

**COVID -19 Vaccine Information Sessions Q&A with Dr. Faisal: Nephrologist, Professor of Medicine at Western University and Site Chief of Medicine at London Health Sciences Centre - University Hospital**

QUESTIONS	ANSWERS
Can you get COVID 19 more than once?	Coronaviruses are common cold viruses that can affect a patient more than once. The reason is that the antibody response to the virus wanes over time. With the COVID-19 infection, it is unclear how long the antibody response protects you for, but it is possible that patients can be re-infected in the future.
What is herd immunity?	Herd immunity helps to protect people who cannot get the vaccine but because others around them are vaccinated, they are protected. Need 80-85% vaccination rate for herd immunity.
After you have COVID-19 or the vaccine, are you safer to be around as you already have the antibodies and you cannot make someone sick?	Even if fully immunized, although it may be safe for you, it may not be safe for others. We are still learning about the virus, so we don't know if people who are vaccinated can carry the virus and infect others, so we should still be using our masks and distancing.
Why do different countries have different strains developing?	Unsure, there are many reasons to why viruses mutate and mutations seem to develop in countries where the pandemic is more aggressive. It affects more and more people.
Should we be taking Vitamin D?	Patients with high vitamin D intake seem to be protected from the virus. May have some protective benefits against the virus. Still waiting for further clinical studies to inform us. Many COVID-19 clinics are putting their patients on Vitamin D because a couple studies showed patients with high vitamin D intake seemed to have better rates of recovery. Patients in hospital are getting vitamin D, so that indicates that it may help. Personally recommend taking vitamin D in general.

There is information shared on social media that the vaccine may give future generations fertility issues.	There is a ton of myths about vaccines, and social media is very powerful to spread misinformation. We only have short-term data for the COVID vaccines but have decades of data with other vaccines that have debunked these myths, and indicate there is no safety risk.
What is a good response to anti vaccinators and anti maskers?	The advice I give is: the reason you are doing these things are to protect the older population and those at-risk, not to only protect yourself. Masking and social distancing have clearly been shown to work. Decades of data with other vaccines have shown them to be safe and effective.
What would you tell people who are more afraid of possible long-term damaging effects of the vaccine than they are of getting COVID?	RNA technology has allowed us to develop the vaccine at a very fast rate. This RNA technology has been around for several years. Although we don't have long term data with this vaccine, we have decades of safety data with previous vaccines that should put us at ease. The COVID vaccines have been studied in tens of thousands of people and in the short term, very few side effects were seen.
Why don't dogs spread COVID?	The virus probably started with animal to human transmission from a bat, but there is no evidence in human to pet transmission
Will this vaccine be required every year like the flu shot or is this a one-time shot?	We don't know yet, but studies show that immunity remains high for 3-6 months. We don't know whether the levels will be high enough to protect long-term, so boosters every year are possible.
How quickly does the vaccine become effective?	It becomes effective within the first 2 weeks.
What is the timeline to receive vaccines?	Long-term care is the priority right now; they stopped hospital staff vaccinations during the vaccine shortage because they have more PPE and precautions. We are learning more each day and I am hopeful that with other vaccines entering the

	<p>market it will be quicker to vaccinate more people. We are now vaccinating people who are 70 and older, within the next couple months we are very hopeful it will be offered to the general population.</p>
Can you comment on the prioritization schedule in regards to individuals of PHSS?	<p>I believe PHSS will be made a priority for individuals due to them being medically complex.</p> <p>As far as prioritization, people are advocating for those in the DS sector, but age is still the biggest risk factor. As other vaccines come out, hopefully this will not be an issue and everyone will be able to get vaccines faster than projected. We are trying to advocate for our patients, but no clear idea how it will roll out.</p>
Are there concerns around stretching out the times between first and second doses?	<p>Ideally, you should follow how the study was done. Experts say you can delay the second dose, and we should trust them. I would rather get it late than not get it, especially in a vaccine shortage.</p> <p>The first shot alone gives quite a bit of protection, so they are going toward getting everyone the first dose to get some protection.</p>
Is it advised to stay home while waiting for the second dose?	<p>After the first dose there is some protection, but continue as you were before – get groceries, go to work, continue social distancing and wearing your mask because we don't know if people can be carriers after receiving the vaccine.</p>
Why is it a two dose vaccine?	<p>Some of the vaccines will be one dose. For the two-dose vaccine, the quantity of vaccine is the same as the first and acts like a booster to enhance the immune response.</p>
How long does it take to produce the vaccine?	<p>We are not sure, but assume their plants are working 24/7 to develop as many as possible.</p>

