

Transcript Details

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Facing Fears About the COVID-19 Vaccines: How to Counsel Patients

Dr. Caudle:

As the distribution of the COVID-19 vaccine continues to increase, so do the fears of the vaccine's validity and safety. And as clinicians, not only are we on the front lines of this pandemic, but we're also among the first to hear these fears from our patients. So how can we help address their concerns?

Coming to you from the ReachMD studios, this is *COVID-19: On the Frontlines*. I'm your host Dr. Jennifer Caudle. And joining me to talk about how we can counsel patients who may be hesitant to receive the vaccine is primary care physician and fellow ReachMD host Dr. John Russell. Dr. Russell, thanks so much for being here with me today.

Dr. Russell:

Jen, it's great to be with you as always.

Dr. Caudle:

Absolutely. Well this, I think, is our first time doing a program like this together. So I'm super excited. But let's just jump right in. So, you know, you are seeing patients, you are literally in the throes during this pandemic, seeing patients as a physician. Tell me: what's the number one question that you're hearing most from your patients regarding the COVID-19 vaccine? And how do you answer it?

Dr. Russell:

I think the number one question that I'm getting is: how can I get it? And I think there has been such anticipation of this vaccine. I think unlike any vaccine we've seen since polio is when can I get it? I'm getting a lot more questions about the logistics than I am about hesitancy. How about you?

Dr. Caudle:

So that's really interesting because I'm actually getting more questions about, you know, I wouldn't necessarily call it hesitancy, but I am getting patients that are making appointments just to come in and talk about their questions, their concerns. The question, am I eligible, should I get it, I think is the biggest question I'm getting. And maybe that falls under the category of hesitancy. You know, people are wondering, should I get it? Is this the right thing for me to do? Is it safe for me to do this with my underlying medical conditions? Do I qualify for it? And that's actually what I'm seeing. I'm not having to do a lot of twisting of arms, which is great. But there is a good amount of counseling that I'm doing about this is what's true that you've read on the Internet. This is what is not true. And things of that nature to kind of put people's minds at ease and let them know really the facts from the myths. So that's what I'm seeing. And definitely what I'm hearing in my practice.

But I'm also sure that there's some patients out there who worry that the vaccine might actually give them COVID-19, which, by the way, I've heard about. So, Dr. Russell, how do you explain to a patient that that's not the case?

Dr. Russell:

Yeah, there are some live vaccines. So the measles/mumps vaccine, the varicella vaccine. There's a nasal flu vaccine that are live vaccines that can get you that. So I've had an awful lot of discussion about mRNA technology and what that means and what it doesn't mean. So, I've had those discussions and even in talking through more of the people had questions, our very large healthcare system, you know, that was vaccinating eight thousand employees at my institution. So a lot of the questions that came were for the healthcare workers, at least in the state of Pennsylvania. And I know you're across the river in New Jersey. A lot of healthcare workers were offered the vaccine and had a lot of these questions. So certainly mRNA had a lot of kind of bad bits of information that were going

around through the Internet.

Dr. Caudle:
Absolutely.

Dr. Russell:

And so I found myself talking about that. What questions are you getting in that, you know, "I'm not sure I qualify as a healthcare worker," or some other high-risk employee. What kind of questions were you getting?

Dr. Caudle:

I definitely agree with the mRNA technology, you know, that myth that's going around, that says mRNA will change your DNA and so many other myths out there. There's certainly been a lot to debunk. I think for me, the biggest thing is, you know, patients are saying, hey, should I get it? And the "should I" is really this sort of, you know, do I qualify? What about my medical conditions? Is it safe, etcetera? And I know family physicians and primary care doctors across the country are getting these questions certainly as well.

For those of you who are just joining us, you're listening to *COVID-19: On the Frontlines* on ReachMD. I'm your host Dr. Jennifer Caudle, and together with my fellow ReachMD host, Dr. John Russell, we're talking about how we can counsel patients who may be wary of receiving the COVID-19 vaccine.

