

On May 12, 2021, ASPR TRACIE hosted the webinar, [Be a COVID-19 Vaccine Champion](#). During this webinar, presenters discussed building confidence in the vaccines; provided information about the current FDA authorized COVID-19 vaccines and their safety and effectiveness; and shared effective communication strategies to encourage friends, family, colleagues, and the community to get vaccinated.

Due to the large number of questions received during the question and answer session, speakers were not able to respond to all of the questions during the webinar. These questions were sent to panelists and their answers are provided in this document. NOTE: Questions that were similar or covered the same topic area were consolidated and/or reworded to streamline the Q&A.

The following resources may include answers to many of the questions received:

- Links to NYC Health + Hospitals COVID-19 resources highlighted during the webinar:
 - [Understanding COVID-19 Vaccines](#) (also available in [Spanish](#))
 - [COVID-19 Vaccine Information for Clinical Staff](#)
 - [NYC Health + Hospitals Institute for Diseases and Disaster Management Tools and Resources](#) - additional resources will be posted as the vaccine campaign progresses.
- COVID-19 vaccine myth debunking resources:
 - [World Health Organization](#)
 - [Centers for Disease Control and Prevention](#)
 - [American Academy of Family Physicians](#)

I. Communication

1. Can you please provide an example “truth sandwich” for how to address questions regarding sterility/ fertility issues caused by the vaccine?
 - A “truth sandwich” uses 2 “keys” (bread) and the myth presented in the middle so the person is left with a fact at the beginning and end. For example, you can use 2 keys from the CDC website on [COVID-19 Vaccines While Pregnant or Breastfeeding](#).
 - For example: There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems. There have been some rumors of vaccines making the body reject a protein connected to the placenta. Women who participated in COVID-19 clinical trials became pregnant afterward; there is no evidence that vaccination affects fertility.
2. Do you have recommendations for key words and phrases that can be used for vaccine recipients who prefer one vaccine over another (e.g., prefer J&J since it is only one shot or have concerns about J&J and blood clots)? Key words and phrases in Spanish would be helpful as well.
 - There are sample words and phrases in the [webinar presentation](#), particularly slides 23-33. For example, “All COVID-19 vaccines are highly effective in preventing serious illness and death.” You can use the word choice table and the slides on mRNA and adenovirus vaccine efficacy we shared to help guide you.

[Understanding COVID-19 Vaccines](#) (also available in [Spanish](#)) contains helpful information.

3. How do we instill trust in the public when there is a perception by some that these vaccines have been used as a political football?
 - This underscores the importance of keeping the conversation ongoing and continually addressing concerns, helping build confidence (as these are not one and done conversations) and providing science and evidence-based information.
4. Any hints on persuading physicians or other healthcare providers who are opposed to the vaccine to change their mind?
 - Similar to answer #3. Providing ongoing opportunities for education is important including townhalls, online education module (mandating for clinical staff for example), exploring opt-out system and other means to encourage vaccinations among healthcare workers.

II. Vaccine Safety

5. How safe is the vaccine for teenagers?
 - The [CDC recommends](#) that children 12 and over get a COVID-19 vaccine and indicate that the vaccines are [safe](#) and [effective](#).
6. Will we be giving J&J to women in the risk group and is it safe?
 - According to [this article](#) from the American Medical Association, “the FDA updated the [J&J Janssen vaccine EUA](#) with an additional warning, noting that women under 50 should be made aware of a rare risk of blood clots and low platelets following vaccination...and the other COVID vaccines don’t pose this small risk.” Slide 20 of the [presentation](#), notes the low rate of TTS in females (0.0007% in females age 18-49 and 0.00009% in females age 50+).

III. Clinical Questions

7. Does taking the vaccine increase your risk of a false positive COVID test? If yes, why?
 - [According to the CDC](#), “None of the authorized and recommended COVID-19 vaccines cause you to test positive on [viral tests](#), which are used to see if you have a current infection. If your body develops an immune response to vaccination, which is the goal, you may test positive on some [antibody tests](#). Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.... It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it’s possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection.”
 - However, breakthrough cases are to be expected. The [CDC’s page on breakthrough case investigations and reporting](#), notes that “There will be a small percentage of fully vaccinated people who get sick, are hospitalized, or die from

COVID-19...Like with other vaccines, vaccine breakthrough cases will occur, even though the vaccines are working as expected. Asymptomatic infections among vaccinated people will also occur. There is some evidence that vaccination may make illness less severe for those who are vaccinated and still get sick.” Additionally, “Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most SARS-CoV-2 [variants](#) currently circulating in the United States. However, variants will cause some vaccine breakthrough cases.”

