



COVID-19 Vaccine Frequently Asked Questions

Below is a list of questions we have been asked by our patients over the past month or more, and hopefully we can provide answers to these questions. We recognize there are many questions around this issue, and we don't have all the answers yet, so please, speak to your doctor for more information. Additionally, more information can be found on the Virginia Department of Health and Centers for Disease Control websites. Also, we often refer to the coronavirus in these questions as COVID-19, but please recognize this is not accurate, COVID-19 actually refers to the disease caused by the novel SARS-CoV2 (**Coronavirus Disease of 2019**), but not everyone is familiar with SARS-CoV2 as the virus name.

Q. There are multiple vaccines. Which one should I get?

A. Currently, there are 4 leading vaccines (although there are over 50 vaccine trials going on around the world, so more may come out this year). The leading vaccines include: **Pfizer** and its partner BioNTech, **Moderna**, **AstraZeneca** in collaboration with the University of Oxford and **Johnson & Johnson**. Of these, **Pfizer and Moderna** have both been approved for emergency use. It is likely the AstraZeneca and Johnson & Johnson vaccine will be as well. Both the Pfizer and Moderna vaccine use something called messenger RNA technology for the vaccine. The AstraZeneca and Johnson & Johnson both use adenovirus technology to deliver the vaccine. It appears all the vaccines will probably require an initial dose and a booster dose 3-4 weeks later. Of the 2 approved vaccines, the effectiveness and the safety appear to be very similar, so we do not recommend one over the other.

Q. When will I be able to get my vaccine?

A. Unfortunately, we don't have this answer yet. The first priority is to vaccinate front line health care workers and long term/nursing home residents who may be highest risk (Phase 1a). After this, Phase 1b will proceed with plans to vaccinate Essential Workers and those who are 75 years of age or older, then the next step will be Phase 1c, which will be for high risk patients, which will be those 65 and older or 16 and older with immunocompromising conditions. This will likely take a few months or more to move through these phases. You can find more information on the Virginia Department of Health. <https://www.vdh.virginia.gov/covid-19-vaccine/>

Q. I would rather not get a vaccine. I think they made it too quickly and cut corners and the technology isn't safe.

A. It is important to remember that we have been developing vaccines and improving the vaccine development technology for many years, so all of the important steps in development are in place. We started developing coronavirus vaccines back in 2002 with SARS and then 2012 with the MERS virus, and were already preparing the COVID-19 vaccine in 2019 after its discovery. COVID-19 vaccine, just like all other vaccines, underwent Phase 1 and Phase 2 safety studies and Phase 3 efficacy studies – all the steps required for any other vaccine. We produce a new flu vaccine every year to deal with the seasonal mutations of the flu strain, so it's not unusual to move this quickly. All of the steps for decision making for the COVID-19 vaccines still occurred but with less lag time between each. The vaccines were studied on over 30,000 individuals of multiple race/ethnicities and ages. Additionally, the CDC has created a monitoring system for watching for any safety concerns for the millions of people who have received vaccines already.

Q. Where can I get the vaccine? Can I get one at Arthritis Consultants of Tidewater?

A. This process is still not clear. Arthritis Consultants has requested to get the vaccine to administer to our patients, but the first two approved vaccines require freezer storage that is beyond the capability of most small practices. It is likely that in the next couple months, vaccines will come from large pharmacies such as CVS or Walgreens, or the Health Department or even hospital clinics.

Q. Are any of the COVID-19 vaccines live virus vaccines?

A. No, none of the approved vaccines are live virus vaccines, and the next two candidates, Johnson & Johnson, and AstraZeneca are not live virus vaccines either. Thus, you cannot develop COVID-19 from the vaccine, even if you are immune compromised.

