

## Frequently Asked Questions (FAQ) Coronavirus and COVID-19 (Updated: 26January 2021)

Prepared by Brad Meyers, Col, MC, SFS, MDG CC, 115<sup>th</sup> FW

This is **VERSION TWENTY-NINE** of **FAQ**.

**As always, if you have ideas, questions, or comments** please reach out to us through the **AF Connect App**, under the “*FAQ Covid-19*” button and select “*Ask a Question to the Medics.*” Fill out the form. Your answer will appear in a day or two on the app. If you desire a personal reply or phone call, simply tell me.

### **Our first page of the FAQ this month has to do with vaccines.**

For many of us, the Covid-19 vaccines means a new chapter in the story of the pandemic; we can begin to assume an offensive roll in defeating the virus. For others, the idea of a new vaccine is scary. For others, the vaccine is viewed with suspicion and mistrust. Please take a few minutes to inform yourselves. Believe the science and trust the experts. I hope this piece will help you begin your quest for knowledge and truth. ~Doc Meyers

The following are excerpts from the CDC website. Should you desire to read the entire piece, here is the link: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

**Two vaccines** (so far): Pfizer-BioNTech for those age 16 and older; Moderna for those age 18 and older. The Guard will be receiving the Moderna vaccine given that storage does not require the ultra-low temperature freezer as required by the Pfizer vaccine.

**What kind of vaccines are they?** There are a number of different “types” of vaccines. These are mRNA vaccines which stimulate the body to manufacture a portion of the spike protein of the SARS CoV-2 virus (the virus that causes Covid-19). This stimulates an antibody response by the body which protects us from getting infected.

**Has the vaccine development been rushed?** No. The vaccine development has been expedited, not rushed. There is a difference. One can't rush the science. The body takes time to develop the antibodies that the studies were looking for. We are presently giving the vaccines via EUA (Emergency Use Authorization). This is the plan for use prior to full certification by the FDA which, for reasons not entirely clear to me, takes longer. Thus far more than 6 million people have been vaccinated. No adverse event surprises have been recognized thus far. The bureaucratic process was streamlined, the scientists were fully engaged, and the importance of the work was embraced. So...the vaccine was developed in a relatively short time; expedited, not rushed.

**How are the vaccines administered?** Pfizer- two doses separated by 21 days. Moderna- two doses separated by 28 days. Both doses are necessary. All given by a “shot in the arm.”

**Shall I take other vaccines while in the Covid series?** No. Unless the other vaccine is for a high risk exposure (for example a tetanus shot after an injury), the recommendation is that no other vaccine shall be given within 14 days of the Covid Vaccine.

**I have had Covid. Shall I get immunized?** Yes. Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection and criteria have been met for them

to discontinue isolation. Reinfection within 90 days after infection is rare, so the general guideline is to get a vaccination about 3 months after the initial infection.

**Can I get sick from the Covid vaccine?** No. The vaccine does not contain live or inactivated virus. The vaccine causes the body to make a portion of the spike protein that is found on the Covid virus. The vaccine will not give you Covid. The body's immune response to that spike protein confers immunity--protecting us from the virus without introducing the actual virus into our body. Side-effects after vaccination are typically mild. A sore arm, fatigue, muscle aches, headache, redness or mild swelling at the vaccination site. Tylenol or ibuprofen may be used. One may expect to experience some reaction – this indicates an immunological response to the vaccine. This is a good thing, it means the shot is working.

**Once I get the vaccine, I don't need to wear a mask and keep taking mitigation precautions, right?**

Wrong. Given the currently limited information on how much the mRNA COVID-19 vaccines may reduce transmission in the general population and how long protection lasts, vaccinated persons should continue to follow all current guidance to protect themselves and others. *[I anticipate that mitigation may be relaxed after vaccination once the data is available]*. This includes wearing a mask, staying at least 6 feet away from others, avoiding crowds, washing hands often, following [CDC travel guidance](#), following quarantine guidance after an exposure to someone with COVID-19 *[note this is different than the recently released FW Flowsheet and speaks to the CDC's intent to get ahead of the infection. This guidance changes frequently. My take on this is that the vaccine confers immunity and protection. One could not be faulted for a more conservative approach and a quarantine period after exposure regardless of vaccination status]* and following any applicable workplace or school guidance. Once we develop herd immunity (vaccination of 70+ % of the population), we may be able to relax a bit. But for now, we must keep our guard up.

**What if I am pregnant?** Discuss with your obstetrician. If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. This is a risk/benefit discussion. Based on current knowledge, experts believe that mRNA vaccines are unlikely to pose a risk to the pregnant person or the fetus because [mRNA vaccines](#) are not live vaccines.

**What if I am breast feeding?** Discuss with your obstetrician. Safety data in lactating females are limited. But mRNA vaccines are not thought to be a risk to the breastfeeding infant. A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated.

**Does the vaccine work?** Yes. Data so far indicates rather amazing efficacy. About 90% protection after the first dose. Upwards of 96% after the second dose. All are encouraged to take both shots in the series. The studies were done with two shots. Best to follow the science.

**I hear the vaccine does terrible things to my body, why would I take it?** Social media abounds with disinformation and sensational untruths about the vaccine. I have read and heard stories that the vaccine contains microchips put there by big business, that we can grow a third shoulder, that it messes with our DNA. All this is absolutely nonsensical. I have never been able to understand the motivation for spreading disinformation about important topics, especially when it has to do with our health. Please read the science, speak with your personal physician, call us at the MDG. Don't believe the

nonsense. Be an informed member not one who falls victim to disinformation campaigns and conspiracy theories.