What are the long-term effects of the vaccine?	Historically with other vaccines over decades, there are no long term consequences. What we know in the short term is that it is very safe and has lesser consequences than a COVID-19 infection. In this case, the benefits of the vaccine outweigh the risk of getting an infection.
Are the vaccines effective to combat the new strains?	UK variant seems to be more infectious, but studies are showing that the vaccine is effective. Viruses can mutate and change. Hopefully like SARS and MERS, it will come and go. There are concerns that some vaccines may not be as effective against South Africa variant.
If you've already contracted COVID-19, do you need to get the vaccine?	At this point – no. Antibodies have already developed and may need a booster, but not at this time.
Is there a difference between vaccines?	<p>Both the Moderna and the Pfizer/BioNTech vaccines require two shots: a priming dose, followed by a booster shot. There are some differences in the ingredients. I do not know the specific differences at this time.</p> <p>The AstraZeneca vaccine has an efficacy rate of 65-70%, and it is not easy to compare vaccines. It has shown to be effective at preventing death and severe infections, so it is still an effective vaccine. There is a slight signal that the Astra Zeneca vaccine might make you more prone to blood clots. The data still needs to be analyzed, but at this time the risk appears to be very low as opposed to the benefits.</p>
Why is one vaccine stored at such low temperatures but not the other? Is there any safety concern?	Do not know why one vaccine has to be stored at lower temperatures than the other, but there is no safety concern. The vaccine is <i>stored</i> at a very low temperature, but is reconstituted and brought back to room temperature for injection.

Do people have to be monitored after receiving the vaccine?	Monitoring is not really needed, much like the flu shot: watch for ~10 minutes. These vaccines are safe. However, we are being cautious and patients are being monitored for 30 minutes after receiving the vaccine.
There is some talk of getting dose #1 of Pfizer, but a second dose of another, such as Moderna. How safe is this?	I would not recommend this, as the vaccines are not the same and no studies have been done on how they interact.
Why did Canada buy 3X the amount of vaccines to the population?	There are many reasons as to why. One reason could be possible extra booster shots in case the dose does not last as long as predicted, or to help vulnerable populations in other parts for the world. Canada does quite a bit of charity for other countries and could have purchased extra to help support countries that may not be able to afford the vaccine.
Are there any studies for a "natural alternative"?	Pharma is going wild right now, and probably will look at natural alternatives, but right now we don't have it. Some natural medications will help certain conditions
What's the recommended timeline between different vaccinations (i.e. the Pneumonia and the Covid vaccines)?	Unknown. If you are offered the COVID-19, I would take it regardless of when you received the pneumonia shot.
Do you have any faith in the study out of Quebec that using colchicine reduces the disease?	Colchicine is used to treat gout, and has anti-inflammatory properties. It is too early to tell whether this would be beneficial; people need to be very cautious, and it would be advantageous to have a bigger clinical trial.
It seemed that the Pfizer vaccine trial that the majority of people who were studied were Caucasian, can you comment on that?	The demographics of the testing was very broad and reasonably diverse.
Is it safe to receive the vaccine if you have allergies?	Government is being incredibly cautious and does not want anyone to have a severe reaction. Those who have had severe allergic reactions needing an epi-pen or to other medications are being sent home and not able to get it at this time.

	<p>If there is an allergy to PEG (polyethylene glycol - a stabilizing agent in many vaccines), you cannot get the vaccine. It is suggested to disclose allergies at the time of your vaccine. Health Canada has released the list of ingredients, including the preservatives and stabilizers, in each vaccine.</p>
Is the vaccine safe for people who are pregnant?	<p>Pregnant people were not part of the studies, but after talking to infectious disease experts at the hospital, they recommend that pregnant women get the vaccine and felt there was no risk to the baby.</p>
Is the vaccine safe for children?	<p>Right now, the adult population is the only one studied so far. The risk of children getting very sick is low, so experts are not recommending it for children. The province is focusing on older patients right now due to their high risk and shortage of vaccines.</p>
<p>Is it safe for people who are:</p> <ul style="list-style-type: none"> <li>• diabetic</li> <li>• immunosuppressed/have an autoimmune disorder*</li> <li>• adrenal insufficient</li> <li>• asthmatic</li> <li>• have had a kidney transplant</li> <li>• cardiovascular conditions</li> </ul> <p>Is there a risk that the vaccine could make them worse?</p>	<p>These populations were not part of the studies. In general, they are more prone to getting sick, so it is recommended that they get the vaccine, and there is no preference as to which vaccine.</p> <p>*It is possible that these people may not make the antibodies needed.</p> <p>To date, there is no data indicating they could get worse.</p>
Is there any study about the efficacy or risks in someone with a hyperactive immunological condition?	<p>We are recommending that patients with auto immune conditions all get vaccinated.</p> <p>We don't know yet – there is not enough data at this time. In time we should have more data on how these vaccines will affect people who do not have a normal immune system.</p>