Endocrinologist)



Dr. Tina Stefanski  
(OPH Regional  
Medical Director)



Frank Courmier, MD  
(Critical Care  
/Pulmonologist /  
Intensivist)



Francois Villinger  
DVM (Director, ULL  
New Iberia  
Research Center)

Thank you for attending the live webinar, Defeating COVID-19: Answering the Community's Questions about Vaccines, held on August 5, 2021. Many of you had questions that you submitted during the webinar and we tried to answer each question in our responses below.

As stated at the beginning of the webinar, we are unable to answer questions regarding your personal medical situation but highly recommend you follow up with your primary care provider with these questions.

If a question was answered during the webinar, we did not repeat it here. Here is the link to view the recorded webinar: [Defeating COVID-19: Answering the Community's Questions about Vaccines Recorded Webinar](#).

In addition to the answers below, you can find a wealth of reliable, trusted information at the Center for Diseases Control (CDC) website. On the CDC website, you can search any COVID-19 topic for detailed information.

Here is the [CDC website regarding COVID-19 vaccines](#).

## **Will a booster be offered and under what time frame? How long is the efficacy of the vaccine? And does it vary for each version of the vaccine; is one more effective than the others?**

Evidence has shown that, over time, vaccines provide less protection against mild and moderate COVID-19 disease in certain populations. People who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout might need a booster dose to continue to have the maximum protection that the vaccines provide.

On 8/12th, the Food and Drug Administration authorized third doses of Pfizer and Moderna's coronavirus vaccines for some people with weakened immune systems. The Advisory Committee on Immunization Practices (ACIP) met on 8/13th and approved this authorization.

On 8/18th, the CDC announced that the US would offer booster shots for all Americans beginning the week of September 20 and starting 8 months after an individual's second dose.

## **Do the people still need to mask for 2 weeks post the last vaccine, to protect themselves?**

A person is considered fully vaccinated 2 weeks after completing the last dose in their vaccine series.

As a result of the extreme contagiousness of the Delta variant and, our current high level of transmission, we are asking everyone, regardless of vaccination status, to wear a mask when in an indoor, crowded setting.

## **Do fully vaccinated people who contract COVID have the same risk of potential long-term complications as unvaccinated people?**

At this time, studies have not been done regarding long-term COVID complications in the vaccinated vs. unvaccinated. However, vaccinated people who become infected with the delta variant very rarely end up in ICU. Such, long-term complications (if any) are expected to be far less severe for vaccinated people.

## **How does a private citizen sign up to receive monoclonal antibody therapy? Does one have to have a doctor's order, insurance? Still being done only at UHC?**

Monoclonal antibody therapy is currently being offered at several sites throughout Acadiana and access continues to expand.

An individual must have a positive test and healthcare provider determination that they meet the criteria for the monoclonal antibody treatment. However, the demand for this treatment is great and there may be delays in accessing.

For more information, [click here](#).

## **I am fully vaccinated; will I still have a chance to get Covid19? And if I could, will I still be able to transmit to others?**

Vaccine breakthrough cases are expected. Thankfully, the COVID-19 vaccines are highly effective but, breakthrough cases do occur in a small percentage of vaccinated people. These cases are typically milder than cases in people not vaccinated. And, the vaccine is very effective in preventing hospitalization and severe disease.

In Louisiana, 91% of people hospitalized with COVID are not fully vaccinated.

With the Delta variant, unlike previous circulating COVID-19, people who do experience a breakthrough infection can transmit COVID-19 to others. This is one of the reasons that the mask guidance changed and why we ask everyone, regardless of vaccination status, to wear a mask when in an indoor, crowded setting.

**How are cases of the Delta variant determined? I had heard that their current testing could not determine that. Is that correct?**

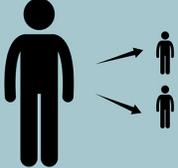
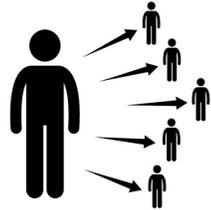
Viruses constantly change through mutation, and new variants of a virus are expected to occur. As the pandemic progresses and new variants of SARS-CoV-2 have emerged, it is critical for the United States and other countries to sequence and analyze virus samples. States (including Louisiana) through their public health labs, submit a percentage of our COVID + samples weekly to the CDC Lab network for sequencing to determine what variant of COVID is circulating. Based on those results, CDC estimates which variants are circulating and, to what degree.

The most recent data suggests that 93% of the circulating COVID-19 in the US is the Delta variant.

## What are the statistics for Delta transmission person to person, say Grocery store line, and how do we explain them easily to friends who are not worried? Does the Delta variant spread in the same way?

The Delta variant spreads in the same manner as the original COVID strain, however, it is more contagious than previous strains and may cause more than 2x as many infections.

