COVID-19 Vaccine Town Hall FAQs

What are the negative long-term side effects of COVID-19?

Long-term side effects of the disease are still hard to quantify because it is so new, but we are learning more and more about its effects on various body systems every day.

Should I still get the vaccine if I tested positive with COVID-19?

Yes, get vaccinated if your symptoms have resolved. The frequency of side effects does not appear to be increased, but in people that have them, they do appear to be stronger. They still typically resolve in 24-48 hours.

What is the risk of a long-term negative side effect from the Pfizer or Moderna vaccine?

The risk of side effects from the vaccines are very low. While the vaccines are new, historically, the overwhelming proportion of side effects have occurred in days and weeks after the vaccine, and we haven't seen anything major. Recent concerns about one particular lot of Moderna is now being reassessed as LOW risk, after the CDC and the vaccine alert network (VAERS) investigated and found the allergic reactions were very limited and in only a few persons, compared to the larger overall lot that had no adverse effects.

How long after testing positive for COVID-19 should I receive the vaccine?

Get vaccinated 14 days after testing positive.

Do the vaccines work against the new strain of COVID-19?

Yes, all indications are that the vaccine will work on the new strains as well.
Do you know if taking blood thinner medication has been found to cause an adverse reaction with the Moderna vaccine or is this something to be known prior to any injection to prepare for possible excessive bleeding?

They did that out of concern if a hematoma could develop from the injection. It is not a contraindication.

Have any fire departments seen an increase in post-COVID members who are experiencing night terrors and delusional psychosis?

Don’t know the exact answers to night terrors, but post-COVID infection does have an impact on the neurologic system. We are starting to see reports come out of the CDC with possibility of accelerated dementia. There is also the component of mentally related illness due to the stress of the pandemic, but there clearly is some impact on the nervous system.

Is there any research on the vaccine and pregnancy? Both, getting the vaccine while pregnant or getting pregnant after the vaccine?

No information on getting the vaccine while pregnant, as that was an excluder in the trials. However, in both Moderna and Pfizer, about 24 people got pregnant between dose 1 and dose 2. The numbers between the groups were equal, so there was no apparent sign that it affected fertility. All of the patients are being followed and there has thus far been no evidence of problems with the pregnancy.

Was the vaccine developed using aborted fetuses?

The Pfizer and Moderna vaccines were entirely synthesized in a lab. None of the vaccines were developed using aborted fetuses. The Astrazeneca vaccine was tested by a British university using a single replicated fetal cell line from aborted fetuses from the 1960s and 1970s. The vaccine has no fetal tissue in it, and the Vatican has given its support to all of the vaccines.

Will there be a titer test, or will this be an annual vaccination like for the flu?

We don't know yet. Titers only tell part of the story of immunity, particularly the antibody part, but not the cell mediated part. More research will be needed to determine if it becomes annual.
What advice would you give to somebody who is declining the vaccine? And in addition to wearing a mask and physical distancing, what other precautions would you recommend?

Overall health is very important. Keep a healthy diet and exercise frequently. Please reconsider your decision.

Why are "healthy" people ending up in the ICU when others are not?

Why people end up in the ICU has to do with the intensity of the immune response. As the virus itself replicates millions of times, it creates a large inflammatory response, which ultimately leads to severe respiratory symptoms. There is no predictability in today’s science to know who is going to end up in ICU and who is not.

Are there different strains of the COVID-19 virus that have not been identified?

Yes, there are new strains. Some will be more infective which is why it is so important we get vaccinated and get in front of this as quick as we can.

How long after the second shot is one considered vaccinated? Can a vaccinated firefighter still spread the virus to others?

12-14 days post vaccine #2 you will have a durable and strong immune response. Continue PPE for now; additional research is needed to know if immunity reduces asymptomatic spread, but we will have that info in a matter of a few months.

Is the Moderna vaccine more likely to cause lightheadedness and syncope?

No, not likely. Syncope is a known side effect of all shots, blood draws, and vaccines and is unlikely related to the vaccine itself.

If you receive the vaccine can you no longer transmit the virus?

The virus does not take up residence and live in people, as far as we know after 1 year of investigating the virus. The only time transmission occurs is when the virus is actively replicating. Even those that have been vaccinated can still acquire COVID-19, although very rare. During that infection period, you can transmit the virus.
What are the statistics on children contracting the virus thus far?

So far, the current numbers show that there has only been about 1,300 cases reported nationally, which considering how prevalent this is, it is a relatively reassuring number.

Have any adjustments in response to skilled nursing facilities been made in your departments, and if so how should we be adjusting our response to these facilities?

We practice 1 in, the rest out in order to assess the resource needs. We discourage transport of patients with DNR or hospice if they are end-of-life. Remember though that PPE works, and if you are wearing it properly, you have good protection.

How will the current vaccine combat new mutations?

As long as the mutation affects other parts of the virus, it will have no effect. The beauty of mRNA vaccines is that it could be easily changed and mass produced.