Now, John, a topic that comes up for many patients is cost. They say, how much is this going to cost me? So, what can you tell us about that? And what do you tell your patients?

Dr. Russell:

So I think one of the nice things is this has been a government-sponsored program. So people are not being charged for the vaccine, which is a wonderful thing. And I think one of the other questions that I'm getting a lot of is, I'm very uncomfortable that this has been rushed. Right? And you know, the mRNA is a technology they've been working on for 30 years. So suddenly you're a company that has a huge influx of cash from the U.S. government and a built-in market for your vaccine when it comes out. So I don't feel so rushed on this. And this isn't technology from 2020; this is technology that they've been working on for a long time. So it shouldn't be costing people something and people should feel confident that this is not a rushed vaccine.

So, Jen, the question I get is, I've had COVID. I had COVID in the spring, or I had COVID recently. Can I get the vaccine? Should I get the vaccine?

Dr. Caudle:

So the answer is yes and yes. We definitely want people who have gotten COVID-19 to still be vaccinated with the COVID vaccine. We do know it's possible to become reinfected with COVID-19. Now, there are some caveats to that. Okay? There's a grace period. There is, CDC requirements and recommendations about how long you need to wait after having COVID and then getting the COVID vaccine. There are also, by the way, caveats with what types of treatments you received when you had COVID. If you had monoclonal antibodies versus convalescent plasma versus other things, there are differences in how long you may need to wait. So that's something that obviously I talk to my patients about and go through that with them. The CDC has so much great information about that. But the biggest thing patients need to know is that, yes, if you've gotten COVID-19, you still need to get that vaccine. So, John, I'm glad that you asked me about that, because that is a very, very big one.

Before we wrap up, John, are there any other counseling strategies or takeaways that you'd like to leave with our audience?

Dr. Russell:

So one of the questions I'm getting is which vaccine should I get? And my answer is yes, right? That you should take the vaccine. Now, we have two mRNA vaccines. And really the only people who would be an absolute contraindication for an mRNA and a vaccine is someone who has had a very allergic reaction to MiraLax, polyethylene glycol, which is part of how the vaccine is made. The Johnson and Johnson vaccine is going to be more linked with an inactivated adenovirus. So and that will be a one dose. mRNA are two doses. The two mRNA vaccines have more temperature requirements. The Johnson and Johnson could be kept in you and I's fridge. So they would be my takeaway points. What are your takeaway points?

Dr. Caudle:

And I'm so glad you brought that up. As time goes on, we're learning so much more about COVID and we're getting more tools for our toolbox in terms of fighting this pandemic. And you're right about the Johnson and Johnson COVID vaccine. There are a lot of benefits. Many of them you mentioned. And also the question about which vaccine should I get? You also expressed a really important point, which is telling people do not wait. I think the tendency for many people is to pick and choose. I've heard patients and I've heard people on social media say, oh, I want to wait for that one or I'll get that one. But, this is really a situation that we're in right now where we want

everyone and anyone who's qualified, and qualifies to get the vaccine that they're eligible for that comes up and is available to them as soon as possible. I think that's very important.

Dr. Russell:

Jen, which vaccine did you get?

Dr. Caudle:

I got Moderna. Which one did you get?

Dr. Russell:

I got the Pfizer. So what was your experience as a patient?

Dr. Caudle:

So my first vaccine, I just had pain at the injection site. Otherwise, easy peasy, no big deal. The second vaccine, I was definitely in that category of people who had more severe symptoms. I had low-grade fever for about two days. Myalgias, chills, I needed fever-reducing, pain-reducing medications. I was fatigued, for a good, I would say up to maybe sixtyish hours afterwards. And then things started getting better. One of the things I've been trying to be transparent about with my patients and the public is that these side effects typically occur in 50 to 80 percent, it's a wide range, but that's what the CDC says, of people who get the vaccines. So it's important to know what to expect so that if one should get these side effects, that we're not caught off guard or say don't get that second vaccine, etcetera. So it's been very important for me to talk about that to give people an idea of what to look out for and to understand it might be normal. It's the body's immune response. But how did you do with Pfizer's?

