

COVID-19 Vaccine Questions & Answers with Dr. Fenton



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1. We had understood that herd immunity could be achieved with approximately 70% vaccination rates. How can you get to herd immunity if the vaccinated people can still spread disease? Does that mean that we need 100% of the population to get vaccinated to reach herd immunity?
 - This vaccine is still so new that we are learning as we go. Currently, we do not have the data to show whether or not the vaccine prevents transmission, so we need to be cautious with our prevention to make sure we do not accidentally spread the virus. Once we know more about that, we will be able to predict what percentage of the population we will need to vaccinate to achieve herd immunity.
2. Will the Moderna vaccines for dose 2 be delayed? We understand there is a minimum time interval between dose 1 and 2 of 28 days. Is there a maximum time interval?
 - Currently in BC the recommended interval for the Moderna vaccine is 28-42 days. Normally, for most vaccines, the interval is a minimum time frame – your body needs the “booster” dose to remind it once it has finished with the first dose, but if you give the reminder too soon it doesn’t work as well. The only reason we are still aiming for 42 day maximum is because we don’t yet have data on how well the booster works after that, because that is the information we got from the trials. Receiving the booster a few days late is not dangerous.
3. We understand that Variant B.1.1.7 (UK) has a higher transmission rate. We want to confirm:
 - a. Does B.1.1.7 respond to the Moderna vaccine at the same 94.1% efficacy?
 - We don’t know yet, since this variant was not around when the trial was done to get that number.
 - b. Does B.1.1.7 affect children differently than the current COVID-19 virus that we are dealing with?
 - I don’t know.
4. We understand that Variants P.1 (Braz) and B.1.351 (SA) have mutations on the spike protein.
 - a. Does this mean that the Moderna vaccine is less effective on this variant?
 - We don’t know yet.
 - b. Does this mean that we may need to add a Moderna booster series to the community vaccination plan?

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- We don't know yet how long immunity lasts, since this vaccine is so new, so we might need boosters every year or two.
 - c. Do these variants affect children differently than the current COVID-19 virus that we are dealing with?
 - We don't know yet.
5. We are seeing a lot of reactions such as "COVID Arm". These reactions are causing people to be afraid that they are having an allergic reaction that could be contraindicated with receiving the second dose. Local doctors who are not well informed are perpetuating this myth. We also know that second dose can cause more severe side effects. Can you please provide us with information that is culturally appropriate to disseminate to the communities about COVID-19 vaccine effects?
- Pain, redness, and swelling to the injection site is a common and expected side effect of this vaccine. It can be distressing but if it appears on your arm after more than an hour it is not likely a true allergic reaction, and you can still get the second dose of the vaccine.
 - The purpose of the second dose of vaccine is to "remind" your body to respond to the spike protein, which helps it build lasting immunity. You can sometimes feel immune system activation from this "reminder" as tiredness, fevers, aches, and/or nausea. This means it is working!
6. We understand that people with active COVID-19 infection and those in isolation should not be vaccinated until they are no longer infectious. We understood that there was no need for a time interval from COVID-19 illness recovery to vaccination. However, we heard this week a health professional state that the recommended timeframe between COVID-19 recovery and vaccination is one month. Please explain.
- Similar to the booster dose "reminder", someone who has recently had COVID infection already has new immunity to the virus. So it is safe to receive the vaccine, but the immune system is more likely to quickly recognize the vaccine and mount a response – which can cause tiredness, fevers, aches, and/or nausea. We currently recommend for people to wait 3 months so they won't have as much of these side effects.

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7. We understand that people who have received monoclonal antibodies should not be vaccinated for a period of 3 months after this treatment because the antibodies provide immunity for 3 months. Please confirm.
 - Currently, the timing for these is unknown because it hasn't been tested. This can be discussed and decided between the person and their health care provider.
8. We have had experiences where clients have asked their GP if they can get the vaccine and they have been recommended not to because of the medication that they are on. When the person's specialist was contacted, the specialist said it was no issue, get the vaccine. Can we get some messaging out to doctors to double check with the patient's specialist before determining that they should not get the vaccine?
 - MHO Update will soon be circulated with messaging that reflects this request.
9. We understand there is no live vaccine in the Moderna, which is why immune compromised individuals can safely receive the vaccine. However, we believe this means that they may have a weaker antibody response and therefore a lower efficacy post-vaccination. Can we please get more info on this? Which conditions are resulting in this? How much lower efficacy?
 - We don't know this yet because immune compromised people were not included in the trials.
10. Once clinical trials on people under 18 years are complete, will vaccines be made available to Indigenous communities again for school vaccination programs?
 - Once we have a vaccine for this population we can start to make plans.
11. Can FNHA and IHA provide clinical updates to Indigenous political leadership? The lack of communication, to Leadership, around public health and vaccinations has led to some difficult situations and put nursing staff and health staff in an adversarial relationship with their employers. They can't say no to leadership but also can't ignore public health orders.
 - I can be available for Q&A sessions if you want to schedule one with your local leadership.
12. Is there communication going out to community/Nations on restrictive and/or who can or cannot get the vaccine and why?
 - The direction for vaccine roll-out comes to us from the province. When we plan to come into communities we can provide direction for who is eligible for that clinic.

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13. One of the new variants is showing mutations in spike protein and some early data shows the vaccines are not as effective. Can you keep us up to date on this so that we can inform and educate those who have been vaccinated and so that we can understand if mRNA vaccines will be tweaked to accommodate these spike protein mutations. For example, will people need to receive a booster in a few weeks because of this new variant? This has a lot of logistical implications, as well as information and communications.
- We don't have this information in BC yet, because we don't have wide circulation of the new variants, nor a vaccinated population. But if there are new actions to take we will let you know.
14. Why the vaccine is only available for 18 year old and up? (My belief is that it has to do with testing and age of consent?)
- I believe it is because those were the populations that were included in the trials.
15. Why pregnant or new mothers cannot have the vaccine? (Again, prior testing wasn't on expecting moms?)
- Pregnant and new parents can receive the vaccine. There is just some cautionary language in the roll out because they were not included in the trials. However, since it is not a live vaccine, the risk is low and potential benefit from protection is good, so we are offering it if someone in those groups wants it.
16. Why people who have COVID cannot have the vaccine and must wait until....?
- Similar to the booster dose "reminder", someone who has recently had COVID infection already has new immunity to the virus. So it is safe to receive the vaccine, but the immune system is more likely to quickly recognize the vaccine and mount a response – which can cause tiredness, fevers, aches, and/or nausea. We currently recommend for people to wait 3 months so they won't have as much of these side effects.
17. A select few could not have the vaccine due to certain medications they are on that may impact the effectiveness of the vaccine? What medication greatly impact the effectiveness of the COVID vaccine? Is there a list someplace? Do all Nurses know this or ask before administrating the vaccine?
- People who are on medications that affect their immune system can receive the vaccine, but we don't know yet if their immune systems will react the same way

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compared to someone not on those medications. The best person to talk to about this is the person who prescribes these medications, because they will know what they are for and what effects they might have.