A Union of Professionals

COVID-19
Myth-Busting

AUGUST 2021

Dangerous misinformation campaigns are fueling skepticism and hesitance around the COVID-19 vaccines, a situation that both prevents achievement of herd immunity and increases the possibility that new variants will be deadly to even the vaccinated. The truth is that 99.5 percent of all COVID-19 hospitalizations and deaths happening now are among the unvaccinated. As vaccination numbers lag and COVID-19 infections surge in many communities, it is imperative that AFT members have the most accurate and up-to-date information about the vaccines.

The following is intended to set the record straight about some myths and misconceptions:

I already have had COVID-19, so I don't need to get a vaccination.

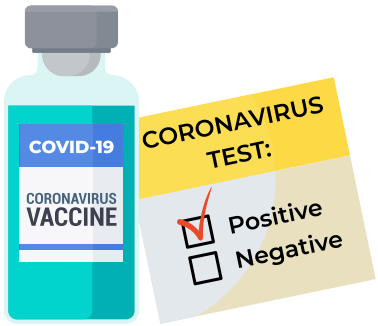
There currently is not enough evidence to show how long a person is protected from COVID-19 after infection. Due to the severe health risks associated with COVID-19 and the fact that reinfection is possible, people are advised to get a vaccination even if they have been sick with COVID-19 before. Some may turn to antibody testing to determine immunity to COVID-19; however, antibody testing shouldn't be used to consider anyone immune to the disease—doing so may lead individuals to falsely assume they can stop prevention measures and further the spread of illness. There are inherent limitations to antibody testing, including the possibility of detecting antibodies for other coronaviruses.

I'm pregnant or trying to get pregnant, so I don't want to get vaccinated.

Current evidence does not support the notion that COVID-19 vaccination causes problems with pregnancy. This includes misinformation claims about the vaccine's impact on development of the placenta, as well as those claiming fertility problems as a side effect of the vaccine. In fact,

the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine guidelines call on all pregnant women to get vaccinated against COVID-19. Data from the Centers for Disease Control and Prevention and the Food and Drug Administration did not identify any safety concerns for pregnant women who were vaccinated or for their babies.

If I get the vaccine, then I will test positive for COVID-19.



The currently authorized COVID-19 vaccines do not cause a positive result in COVID-19 viral tests. It is possible, however, that you could test positive on some antibody tests when the body develops response to vaccination. This is because antibody tests indicate protection against the virus.

COVID-19 vaccine will cause a dangerous reaction.

Your body may exhibit side effects from the vaccine, such as body aches, fatigue and headache. These side effects occur because the body is doing what it's supposed to, which is building immunity to fight off the virus. Side effects, if they do occur, typically only last one to two days.

I don't want an unproven vaccination to be tested on me.

COVID-19 vaccines received the FDA emergency use authorization after thorough investigation and review of clinical trial data. The vaccines have been shown to be safe and effective. Pfizer-BioNTech and Moderna submitted their applications in May 2021 and June 2021, respectively, for full FDA approval of their vaccines; while the FDA has not indicated when the full approval of the messenger RNA (mRNA) vaccines will take place, it is anticipated to be a six-month process.

COVID-19 vaccine technology development was rushed and is too new.

The mRNA technology used in two of the COVID-19 vaccines has been in development for almost two decades and had previously been used in some cancer treatments. Vaccine makers created the technology to help them respond quickly to a new pandemic illness, such as COVID-19.

The COVID-19 vaccine was not tested.

No testing steps were skipped by the vaccine developers. Some of the steps were conducted at the same time, instead of one at a time, to gather data faster. Clinical trials involving thousands of volunteers from all races, ethnicities and varying medical conditions participated in the clinical trials to determine the effectiveness and risks of the COVID-19 vaccine.

I'm not going to get vaccinated and instead wait for herd immunity.

Herd immunity occurs when a large portion of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely. Herd immunity can be reached when enough people have been vaccinated against a disease and have developed protective antibodies against future infection. Currently 49.2

percent of the total U.S. population is vaccinated. It's estimated that 70-90 percent of the population must be immune to interrupt the chain of transmission. To achieve herd immunity, everyone must do their part and get vaccinated.

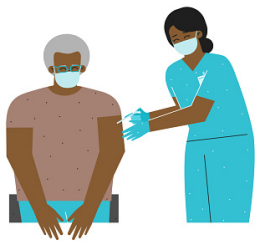
What's the point of getting the vaccine if I can still contract COVID-19?

While no vaccine is 100 percent effective, the COVID-19 vaccine has proven to be extremely effective in preventing both mild and severe infection, including hospitalization and death in those fully vaccinated. All three COVID-19 vaccines approved in the U.S. are more than 85 percent effective. By comparison, the annual flu vaccination is around 50 percent effective. This means that if you are vaccinated and still contract COVID-19, then you are less likely to be seriously ill or need hospitalization. The states that regularly report COVID-19 data indicate that breakthrough cases, hospitalizations and deaths are extremely rare events among those who are fully vaccinated. The rate of breakthrough cases reported among those fully vaccinated is well below 1 percent in all reporting states, ranging from 0.01 percent in Connecticut to 0.29 percent in Alaska as of July 30, 2021.