**The Delta variant is more contagious than previous strains—it may cause more than **2x** as many infections**

ORIGINAL COVID-19 STRAIN	DELTA VARIANT
	

Vaccines protect you from hospitalization, severe infections, and death

 [cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS 32041-AA 08/02/2021

## Do you anticipate an additional bigger spike than this already significant increase we are in now if schools open fully?

COVID-19 transmission is at an all-time high in our community at this point in the pandemic.

While we are not able to predict the impact of school opening, we can limit transmission in the school setting by strictly complying with mask-wearing, good hand hygiene, and physically spacing children in the classroom by at least 3 feet.

School officials are working to keep children and faculty safe on campus and limiting the transmission of this virus.

However, our experiences last year revealed that transmission occurred to a much greater degree out of school during social events. We ask parents to please work with us by limiting the size of gatherings with a goal to limit transmission during this dangerous 4th surge of COVID. It is critically important to the health and safety of our community and the ability of our healthcare system to provide a high standard of care to patients who present in need of hospitalization.

**I have heard that there is evidence of "antibody-dependent enhancement" being exhibited with the mRNA vaccines. Is this true?**

There is no evidence for this phenomenon with COVID. This is strongly suspected for Dengue virus infection because you have 4 different serotypes, with antibodies to 1 serotype facilitating infection with another. But, even with Dengue, the evidence is controversial. No such data was observed for COVID.

**A portion of positive cases are sent to the state lab for testing for the delta variant? What is sent? Blood? Sputum? Nasal swab?**

Nasal swab.

## Can you elaborate on the link between bell's palsy and the vaccination? Also, any neurological issues?

Recent study published in JAMA found no association between Bell's palsy and vaccination with the Pfizer COVID-19 vaccine.

<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2781367>

CDC: Cases of Bell's palsy were reported following vaccination in participants in the COVID-19 vaccine clinical trials. However, the Food and Drug Administration (FDA) does not consider these to be more than the rate expected in the general population. They have not concluded these cases were caused by vaccination.

## Does vaccine cross into breastmilk?

ACOG (American College of Obstetricians and Gynecologists) recommends that lactating individuals be vaccinated against COVID-19.

## Academy of Breastfeeding Medicine.

During lactation, it is unlikely that the vaccine lipid would enter the bloodstream and reach breast tissue. If it does, it is even less likely that either the intact nanoparticle or mRNA transfer into milk. In the unlikely event that mRNA is present in milk, it would be expected to be digested by the child and would be unlikely to have any biological effects.

While there is little plausible risk for the child, there is a biologically plausible benefit. Antibodies and T-cells stimulated by the vaccine may passively transfer into milk. Following vaccination against other viruses, IgA antibodies are detectable in milk within 5 to 7 days. Antibodies transferred into milk may therefore protect the infant from infection with SARS-CoV-2.

## CDC

- COVID-19 vaccination is recommended for all people 12 years and older, including people who are breastfeeding.
- Clinical trials for the COVID-19 vaccines currently used in the United States did not include people who are breastfeeding. Because the vaccines have not been studied in people who are breastfeeding, there are limited data available on the: Safety of COVID-19 vaccines in people who are breastfeeding, Effects of vaccination on the breastfed baby, Effects on milk production, or excretion.
- COVID-19 vaccines cannot cause infection in anyone as they are not derived from virus cultures of COVID. That includes the mother or the baby, and the vaccines are effective at preventing COVID-19 in people who are breastfeeding. Recent reports have shown that breastfeeding people who have received mRNA COVID-19 vaccines have antibodies in their breastmilk, which could help protect their babies. More data are needed to determine what protection these antibodies may provide to the baby.

## **Is there a preferred vaccine for pregnant women, or at least one that has more data than others specific to pregnancy?**

From the Society for Maternal-Fetal Medicine (SMFM).

All women younger than age 50 years, whether pregnant, breastfeeding, or not, should be aware of the very rare risk of TTS (thrombosis with thrombocytopenia syndrome) after getting the Johnson & Johnson vaccine. The Pfizer and Moderna vaccines don't have this risk.

## **How soon can we expect to get the vaccine approved for younger kids?**

There are no currently authorized COVID-19 vaccines for children younger than 12 years of age. Hopefully, there will be a vaccine approved for these younger children in the near future. Currently, there are ongoing pediatric clinical trials. Once those end, the drug manufacturers must analyze the data. Then, submit that data to the FDA for analysis regarding the safety and efficacy of the vaccine.

## **Are the PCR tests accurate? I have heard there are a lot of false positives e.g. a Cold, a Flu is mistaken as Covid.**

Yes, PCR tests are accurate and work by detecting the actual genetic material of the COVID-19 virus, differentiating it from other infections.

There were erroneous Facebook posts claiming that PCR tests cannot differentiate between covid and flu – those posts and assertions were proven to be demonstrably false.

