COVID-19 VACCINE FAQs AT DEACONESS

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Below is a Q&A of the most commonly-asked questions about the COVID-19 vaccines that doctors have heard here at Deaconess. These answers were provided/reviewed by Dr. Majed Koleilat, Deaconess Clinic allergist and immunologist, and Deaconess clinical pharmacists. Content related to pregnancy and fertility was reviewed by Dr. Brennan Fitzpatrick, maternal/fetal medicine specialist at Tri-State Perinatology, and CMO at The Women's Hospital.

HOW DO WE KNOW THESE VACCINES ARE SAFE?

As of this printing, 140 million Americans, and hundreds of millions around the world, have taken a COVID vaccine with no serious side-effects.

America's drug safety system works. The recent pause of the Johnson & Johnson vaccine, for example, shows that even rare complications or concerns will be immediately investigated and publicized.

The Pfizer and Moderna vaccines, which use mRNA, have been in development for more than 30 years and have gone through clinical trials before COVID, targeting other coronaviruses; the COVID-19 clinical trials have been among the largest in medical history. Those participating in these trials are still being carefully monitored, and no long-term negative effects have been noted. All current COVID-19 vaccines are proven to prevent serious COVID-related hospitalizations and death in 100% of people. Often people don't hear this positive (even amazing) news, as headlines tend to focus on negatives.

Additionally, the first individuals who were encouraged to be vaccinated, and then voluntarily received the vaccine, were health care workers. Health care workers know the risks of COVID-19, and no company, organization, government or even individual would benefit from harming the U.S. health care workforce. If the vaccines weren't safe, health care workers wouldn't have been encouraged to take them.

WHAT ABOUT BLOOD CLOTS?

The Johnson & Johnson vaccine was implicated in blood clots affecting 15 individuals out of more than 6 million doses (1 in 400,000). Those affected by blood clots were nearly all women, mostly premenopausal.

For comparison, someone who has COVID-19 has 10 times the blood clot risk as someone who receives the Johnson & Johnson vaccine. Also, many commonly-used medications, including birth control pills or hormone replacement therapy, have a significantly higher risk of blood clots, usually 1–2 per 1,000 per year.

Those who are at higher risk of blood clots, such as women under 50, those who smoke, individuals with an inherited clotting disorder, or those with a recent history of heparin-induced thrombocytopenia (HIT), may wish to consider one of the other vaccines, and should talk with their doctor.

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ARE THERE FERTILITY RISKS WITH THESE VACCINES?

There is no evidence to suggest that any of the COVID-19 vaccines prevent conception or lead to miscarriages, problems in pregnancy or birth defects. Studies conducted on thousands of women who became pregnant after receiving the mRNA COVID-19 vaccines show outcomes that correlate with pregnancies prior to the pandemic.

It should be noted that pregnancy itself is a high-risk condition for COVID-19, with increased risk for complications, including the mother being hospitalized and ventilated, as well as for pre-term labor and death of the mother and/or baby. Women who have COVID-19 while pregnant are also at higher risk of having long-term symptoms, making postpartum recovery and caring for an infant more difficult.

Many obstetric and reproductive professional organizations have recommended that pregnant or childbearing-age women be vaccinated for COVID-19. None of these groups would make this recommendation if they believed the vaccine presented a risk to a woman's ability to become pregnant or to have a healthy pregnancy.

DO THESE VACCINES CONTAIN FETAL CELLS?

No, none of the COVID-19 vaccines currently being used contain fetal cells. Fetal cells, from a cell line originating in 1985, are used to produce the viral component of the Johnson & Johnson vaccine.

WHAT DO VARIANTS HAVE TO DO WITH THE VACCINE?

The current vaccines are offering good protection for the variants in our region and in the US. However, COVID-19 is spreading and mutating at frightening rates in India, Brazil and other localized parts of the world. Each time the coronavirus replicates (makes a copy of itself), it has the opportunity to mutate into a new variant. These mutations are making the virus more transmissible, more deadly, and less likely to respond to current medications used to treat COVID-19. The more replication, the more likelihood of variants. If we can reduce infection/spread in the US, we reduce the likelihood of a new variant here.

IT SEEMS LIKE COVID-19 IS PRETTY MUCH GOING AWAY LOCALLY. WHY SHOULD I BE VACCINATED?

While the numbers are lower in the Tri-State, COVID-19 is a real threat to unvaccinated people. In our hospitals, we have several patients in their 30s–40s who are in the ICUs on ventilators. Many patients who have had COVID-19 over the past year are continuing to experience long-term symptoms, such as profound fatigue, headaches, breathlessness and heart-related issues, that affect their daily lives.

We have had no vaccinated individuals who have required hospitalization or have died since we began administering the vaccine in December.

Additionally, the variant that is circulating in our region is "covered" by the vaccine but is highly infectious. Those who may have had COVID-19 last year aren't maintaining immunity, especially to the new variants. Michigan has been experiencing a severe COVID-19 outbreak among unvaccinated individuals, leading to many deaths and hospitals that are full beyond normal capacity.

There are adults and children who have compromised immune systems, due to organ transplants, certain chronic illnesses, etc. who won't be able to be vaccinated. If the rest of society will be vaccinated, these vulnerable people will be protected.

Finally, the sooner people are vaccinated, the more that society will open back up.

For more vaccination FAQs, including more in-depth details about the topics above, visit www.deaconess.com/vaccine.