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Combating COVID-19 Vaccine Myths & Misconceptions

Dr. Nandi:

Welcome to *GI Insights* on ReachMD. I'm Dr. Neil Nandi. It is April 2021. Three coronavirus vaccines in the United States have come to market, and yet public distrust still abounds. In my own clinical experience, many IBD patients have been very happy to receive the vaccine. But there are still many, including those in the general public, that are still having reservations. No doubt if you're a clinician listening to this podcast, you have had the same challenges rise in your own clinic, too. But today we're gonna talk about some of the most commonly asked questions by patients and give you some of the very best answers to combat those myths and misconceptions. Joining me today is Dr. Freddy Caldera. Dr. Caldera is a faculty member at the University of Wisconsin and specializes in inflammatory bowel disease. As a physician scientist, Dr. Caldera's research focuses on evaluating the risk of vaccine-preventable illness and IBD in immunosuppressed patients. His research also focuses on evaluating the response to vaccines in immunosuppressed patients with IBD. I can't think of a better guest, who is more entitled to speak about this subject than Dr. Caldera. Welcome to *GI Insights*, Dr. Caldera.

Dr. Caldera:

Thank you for having me. I'm glad to always speak about vaccines and I think with COVID-19 vaccines, you know, the more people we talk to, the more conversations we have so people feel comfortable, the better.

Dr. Nandi:

I couldn't agree with you more. I think every doctor, every specialist of any sort, is having this conversation with patients, and yet we're still having all these different challenges, fears, and distrust of the vaccine. So I kinda want to hit them one at a time. One of the most common things I hear – and I'm sure you hear it too, Dr. Caldera – is patients say, "Look, I'm concerned about the vaccine. It happened really fast. They developed it way too quick. I'm not comfortable getting it." What do you say to that patient?

Dr. Caldera:

I say to them that yes, the process was fast, but what many people aren't aware of is that actually coronavirus vaccine development has been going on for quite some time. I mean SARS was kind of like a type of COVID; it's another coronavirus, and MERS. We knew what the target was, but to really reassure people, I like to tell them we actually had the Moderna vaccine before most people even had any idea about COVID-19. The Moderna vaccine was designed by the NIH in January of 2020. It was already made available.

So basically what the U.S. government was able to do, it took all the red tape away and took all the financial risk away from drug companies so that they could develop a vaccine and make sure it works.

Dr. Nandi:

Yeah, and I think the point is here that you're illustrating is that a lot of the traditional barriers to doing the research to get the vaccine to market were really off loaded by the federal government funding it and all the resources of our government, scientist's, industry and getting behind and pushing forth this initiative. So, another question that a lot of patients have misconceptions about are the risk of side effects and adverse events. Certainly, as these vaccines were being developed there were adverse events reported in some of the early trial data. What do the final data show? You know, is this a safe vaccine? And what is the risk of adverse events from getting one of these COVID vaccines?

Dr. Caldera:

You know, that is a great question, and that's something that actually even came up today. I was talking to a patient who was gonna undergo a colonoscopy, and I view it that, you know, we need to talk to everybody about this, and that's the main reason she had

concerns. But what we know is the CDC has been doing some great surveillance; they have many different ways to collect this data, whether there's something called Be Safe, which is a mobile app that has told us that basically after the first vaccine for the mRNA, that's when you can see some fever, chills, some systemic symptoms in about 50% of people. It's usually one to two days. But I think what a lot of people worry about is any unknown risk from vaccination, right? Like what's happening after, you know, the six weeks because that's around the time that we saw in the clinical trial, and that's where some recent data from the CDC showed us that there's no increased risks from immunization. They have a great surveillance program called the Vaccine Adverse Events Reporting System. They've had that for many years, and we're not seeing any signals that the mRNA vaccines cause any side effects.

Dr. Nandi:

And so that's fantastic, right? Because there's all these different myths that abound, and we'll get to some of them in a bit, but I'll just give it to you right now. You know, some patients still believe that the vaccine encodes the mRNA that's going to embed in their DNA. Is that true or false?

Dr. Caldera:

That is false.

Dr. Nandi:

It takes two strands, right? And it's mRNA, so it's certainly not going to go ahead and get embedded. There's another popular myth that's online of the vaccines causing infertility. Is that something that should be any concern for patients?

Dr. Caldera:

No, and that was extensively discussed at the CDC, because there was concern of, you know, what do you do in pregnancy? But there was no possibility of how that could even happen because we know that the mRNA dies, you know, it degrades. It's not long-lasting, that's why it can't change your own DNA either. So it's kind of interesting how that myth appeared because there's no possibility of how that could happen.

Dr. Nandi:

And I think that's the thing, right? So, I ask this because clinicians are listening to this. And we know, mechanistically, with our education that this is not possible, and yet we continue to hear what we would probably call – I don't think I'm exaggerating – outlandish types of concerns from patients. And yet, someone or some force – right – some societal force is actually pushing these types of myths forward. Where do you direct patients to? Where should our clinicians direct patients to to find the facts?

Dr. Caldera:

And I feel that's where, you know, this can't lay on primary care physicians alone. I think all specialists, all physicians, all advanced practice providers, all healthcare providers should continue to educate themselves. And I know that's hard, but the way I try to deal with concerns and hesitancy is I start by saying, "Hey, do you have any concerns about the vaccine? If you do, what questions do you have?" I hear all kinds of questions about, "How am I gonna react against the vaccine," or "I got an email the other day about infertility," and I legitimize those concerns and normalize it. That way they don't feel concerned that, you know, they're necessarily being dumb by having certain concerns, and I think that's one of the first steps. And once you are able to address those questions appropriately, most people are pretty okay.