### **Can you explain the effectiveness of the vaccine on patients with autoimmune disorders and taking immunosuppressants?**

On 8/13/2021, ACIP (Advisory Committee on Immunization Practices) made a recommendation for an additional dose of Pfizer (for people >12) or Moderna (for people >18) COVID-19 vaccine for moderately to severely immunocompromised people.

Studies indicate some immunocompromised people have a reduced immune response following a primary COVID-19 vaccine series compared to vaccine recipients who are not immunocompromised. (CDC)

Studies have further demonstrated that including an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series in some immunocompromised populations may enhance immune response. (CDC)

### **What about the risk of blood clots, especially the people who have a history of blood clots?**

With the Johnson & Johnson vaccine, the CDC reports seeing thrombosis with thrombocytopenia syndrome at a rate of about seven cases per 1 million vaccinated women between 18 and 49 years old. The blood clotting condition is even rarer in women over the age of 50.

Based on available data, there is not an increased risk for TTS after mRNA COVID-19 vaccination.

**Several people have asked about determining immunity via antibody testing. I know Dr. Garo has been very vocal about this. Can you explain why antibody testing is not a great way to determine immunity to COVID?**

If you have a positive test result on a SARS-CoV-2 antibody test, it means that it is possible you were previously infected with the SARS-CoV-2 virus. A COVID-19 vaccination may also cause a positive antibody test result for some but not all antibody tests.

For those people who had COVID in the past, a positive antibody test does not necessarily mean that you are immune from being infected again with COVID.

Scientists have not yet established a serologic correlate of protection, which is the measurable threshold above which a person is protected against SARS-CoV-2 infection. This makes it difficult to interpret how laboratory results might translate to clinical protection.

**According to VAERS data today, there have been 500,536 recorded adverse reactions specifically to the COVID-19 vaccine: 6,813 deaths directly attributed to the vaccine, 7,902 Life-Threatening events, 6,883 which caused a permanent disability, 89,808 were either hospitalized or went to the ER of the 1,146,536 events, 500,536 are covid related. This is 44% of the adverse events.**

Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.

FDA requires healthcare providers to report any death, or any severe adverse event, after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause.

A review of available clinical information, including death certificates, autopsy, and medical records, has not established a causal link to COVID-19 vaccines.

However, recent reports indicate a plausible causal relationship between the J&J/Janssen COVID-19 Vaccine and TTS, a rare and serious adverse event—blood clots with low platelets—which has caused 3 deaths.

### **Are there situations that you would absolutely NOT get the vaccine or you would hesitate to provide someone with the vaccine?**

Contraindications to COVID vaccination include

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.
- For a list of ingredients included in COVID-19 vaccines, [click here](#).

### **There are people who have a decreased immune system and the strong possibility that they would not develop antibodies, Would you recommend that we check to see if they have developed antibodies to be safe?**

No, checking antibodies prior to vaccination is not recommended.

**My friend has lupus, diabetes, and fibromyalgia so as an immunocompromised person she was very happy to get the vaccine. She would also like to get the booster but she took Moderna, not Pfizer. Can you cross series or are they too different for the booster?**

Recent FDA guidance has been amended to allow for an additional, or third, dose to be administered at least 28 days following the two-dose regimen of the same vaccine to individuals 18 years of age or older (ages 12 or older for Pfizer-BioNTech) who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise. 3rd dose should be spaced at least 28 days from the 2nd dose. Vaccines are not interchangeable; it is advisable to use the same mRNA vaccine for all 3 doses.

**Why should we trust these vaccine studies coming from the companies that are producing them? Why isn't there more scrutiny placed on the big pharmaceutical companies who research, develop, and sell these vaccines for profit?**

The path for COVID vaccine to be allowed to be deployed, while accelerated, has not used short cuts. Rather, many of the tests requested by FDA and other similar agencies in Europe and the World, were conducted in parallel rather than consecutively. These government agencies are currently reviewing the data from the 300+ million doses administered before providing full approval and thus there is plenty of scrutiny. These vaccines have undergone rigorous testing, including animal testing (the Pfizer-Biontech underwent testing in Louisiana) before being allowed in humans on an emergency basis due to the urgent threat of the pandemic. This caution is also illustrated by the fact that vaccine are not yet released for children under 12 years. The safety and efficacy for this age group is still being reviewed right now.

As a note, while COVID vaccines have been profitable for some of the pharmaceutical industry, in general, vaccines are not a blockbuster for them, as they are used only occasionally and need to be distributed to countries with low GDP as costs below or right at production costs. Any drug that needs to be used continuously e.g. to regulate blood pressure, is a far better deal for the pharmaceutical industry.

The COVID pandemic has seen an unprecedented area of cooperative research between pharma and academia, again attempting to stem this developing pandemic.



PROVIDED BY: UL LAFAYETTE NURSING PROFESSIONAL DEVELOPMENT PROGRAM AND WOMAN'S FOUNDATION  
JOINT PROVIDED BY: UNITED WAY OF ACADIANA AND SWLAHEC



United Way of Acadiana