**Who should not get vaccinated?** Those with known allergy to polyethylene glycol or polysorbate. Those with history of anaphylaxis to mRNA Covid-19 vaccine; rare, but if you have a severe allergic reaction to the first shot, I would not take the second one. Reactions are rare. The vast majority of us can be comfortable taking the vaccine.

The Covid vaccines-- two so far, more to come-- are our best hope to put the pandemic behind us.

### **Should I get vaccinated?**

Yes. The two initial vaccines, made by Pfizer and Moderna, are messenger RNA (mRNA) vaccines. Using mRNA is a new vaccine concept, but one which has been very well studied. The mRNA cues our cells to produce one of the spike proteins on the SARS-CoV-2 virus, energizing our immune system to kill the intruder and prevent Covid-19. Achieving a safe and effective vaccine in less than a year is nothing less than a technological tour de force. How was this done so fast? One really cannot rush the science; takes some time to monitor antibody levels. The scientists were motivated. The need was (and is) pressing. And... the bureaucratic delays were minimized. Paperwork did not languish on the bureaucrats' desk for months. So, rapid, yes. Rushed, no.

Please get the vaccine when offered to you. I have had both doses. First dose: My arm was a touch sore for a couple of days; about the same as a flu shot, less so than the tetanus booster. Second dose: Arm not so sore, but had a reaction characterized by low grade fever, fatigue and mild muscle aches. These are all symptoms associated with an immune response. My body was cranking out the antibodies' I would need to fend off a Covid infection. Had I not felt anything, I would have worried that my immune system had not stepped up. But it did. And I felt back to normal in 24 hours.

**More...** Both Pfizer and Moderna require two doses 21 and 28 days after the first dose respectively. Both are about 95% effective. Both decrease the risk of acquiring the disease and virtually eliminate the risk of dying from Covid-19.

**Still more...** With the Moderna vaccine we are using in the Guard, must I have a second shot? Yes. Two shots are necessary for optimal protection. We plan the second shot for 4 weeks after the first, but the second dose can be safely and effectively given in the range 24 to 42 days after the first.

**Now that I have been vaccinated, must I still wear a mask?** Yes. DoD health officials stress the need to continue to wear appropriate face coverings, practice physical distancing, wash hands, and follow local and installation force health protection guidelines until a large proportion of the population is vaccinated and the vaccine is proven to provide long-term protection. Global and national public health authorities are expected to recommend that these steps continue for everyone until the pandemic risk of COVID-19 is substantially reduced.

The vaccine is one challenge. Vaccination is another! The challenge will be mass producing the vaccine, filling the vials, getting enough syringes and needles and the distributing the vaccine equitably. I have seen the statistic that worldwide distribution of a vaccine would fill 8000 jumbo jets! But... we will get there. (Source: Defense Health Agency)

**MYTH:** Active Duty Service Members can be ordered to "volunteer" for COVID-19 vaccine trials, especially if not enough people have actually volunteered. (from DHA)

**FACT:** Absolutely not. Any adult Military Health System beneficiary (active duty, retired, or dependent) interested in participating in the AstraZeneca or any other vaccine trial as part of Operation Warp Speed can CHOOSE to participate and would need to provide voluntary written informed consent in order to be screened and considered for participation. Active duty members who are considered vulnerable from an ethical and regulatory standpoint (including new recruits and trainees) will be excluded from the study and will not be able to participate. Active duty military members who do not fall into those categories may be able to participate in the study if they expect that they will likely be able to follow up during the 2 years of the study (no known/planned PCS at the time of enrollment). It is critical for the scientific validity of the trial that all participants be able to be part of the follow-up period after vaccination. [This does not mean that the vaccine will not be released for two years. Emergency use authorization is in progress. But... the study will continue for a couple of years in order to gather robust and relevant data].

### **What's this I hear about mutation of the virus?**

RNA viruses are adept at mutating to improve their infectivity and transmissibility. There is evidence of mutation, initially in Britain, but now spreading that SARS CoV-2 has mutated. The variant is thought to be more easily passed along (transmissibility is even better) from person to person. This may mean that an already highly contagious virus is even more contagious. Fortunately, the current vaccines offer protection. Fortunately this mutation is no more deadly than the original. And...the mRNA vaccine is effective at protecting us from the mutation. Mask wear is all the more important.

**OLDER INFO:** (still pertinent)

### **What is a Close Contact?**

One of the critical items in stemming the pandemic's uptick is the guidance for **close contact**, issued by the CDC, which was updated this past week.

For the purpose of Contact Tracing for COVID-19 a Close Contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated).

*\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended. Addendum: Per MG Knapp, if all PAX are wearing mask, a close contact is not considered to have occurred.*

**What are the criteria for a diagnosis of Covid-19? (CDC)**

**Clinical Criteria.**

At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

**OR** At least one of the following symptoms: cough, shortness of breath, or difficulty breathing

**OR** Severe respiratory illness with at least one of the following: Clinical or radiographic evidence of pneumonia,

**OR** Acute respiratory distress syndrome (ARDS).

**AND** No alternative more likely diagnosis.

**Laboratory Criteria.**

A definitive diagnosis of Covid-19 is made through nasal swab or rapid antigen testing.