8. Is there anything in our body already or that can be introduced to our system that has a similar spike protein that the immune system can mistake for COVID and attack?
 - No, each protein and the genomic information that codes for it is unique.
9. What are the patches that you see on TV as vaccines being given?
 - Microarray patches (MAPs) are an intracutaneous biocargo delivery system that enables controlled administration of vaccine components to defined skin microenvironments. [This article](#) provides preliminary results on MAP delivery of vaccines, including for COVID-19. [This article](#) provides more information on using “smart patches” being developed in the UK. [This NIH article](#) indicates initial success of using microneedle patches for vaccine administration in mice.
10. Is there any connection between/explanation of the COVID-19 vaccine and women's menstrual cycle changes?
 - While there have been anecdotal reports of menstrual cycle changes following COVID-19 vaccination, no causal link between the two has been established. It is unclear whether the timing of these changes is coincidental, they are related to pandemic-caused stress, those reporting symptoms have a heightened awareness of any potential side effects, changes are associated with the physical effects of other known vaccination side effects, or they are associated with vaccination itself. Several studies conducted during the pandemic before vaccine was available found reported changes in menstrual cycles both among those diagnosed with COVID-19 and those without COVID-19:
 - [Analysis of Sex Hormones and Menstruation in COVID-19 Women of Child-Bearing Age](#)
 - [How Lifestyle Changes Within the COVID-19 Global Pandemic Have Affected the Pattern and Symptoms of the Menstrual Cycle](#)
 - [Menstrual Cycle Change During COVID-19 – Sharing Some Early Results](#)
 - [Triangle of COVID, Anxiety and Menstrual Cycle](#)
 - [Myths and Facts about COVID-19 Vaccines](#)
 - At least one voluntary research [study](#) is currently accepting participants to better understand menstrual experiences after COVID-19 vaccination. Those concerned about delays in their menstrual cycles, heavier bleeding, greater than normal pain, or other unusual symptoms should discuss their concerns with their healthcare providers. Clinicians administering vaccine should also encourage all vaccinees to enroll in [v-safe](#) to enable self-reporting of any unusual health symptoms following vaccination.

11. If someone got the first dose of the AstraZeneca vaccine and were told not to take the second dose due to the possibility of blot clots, what is an alternative for this person to get fully vaccinated? Can they take another vaccine (mRNA), should they only get 1 dose, and how long should they wait to get it?
- The CDC has [administration guidance](#) for the three vaccines authorized for use in the U.S. Astra Zeneca is not authorized for use in the U.S. at this time. CDC addresses this issue for [those vaccinated outside the U.S.](#) and separate vaccines may be administered in exceptional circumstances a minimum of 28 days apart. There are a number of studies currently underway about mixing vaccine types (e.g., [Heterologous prime-boost COVID-19 vaccination: initial reactogenicity data](#)).
12. Is it safe for persons with auto-immune diseases to get vaccinated? Have there been studies for that population?
- [According to the CDC](#), “People with autoimmune conditions may receive a COVID-19 vaccine. However, they should be aware that no data are currently available on the safety of COVID-19 vaccines for people with autoimmune conditions. People from this group were eligible for enrollment in some of the clinical trials.”
 - [The American College of Rheumatology COVID-19 Vaccine Clinical Guidance](#) recommends that people with autoimmune and inflammatory rheumatic disease get the vaccine unless they have an allergy to an ingredient in the vaccine.
13. Should you be vaccinated if you’ve already had COVID?
- [According to the CDC](#), “Yes, you should be vaccinated regardless of whether you already had COVID-19. That’s because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again. Learn more about [why getting vaccinated is a safer way to build protection](#) than getting infected. If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.
14. What is the recommended course if someone has had COVID-19 and is also fully vaccinated but has no antibodies when tested?
- [According to the CDC](#), “If your body develops an immune response to vaccination, which is the goal, you may test positive on some [antibody tests](#). Antibody tests indicate you had a *previous infection* and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.”
 - The CDC discourages antibody testing [for assessing immunity](#) after getting the vaccine. A vaccinated person is very likely to get a negative result from a serology test, even if the vaccine was successful and protective. Different serology tests detect antibodies to different parts of the virus ([University of TX MD Anderson](#)).

IV. Vaccine Timeline/ Next Steps

15. Is there a timeline of FDA approval of these vaccines?
- Pfizer and BioNTech [sought full approval](#) of their mRNA vaccine in individuals 16 years and older on May 7, 2021. Moderna plans to apply for full approval by late May 2021. There is no timeline for full approval at time of this publication.
16. Have Pfizer and Moderna already begun to update their mRNA vaccines for the new mutations of COVID-19?
- Pfizer/BioNTech announced that a [preliminary study](#) shows their COVID-19 vaccine is effective against the mutation in the two new variants. [Moderna also announced](#) that they believe their vaccine to be effective against the new coronavirus strains. The CDC notes that [studies suggest that antibodies built as a result of the current authorized vaccines recognize these variants](#). Additional research is ongoing. Moderna [recently announced](#) development of an initial booster.
17. Is there a source document on how to proceed when second dose would need to be given after 6 weeks?
- According to the CDC’s [COVID-19 Vaccine Inventory Management Best Practices](#), “Administer the second dose as close to the recommended interval as possible. If it is not feasible to adhere to the recommended interval, the second dose may be scheduled for administration up to 6 weeks (42 days) after the first dose. If the second dose is administered beyond these intervals, there is no need to restart the series.”
 - Additional information can also be found in the [CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#).
18. Since the vaccine takes two weeks to be effective, why are some patients getting fever and or body aches soon after their second shot?
- The CDC provides explanations on immune response and how vaccines work in [this article](#).
 - According to this [National Geographic article](#), “The immediate physical reaction to the COVID-19 vaccine is caused by the innate immune system. When a person receives a shot, a flurry of white blood cells called macrophages and neutrophils arrive at the injection site and begin producing chemicals called cytokines. This response triggers [a wide range of symptoms](#), from inflammation and swelling at the injection site to fever, fatigue, and chills....As a result, side effects are a natural reaction to vaccination. This response—called “reactogenicity”—means the vaccines instigate a strong, initial immune response and trigger a wide range of symptoms... [The symptoms were even more pronounced after the second dose](#). Still, the innate immune response is short-lived, lasting only a few days.”
 - The [CDC notes](#) that “It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19.”