Dr. Nandi:

Yeah, and I think you said it there, right? You do have to approach the conversation open-ended, nonjudgmental. No matter how outlandish it may seem to us, these fears come from doubt. And so you do have to make them feel comfortable. I agree with you. It's every clinician's responsibility. I make it part of my template. So I'm a IBD specialist, as we both are, but I make it definitely part of my template, and ask all my patients definitely before the conclusion of our visit, so they have some opportunity to talk to me. Because most patients may not be seeing their primary care doctor. They may be seeing other specialists.

For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Neil Nandi and today I am speaking with Dr. Freddy Caldera about the most common myths and misconceptions about the COVID vaccines.

Dr. Caldera, so we have three vaccines, right? And this is a common question we get, and this happened just today. I have different patients who are holding out for one vaccine or another based on what they've heard about efficacy data. Is there any valid science or reason to that?

Dr. Caldera:

No. I mean, I tell people, and I share that question often. I tell them, you know, you should get the vaccine that's offered to you, because if you look at the Janssen Phase 3 trials, you know, you might say, "Well, you know, its efficacy or how well it prevents, you know, a mild to moderate COVID is lower than the mRNAs." Those trials were in different calendar times or in different parts of the world. Different

variants were going around. But when you look at what we should care about, you know, we wouldn't have had lockdowns, we wouldn't have done all of the things over the past year if it wasn't for bad COVID, right? COVID that could put you in the hospital, COVID that can kill you. All of the vaccines are about 90% or greater effective at preventing severe COVID. That's what we really all should care about. So that's where we just need more vaccines in arms, you know?

Dr. Nandi:

We need more vaccines in arms, that's right. The more people who get vaccinated, then the less places for the virus or any of its variants to hide and replicate and propagate. So let's change this a little bit. Now, let's say you do get vaccinated, right? Some patients are believing that they – and I've heard this actually from some clinicians, too – that they don't feel that mask wearing may be necessary once they've been vaccinated. What's your take?

Dr. Caldera:

You know, I get it. We're all tired of COVID, right? We're all tired. We want to go back to normal, and you know, we're lucky in the U.S., where we've had a lot of vaccine delivered. The rest of the world is not like that, and we know the vaccines have certain efficacy at preventing asymptomatic COVID. Because we wear masks, not for only ourselves, but to protect others. So I think as healthcare providers, we need to set an example, and because it's not 100%, and because we still have enough COVID-19 disease going around the country, we need to do everything to help prevent a fourth wave. Because, I mean, we're starting to peak up a little bit, so if we're gonna prevent a fourth wave, because the number of COVID cases went down not because immunization. It went because of our behavior, because we're nowhere near – I mean, as of Tuesday, only 15% of the U.S. population had been fully vaccinated. So you're not protected until you're two weeks after your second dose of your mRNA vaccine, or two weeks after your J&J vaccine. So we're nowhere near 70-80%, which is what we need. And don't you think that masks are gonna be here to stay for healthcare providers? Just look at the substantial decrease of respiratory illness, and as IBD providers, you know, we take care of immunosuppressed people. I hate to say it, but I think masks, at least in the clinical setting, are here to stay.

Dr. Nandi:

No, absolutely. And I can probably be comfortable in saying that masking was probably not universally adhered to throughout all procedures, depending on the specialty, but certainly the pandemic has changed that, and I think for the better for the protection of our healthcare workers, and as a physician myself.

I want to, you know, ask you this now. Patients also think that sometimes, if they've already had the COVID-19 infection – it's run its course – that they may not need the vaccine at all. Does having the COVID infection confer enough immunity that you do not need a vaccine?

Dr. Caldera:

No, and there's some recent data that came out that if you have COVID-19 disease, depending on your disease severity, the amount of antibodies you make is not as substantial as with immunization. You know, it might be that those people we find out only need one dose of an mRNA vaccine, but they still need to be protected because they're not as protected also against variants. You know, thankfully, the mRNA vaccines seem to protect us against a majority of variants, you know, with some early data. So the only people who shouldn't be vaccinated are people with active COVID infections. Other than that, everyone else, now with having an mRNA vaccine and a Janssen vaccine, even people with PEG allergies and polysorbate allergies now have a vaccine available to them.

Dr. Nandi:

Which is incredible, and should hopefully allay the fears if they've had those other ingredient allergies from other vaccines that have come before. So, Dr. Caldera, this has been pretty hard-hitting. I think it's been an efficient conversation in addressing head-on that vaccines are here, that patients should certainly take advantage of them, without the fear of unfounded adverse events, and if they're looking for the facts, they should talk to their doctor, and that every clinician truly has a responsibility, regardless of specialty, to take the face time they have with a patient and educate them and listen to their concerns and dispel any myths and misconceptions. Before we close, do you have any closing remarks?

Dr. Caldera:

I do, and, you know, I think having these conversations and talking about COVID-19 vaccines is hard. You know, they're hard. It's been a long year for many health care providers. We've been taxed in many different ways. We've taken on new roles. I've become a teacher in some ways, but I think we need to always have one more role, no matter a specialty, and that's becoming COVID-19 vaccine advocates but educators, so that we can talk with our patients, talk with our friends, talk with our family. That way we can be done with this pandemic.

Dr. Nandi:

100%. And truly, this is one of those times in history where one can truly feel a calling and a need to be a service to patients in this direct

capacity. Thank you, Dr. Caldera.

Dr. Caldera:

Thank you, anytime.

Dr. Nandi:

For ReachMD, I'm Dr. Neil Nandi. To access this episode, and others from GI Insights, please visit reachmd.com/giinsights, where you can Be Part of the Knowledge. Thanks for listening.