

Dear All,

We hope you are all staying healthy and well during this time as we support each other. Please find important announcements below that are happening in the community.

These are commonly asked questions answered by the Institute for Clinical Systems (ICS). The sources are in English.

1. Are the mRNA vaccines made with fetal cells?

No, the COVID-19 vaccines do not contain any aborted fetal cells. However, Pfizer-BioNTech and Moderna did perform confirmation tests (to ensure the vaccines work) using fetal cell lines. Fetal cell lines are not the same as fetal tissue. Fetal cell lines are cells that grow in a laboratory. They descend from cells taken from elective abortions in the 1970s and 1980s. Those individual cells from the 1970s and 1980s have since multiplied into many new cells over the past four or five decades, creating fetal cell lines.

Current fetal cell lines are thousands of generations removed from the original fetal tissue.

For the Pfizer-BioNTech and Moderna vaccines, no fetal cell lines were used to produce or manufacture the vaccine, and they are not inside the injection you receive from your doctor/nurse. Fetal cells may have been used to test efficacy and/or proof of concept (see sources below).

Sources

Nebraska Med (<https://www.nebraskamed.com/COVID/you-asked-we-answered-do-the-covid-19-vaccines-contain-aborted-fetal-cells>)

2. What about the doctor in Miami that died shortly after getting his first dose of vaccine? What about the deaths in Europe?

Dr. Michael died of severe thrombocytopenia. Investigators are trying to determine if there is a link with the vaccine. The MMR has been associated with thrombocytopenia in children, but it is rare, transient, and generally treatable. More information on this case is needed.

There have been cases of deaths after vaccine administration in other countries such as Norway (33), Israel (2), and Germany (10). These deaths were all in older individuals with serious underlying illnesses. Currently there is no direct link between these deaths and the vaccine, but they are being investigated. When conducting mass vaccination campaigns, it is important to remember that deaths will occur in the context of vaccination even if they are not caused by vaccine. This is expected. And, even if these above deaths are vaccine-related, they are still exceedingly rare (less than fifty in millions of doses of vaccine administered), and much rarer than the chances of death with COVID itself.

Sources

New York Times (<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>)

Norway (<https://www.bloomberg.com/news/articles/2021-01-18/norway-finds-no-direct-link-between-elderly-deaths-and-vaccine>)

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3. If I receive the vaccine will I still need to mask and wear eye protection and social distance?

Because the vaccines do not offer 100% protection and we do not know if the vaccines prevent asymptomatic infection, PPE for healthcare workers and continued precautions for the general public are recommended. Everyone should wear face masks, wash their hands frequently, practice social distancing, and take other safety steps until more people have received the vaccine, the number of COVID-19 cases nationwide is no longer at pandemic levels, and we understand more about how long these vaccines will protect us.

Sources

NPR (<https://www.npr.org/sections/health-shots/2021/01/12/956051995/why-you-should-still-wear-a-mask-and-avoid-crowds-after-getting-the-covid-19-vac>)

4. What vaccine should I get?

At this time, supplies are very limited and the vaccine which is offered to you is the vaccine you should get. If you choose to get vaccinated, getting vaccinated as soon as you are able is the priority. The more doses we can quickly distribute, the more of the public that can be vaccinated, helping with herd immunity and also reducing the development of COVID-19 variants.

The currently available vaccines – PfizerBioNTech and Moderna – have similar efficacy (94-95%). Even as additional vaccines (e.g. Johnson & Johnson, Novavax) become available with potentially less efficacy, they are still very effective, particularly in preventing severe disease. The efficacy seen in clinical trials for PfizerBioNTech and Moderna vaccines is exceptionally high for a vaccine. According to the CDC, studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to the flu vaccine.

Some may wonder if they should wait until there is an updated vaccine that targets the new variants. This is NOT recommended. It is advised that everyone interested in vaccination do so as soon as they are eligible, and it is available.

Sources

CDC Flu Data (<https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm#present-data>)

5. Can pregnant or breastfeeding people receive the mRNA vaccines?

There is no safety or efficacy data on mRNA vaccines in pregnant women as they were not included in the phase III trials. Both ACIP and the American College of Obstetrics and Gynecology (ACOG) recommends pregnant women be offered counseling to make an informed decision regarding the vaccine. These conversations may include discussion on likelihood of exposure to COVID-19, potential risks of COVID-19 to them and the baby, and lack of data about the vaccine in pregnancy.


Observational data demonstrate that, while the chances for these severe health effects are low, pregnant people with COVID-19 have an increased risk of severe illness, including illness that results in

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ICU admission, mechanical ventilation, and death compared with non-pregnant women of reproductive age.

Pregnant people with COVID-19 might be at increased risk of adverse pregnancy outcomes, such as preterm birth, compared with pregnant women without COVID-19.

Limited data are currently available from animal developmental and reproductive toxicity studies.

No safety concerns were demonstrated in rats that received Moderna COVID-19 vaccine before or during pregnancy; studies of the Pfizer-BioNTech vaccine are ongoing.

Sources

ACIP (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>)

6. Can kids receive the mRNA vaccines?

The Pfizer-BioNTech vaccine is approved for people 16 and older. Moderna is approved for people 18 years and older. Children ages 12-18 years have only been included on one vaccine study (Pfizer-BioNTech). Moderna has begun a prospective placebo-controlled trial for those 12-17-years old. No children less than 12 years have been included on any study thus far. Much more data is needed before vaccine administration to children.

Sources

NPR (<https://www.npr.org/2020/12/22/949078329/are-covid-19-vaccines-safe-for-children-to-get>)

7. I had COVID-19, is it still recommended I receive the vaccine?

Yes, it is still recommended that you receive the vaccine. Experts do not yet know how long someone is protected from getting sick again after recovering from COVID-19.

Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection. Some of the people who participated in the clinical trials had evidence of prior SARS-CoV-2 infection (based on a positive antibody test), and the vaccines were safe and effective in this group. Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.

Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

Sources

CDC (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>)

8. Does getting the vaccine give you the virus?


No. The vaccines do not give you the whole virus at all. The vaccine activates a response that confers an immune response to the part of the virus that attaches to human cells. The vaccine teaches your body to be ready for the virus. The vaccine activates a response to the spike protein on the COVID-19 virus, the

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part of the virus that attaches to cells. You cannot get the illness from these vaccines and are very likely to be able to fight off the virus because your immune system has been trained to fight it.

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