The COVID-19 vaccination will alter my DNA.

Despite claims to the contrary, COVID-19 vaccines do not alter or interact with your DNA. The vaccines work by delivering instructions (genetic material) to your cells to start building protection against the virus that causes COVID-19. It is important to know that the material never enters the nucleus of the cell, which is where our DNA is kept.

COVID-19 only affects older people.



While older adults and individuals with pre-existing health conditions, such as diabetes, obesity or asthma, are more likely to become severely ill, COVID-19 can be transmitted to people of any age. People under 40, including children, are less likely to become severely ill with COVID-19; however, the disease can lead to complications and death in anyone. Currently, hospitals are seeing an uptick in COVID-19 patients between the ages of 30 and 49.

Children are immune to COVID-19.

Children are not immune to COVID-19. The number of cases of COVID-19 in children has been steadily rising, and more than 3.85 million have tested positive in the U.S. since the start of the pandemic. Although most children do not become severely ill from COVID-19, some do become quite sick and need to be hospitalized. Some children also develop a condition called multisystem inflammatory syndrome in children, which can affect the whole body. Children can spread COVID-19 to others. Adults and children who are eligible for the vaccine (currently ages 12 and up) should be vaccinated to protect themselves and others such as children under age 12.

COVID-19 is no worse than the flu.

COVID-19 is three-times more infectious and more deadly than the seasonal flu, with a greater mortality impact. Severe illness, such as lung

injury, may be more frequent with COVID-19 than with influenza. Approximately 375,000 people died from COVID-19 during 2020 as compared with 22,000 deaths from the flu. Roughly 61,000 people died of flu during the worst flu season of the past decade; COVID-19 has killed more than ten times as many people.

I don't need to get the COVID-19 vaccine because I already got the flu shot.

Getting a flu shot will not protect against COVID-19. These are two different vaccinations.

I feel fine, so what's the big deal?

Many people infected with COVID-19 do not feel sick or have any symptoms at all, but they can still transmit the coronavirus to other people. New evidence suggests that vaccinated individuals who do not feel sick can especially spread the delta variant, which is more transmissible than the original COVID virus. This is why the CDC recently revised its mask-wearing guidance to include vaccinated individuals wearing masks indoors in public if they are in areas of substantial or high transmission. Due to the increased transmissibility of the delta variant, the CDC recommends universal indoor masking for all teachers, staff, students and visitors to K-12 schools, regardless of vaccination status.

I'm confused. What is a variant?

Viruses, such as the one that causes COVID-19, change constantly through mutation. When a virus has one or more new mutations, it's called a variant of the original virus. Some of these variants may enable the coronavirus to spread faster from person to person, and more infections can result in more people getting very sick or dying. About 99 percent of COVID-19 deaths are now occurring in unvaccinated people. The more people who are unvaccinated and infected, the more chances there are for variants to occur. Limiting the spread of the virus through getting vaccinated gives the virus fewer chances to change and spread. It also reduces the spread of more infectious variants if they do occur.

People are just trying to scare us with talk about a delta variant.

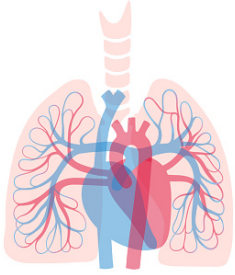
The delta variant is a highly contagious form of COVID-19 and is the dominant variant in the U.S. It is more transmissible than the common cold and the flu, as well as the viruses that cause Ebola, smallpox, MERS (Middle East respiratory syndrome) and SARS (severe acute respiratory syndrome)—and an internal CDC document called the delta variant as contagious as chickenpox. The highest spread of cases and severe outcomes are happening in places with low vaccination rates, and virtually all hospitalizations and deaths have been among the unvaccinated.

I heard the rise in cases is because of increased testing. Why don't we just stop testing so much?

The rise in infections is not related to increased testing. The number of positive results from the tests performed is of greater concern. This means that the virus is quickly spreading in our communities. COVID-19 testing is critical, as it helps people make decisions to self-isolate and guides healthcare providers' decisions for medical treatment. Widespread testing also allows local health departments to monitor the spread of the virus, and make recommendations to schools and businesses.

What are the long-term effects of COVID-19?

Most people with COVID-19 recover completely within a few weeks; however, even those who had mild versions of the disease continue to experience symptoms after their initial recovery. These people are often referred to as 'long-haulers." Older people and those with many serious medical conditions are the most likely to experience lingering COVID-19 symptoms; but even young, otherwise healthy people can feel unwell for weeks to months after infection. The most common signs and symptoms that can linger include fatigue, shortness of breath, cough, and joint and chest pain. In addition, organ damage can occur to the brain, heart and lungs. Much is still unknown about how COVID-19 will affect people over time.



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5 Things to Know About the Delta Variant

COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care