Dr. Russell:

So, with Pfizer, I had a little bit of arm pain. So I'm over 55, and you're under 55. And really that's a little bit of the cutoff line. So this is one of the things where the older people have less of a reaction.

Dr. Caudle:

Yes.

Dr. Russell:

I had a little arm pain on day one, worse vaccine one versus vaccine two. And about a day and a half later I had about four hours of feeling a little crummy and some chills. I was working on a COVID unit at the time. So, I muddled through. But I have younger partners who were pretty sturdy physicians who really felt lousy with some of the vaccines.

Dr. Caudle:

It is. And actually the second day for me, it was a Saturday and I was supposed to be seeing patients. I mean, I woke up with a fever. And I was not in good shape. It was one of the first times I've ever had to call out of work. I was physically really unable to. And again, this is not to scare people, obviously, but it's about the importance of education. The more we educate people about what can happen, hopefully the less surprised and stunned responses people will get. They'll be prepared and will know that it's their body's immune system responding.

Dr. Russell:

Now, you say you took some analgesics. Were you afraid that that was going to kind of muddy the water, so to speak?

Dr. Caudle:

So that's a great question. And that's also a question that we're getting. I imagine you're getting that from people as well. So we know that there's a solid CDC recommendation to not take analgesics before or even allergy-reducing medications before the vaccine. Right? And then depending on which literature you read, and which doctors you talk about, some say don't take it afterwards. Others say it's okay. In fact, the CDC, their formal guidelines and guidance, says that it's okay to take some pain or fever-reducing medications afterwards. I did take it and I was comfortable taking it but also felt, you know, my symptoms were severe enough, that I really felt that it was in my best interest at the time to take it. But what about you? What's your philosophy about the medications afterwards?

Dr. Russell:

I think this immune response we talked about kind of us feeling lousy, that immune response was part of the vaccine working. So we certainly don't want to inhibit that. But I think if it's day two and someone needs to take some acetaminophen or take some analgesics taking some anti-inflammatories, I think that that's probably fine. How much has your life changed outside of work now that you are a doubly vaccinated citizen of this country?

Dr. Caudle:

I have not changed my activity at all. I'm still masking up. I'm still social distancing. I'm not traveling. I'm just as much of a hermit as I have been now as I was in the past year. However, what's different is I feel more at peace mentally. My parents, who are in their 70s, are vaccinated. I feel relieved. And that is a really, really good feeling, I'll tell you. What about you, have you changed or are you different?

Dr. Russell:

I am like you. I'm less anxious. I'm less afraid that I'm going to die of this.

Dr. Caudle:

That's a good point.

Dr. Russell:

And certainly over this year I certainly had some of those experiences that I was worried that I was going to get it and die. So, that's all gone away. And I'm much more comfortable. I work around a group of residents and medical students, as you do, and work at around a very vaccinated population. So I'm less anxious, but I'm not going to restaurants. I'm not going out and doing things. I'm probably less nervous from that person in a retail store who's got their mask under their nose.

Dr. Caudle:

Well, I'm so glad we got a chance to talk today. I hate that this is all the time that we have. But I do want to thank you, Dr. John Russell, for joining me. This has been a pleasure to actually have one of my colleagues who I admire and respect to actually chat about this issue. It's really been great to have the chance to talk with you about our experiences, about how to counsel patients who might be hesitant to receive the COVID-19 vaccine. Thank you so much, Dr. Russell.

Dr. Russell:

Jen, it's great to be with you, Dr. Caudle, as always. And it'd be nice when we could all be back in the studio again together.

Dr. Caudle:

Absolutely. Absolutely.

I'm your host, Dr. Jennifer Caudle. And to access this and other episodes in our series, please visit ReachMD.com/COVID-19, where you can Be Part of the Knowledge. Thanks for listening.