Q. Can I get the vaccine if I am on a biologic medication or other DMARDs (such as methotrexate)?

A. Yes, you can get any of the approved vaccines, and there are no medicines that would prevent you getting the vaccine. We have seen that some drugs may affect how well some vaccines work, so there is the possibility the COVID-19 vaccine will not work as well depending on your medicines. For example, Methotrexate has been shown to affect the response of the flu vaccine, so I recommend that you hold 1-2 doses of Methotrexate after each COVID-19 vaccine. Xeljanz also can impact the effectiveness of the Pneumonia vaccine, so I recommend holding Xeljanz (and other drugs in its class, Rinvoq and Olumiant) for 1 to 2 weeks after each dose to increase the chances of the vaccine working. You may want to discuss this with your rheumatologist as not all patients can skip 2 weeks of their medication. Also, Rituxan (rituximab) and Benlysta (belimumab) and prednisone doses of 10mg or greater can affect how well vaccines work. I recommend you talk to your doctor if you are on one of these medications.

Q. Will the vaccine cause problems for my autoimmune disease?

A. We do not see any reason to think COVID-19 vaccine will cause flares of autoimmune disease. This has been looked at with other vaccines over the years and we have not seen problems; thus, we do not expect the COVID-19 vaccine to be different.

Q. I heard that they did not test the vaccines on immunocompromised subjects. I would rather wait to get my vaccine until they have data on patients with autoimmune diseases.

A. This is an issue we face with every vaccine that comes out. Vaccine approval is based on phase 3 studies using healthy people to see how well the vaccine works (safety has already been looked at by this point). Once the vaccine is approved, phase 4 studies can look at how well vaccines work in special populations since we already know how well the vaccine should normally work. This is the same for the flu, the pneumonia, and the Shingrix vaccine. Shingrix (the new shingles vaccine) was approved in 2017 but it took us several years to learn how it works on immunocompromised patients. Again, we do not think there is a reason to think the vaccine would not be safe for immunocompromised patients – it just might not work as well. However, even some immunity can be good – we have seen this with the flu vaccine, as vaccinated individuals who get the flu usually have a milder course and this may be true with COVID-19.

Q. Should anyone not get the COVID-19 vaccine?

A. You should not get the vaccine if you are pregnant or breastfeeding, or if you have a known allergy to polyethylene glycol (PEG), or possibly if you have had a severe reaction to a vaccine in the past. It is also recommended to avoid any other vaccine within two weeks of the COVID-19 vaccines.

Q. I was diagnosed with COVID-19 already. Do I still need the vaccine?

A. Yes, we recommend that you still get a vaccine as the antibodies you may make from an infection may not remain protective over time. We recommend waiting at least 30 days after you test positive, or at least when you are no longer symptomatic before getting the vaccine. It is unusual to get reinfected with COVID-19 within 90 days of the first infection, so you can also wait up to 90 days for the vaccine after your infection.

Q. After I get the vaccine, how long before I can stop wearing a mask and social distancing?

A. No, you will still need to continue wearing a mask, practicing social distancing, and washing your hands often. It may take 30 days for the vaccine to become effective, and none of the vaccines are 100% effective. Additionally, it's possible some individuals may not get the same protection as others, so you need to continue the three "W"s. "Wearing a mask, Watching your distance and Washing your hands.

Q. If COVID-19 only causes serious problems for 1% of people, I would rather take my chances than get a vaccine. Is this ok?

A. Most patients with COVID-19 recover from a mild illness, but there are many people who have a much more severe illness or even chronic symptoms, and sometimes this occurs unpredictably in young people with no risk factors. It is important to remember that more than ½ the spread of the virus comes from asymptomatic individuals, so by not receiving the vaccine, you may be at risk of spreading the infection to others who are at much higher risk including friends and family members.

Q. What are the side effects of the COVID-19 vaccine and will they be worse because of my autoimmune condition?

A. Mild side effects are common with most vaccines and should be expected whether you have an autoimmune condition or not. The most common side effects are soreness at the injection site, sore muscles, stiff joints, headaches and tiredness or fatigue, which may last for several days after the injection. Fever and body aches can occur as well. If you get a vaccine, please help others by submitting any symptoms you have to the "v-safe" survey by the CDC.

Q. Will the COVID-19 vaccine be effective against the new, more contagious strain of COVID-19 recently found in the United Kingdom?

A. COVID-19 vaccine experts are in agreement that the kinds of genetic change mutations seen in the new variant of COVID-19 virus are unlikely to impact vaccine effectiveness. This, we think the COVID-19 vaccines should be just as effective at protecting people from the new variant.