Are there any contraindications for mothers with newborns who are breast feeding to not get the vaccine or affecting the mother’s ability to breast feed? Or passing any part of the virus or vaccine through breast feeding?

The American College of Obstetrics and Gynecology (ACOG) and the Society of Maternal Fetal Medicine (SMFM) both recommend that vaccine not be withheld from pregnant or breastfeeding women. The vaccine does not pass that way, but the maternal antibodies may. The disease is believed to be much higher risk to these women that the vaccine is.

After firefighters receive the second dose of the vaccine, should they be getting antibody tests at some sort of interval afterwards to help confirm immunity?

This is not typically practice for vaccines (some have titers like MMR and Hepatitis B because the vaccine is designed to give lifetime immunity). No indication now that antibody titers will be drawn.

What preservative, if any, is being used in the two vaccines?

There are no preservatives. That's part of the reason that these are so hard to store.
If I have already tested positive for COVID-19, why am I being encouraged to get the vaccine if I already had the disease?

The strength and durability (and predictability) of the immune response is considerably stronger after getting the vaccine. From what we are seeing, the immune response if you have only had the virus is weaker and not as long lasting.

What is the possibility of vaccinated firefighters being able to still be carriers of the virus?

Some data was released from Moderna showing that there was a reduction in carrier state in those who were vaccinated. Didn’t block it completely, but likely reduces the chances of spreading. This data is preliminary though. With bigger studies we will have a better idea.

Is there a potential time frame of when a vaccinated person may be able to discontinue wearing masks? If firefighters riding the same rig are vaccinated, do they still need to wear masks in the cab or at the station they are assigned to?

We are still very early in the vaccine process. Just because you get both doses of the vaccines does not mean that you cannot get the virus or spread it. This will be a local, operational decision of when we start to move away from masking in the station and on calls.

Is there enough information in relation to blood type and a person’s reaction (severity) after contracting COVID-19?

No definite conclusion yet, there has been a lot of conflicting data. There are also genetic components to disease, that we are only just beginning to understand. The only major cause to determine severity of illness seems to be the amount of virus somebody gets. Minimizing your exposure to the virus will result in a less serious case.

Have any of your departments been successful in promoting widespread acceptance of mask use? In terms of encouraging mask compliance, what best practices do you recommend?

Most doctors and major medical professional societies are aligned with views on mask usage. It is settled science – both wearing a mask and physical distancing reduces transmission.

At times we do need to remind members to wear a mask. It is challenging, but the best thing is for all of our leadership to demonstrate good behavior. Lead by example and hope that people will follow.
How do we respond to members who feel that they should not take the vaccine, so they can save it for more vulnerable members of our population who may need it more?

Vulnerable members of society are going to be in the next phases of vaccine distribution. We won’t have an emergency response to send if members are not healthy. If we can get caregivers and healthcare workers protected, we can protect others from getting the virus.

Is the vaccine considered a live virus or an inactivated virus?

There is no live or no inactive virus in an mRNA vaccine.

When would you expect at-risk seniors to receive the vaccine and when would a typical senior citizen expect to receive theirs?

A tiered system has been set up, but it will be locally dependent on the availability of the vaccine and what tier they are in.

What follow up tests you believe are the most important for our members, either those who have had the virus or multiple exposures?

A chest x-ray is a low sensitivity test and for our members, we would want them to get something more definitive, like a CAT scan of the chest at the very least. Pulmonary function tests are helpful as well. On the cardiac side of things, a stress echo or some type of evaluation of cardiac output is important too.

Does the vaccine have an adjuvant? And if it does is it aluminum based?

Neither the Pfizer nor Moderna vaccines have any preservatives at all, part of the reason why it is so hard to store. It contains mRNA and lipid molecules.

What are your thoughts on the recently approved regeneron monoclonal antibody therapy? Any talk of looking at this or offering it to firefighters with elevated risk or underlying health conditions?

Monoclonal antibodies are designed to treat people who are infected. We still don’t know enough about them and if they are effective.
Does Vitamin C, Vitamin D and Zinc assist with fighting this disease by boosting our immune system?

There is science to suggest that Vitamin C, Vitamin D, and Zinc and some others do help keep a strong immune system. There is also an association with elderly population having low Vitamin D, which could be why they get hit harder with COVID than with younger populations. It is reasonable to take a multivitamin containing these to help maintain good health.

Does starting the vaccination provide any increased protection or is it only 14 days after the 2\textsuperscript{nd} dose?

It is a slow development of immune response, but it begins from the time you get the vaccine. Protection probably peaks around 14 days and further after that you get the most protection.

Why was there such a large decline in reported cases and deaths caused by the flu, following COVID-19? Is this accurate?

The seasonal flu typically lasts from December to March, with a peak in January and February. COVID rose here in the middle of March. So, you would expect that flu would drop as COVID was rising. I know that people did not have a good understanding of how deaths are recorded, but there has been no change with COVID.