COVID-19 Vaccines Webinar Q & A

1.27.2021

Q1: Any idea how big the under-reporting is in other countries. Just doesn't seem logical that US would have over 20% of worldwide cases?

Dr. Frene' LaCour-Chestnut:

There have been differences in variability in reporting across the globe and yes this this is impacting the reporting and percentage of cases in the US vs worldwide. This is because there are differences in the capacity in testing as well as reporting in other countries.

Obviously, we have a larger stake, but we also have a larger number of people here in the U.S. So no, we can't say for sure what percentage of other countries are underreporting purposefully or if it just has to do with their capacity for testing.

Q2: Would someone please share the link Dr. LaCour-Chestnut referenced for watching the local COVID-19 cases?

LINK: Dr. LaCour-Chestnut mentioned www.tmc.edu as the site for tracking local cases.

Q3: How long are you immune after you take the vaccine?

Dr. LaCour-Chestnut: We do not know just yet how long immunity lasts from the vaccine. As studies are ongoing, we will better be able to tell.

Q4: What if you have the sickle cell trait, does that put you at higher risk?

Dr. Kimberly Pilkinton: I haven't seen data in that specific high risk category, but sickle cell trait incur some risk just underlying with pregnancy and sickle cell disease definitely puts a pregnant lady at higher risk, especially to some of the complications related to blood clots that is more common with COVID. So I would think if you had sickle cell disease and pregnancy, you would be more likely to be recommended to get access to the vaccine sooner than later.

Q5: What happens to the spike protein that our cells make as a response to the mRNA vaccine like the Pfizer vaccine?

Dr. Bhavna Lall: The mRNA is actually degraded in the cells and the spike proteins are released from the cells and fragments will come to the cell surface as well. The antigen presenting cells

in the rest of the immune system form antibodies and will go through the rest of the response in the immune system and form antibodies and memory cells. Essentially, they will last in your system to actually be present in your immune system. They will not be everlasting; they will not continuously form such as in COVID-19. So the vaccine is effective for a set period of time.

Q6: Why is Diabetes Type 1 not in Phase 1A or 1B?

Dr. Brian Reed: You know the list is not exhaustive so if I were to see a patient who has Type 1 Diabetes in my clinic, we would reach out to those individuals. Of course, what we have seen is that we have more people with Type 2 Diabetes and they are the one probably winding up in the hospital at greater frequency so that is probably why people with Type 1 didn't make it into the Top 10 list.

Q7: Where are the police?

Dr. Reed:

Police officers are typically considered frontline essential workers and fall within the CDC's Phase 1B. However, Texas DSHS has a narrower definition of the groups.

They haven't really clarified that at the state level and that's part of the challenges in terms of managing COVID-19. We haven't had essentially a national response. So some states have started vaccinating people 65 & older, others are limiting to 75 & older. Here in our state (Texas) we have narrowed definition of frontline workers to just those working in health care and that's why we have the EMS in firefighters involved because they are the ones in the ambulances. But they didn't necessarily include the police, so I think as we get further out into phase 1B, I think that's when we'll see them specifically stated.

If you go to the CDC and look at "frontline essential workers," the police are included in that…but here with the Texas State Dept of Health and Human Services they specify frontline health workers. I believe as more vaccines become available we'll also have a call out for the police.

Q8: What would you say about those who tested positive after receiving the vaccine?

Dr. Lall: People who take the vaccine are still at risk for COVID-19. For example, with the Pfizer vaccine, it takes 7 to 10 days to get to 52% immunity and after you take the second dose, it takes 7 to 14 days to get to that 95% immunity. So even after you take the vaccine it doesn't mean that you are going to be immune right after you take the vaccine. And with these variants spreading it's even more important that we all continue to mask, maintain our social distance and wash our hands frequently even after vaccination. In general, we need to continue to mask.

When you do get COVID-19, or if you do have symptoms of COVID-19 after vaccination, you should get tested and the same viral tests do apply.

Q9: There are rumors that the vaccine can prevent future pregnancies, is this true at all?

Dr. Pilkinton: Not from any true data that we have seen. Both of the messenger RNA vaccines don't have any real impact on any genetic makeup within cells, they haven't been implicated in any way in the one rat study I mentioned in the presentation. So as far as we know there shouldn't be any significant risks to that. Again, it's a non-infectious vaccine so it's not like you can get infected and they could affect your ovary or ovarian function or something like that. So as far as we know there is no truth to that myth that's out there.

Q10: So younger people are at a higher risk of developing side effects after getting the vaccine?

Dr. LaCour-Chestnut: Yes, younger people had more transient side effects than older patients who received the vaccine

Q:11: How long does it take for any side effects to appear?

Dr. Lall: If you do not have a history of severe allergies, routine monitoring post vaccination is 15 minutes. If you have a history of allergic reactions, you will be monitored for 30 minutes post vaccination.

Q12: As international student, I'll get the vaccine from my country or the US?
Dr. LaCour-Chestnut: International students should receive the vaccine when it is first available to them - whether it is here or in their home country