



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2020-09
Date: December 8, 2020

Office of the Medical Director
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COVID VACCINE PLAN FOR STMCA WITH QUESTIONS & ANSWERS

All EMS Providers:

Thank you to those of you that were able to log into our virtual meeting yesterday regarding the upcoming COVID-19 vaccines. We appreciate the opportunity to provide some information and address your concerns. We've made efforts to secure the vaccine, ensure it is stored and administered appropriately, become an approved provider, and fulfill reporting requirements.

Vaccination planning remains a fluid situation and making firm plans on when and where we will be providing them has been difficult. Right now, we hope to have a vaccine in-hand sometime around the third week of December. This may change but we remain optimistic about our chance to get the vaccine to EMS and our public safety partners before the end of the year. Keeping the ever-changing environment in mind, please be ready for a communication about vaccine clinics in our counties with little notice.

Below is the list of questions that were addressed in our virtual meeting. The information is considered accurate as of this date, but some may change going forward. As always, please feel free to contact our office if you have further questions.

| Question | Answer |
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| Who is going to get the vaccine first? | <p>The Advisory Committee on Immunization Practices (ACIP) published their recommendations for the prioritization of the COVID vaccine. Included in Priority Group 1A are Healthcare Providers (includes EMS) and Long-Term Center workers and residents.</p> <p>Locally, we anticipate that we will not be enough inventory to vaccinate all EMS and public safety at once. The STMCA will be establishing sub-prioritization groups:</p> <ol style="list-style-type: none">1. Providers working in a transport setting where care takes place in a confined setting (ambulance crews)2. Responding licensed EMS personnel that do not provide transport services but have patient contact on the scene.3. EMD and 9-1-1 operators4. Non-medically licensed personnel that may have patient contact through response for other than medical needs (police and non-medical fire departments that respond to cardiac arrests)5. Non-medically licensed public safety that does not have contact with patients regularly (non-medical fire departments that do not respond to arrests). |



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| What vaccine manufacturer will we be getting? | <p>There are two vaccines that have currently applied for an Emergency Use Authorization (EUA) from the FDA:</p> <ol style="list-style-type: none"> 1. Pfizer vaccine is anticipated to receive its EUA on December 10th and is currently scheduled to be distributed to healthcare organizations on December 15th. 2. Moderna vaccine is anticipated to receive its EUA one week after Pfizer and delivered one week later. |
| Is there any difference between the different vaccines (different manufacturers)? | <p>Both the Pfizer and Moderna vaccines are mRNA-based vaccines. They are different than most vaccines. Many vaccines, like influenza for example, use a dead or attenuated virus to get the body to recognize it and build immunity. The action of the Pfizer and Moderna vaccines works by injecting chains of mRNA which resemble the spike proteins on the COVID virus. The body then creates antibodies to block COVID from entering the cells within the body. Consequently, the COVID virus cannot replicate.</p> <p>Understanding mRNA vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html</p> |
| How does a mRNA vaccine work? | <p>mRNA vaccines give instructions for our cells to make a harmless piece of what is call the “spike protein”. This is the protein found on the surface of the COVID-19 virus. Once injected into the muscle, the cells in the muscle are given instructions to make this protein piece. After it is made, the cell breaks down the instructions and gets rid of them. Next, the cell displays the protein piece on its surface. The immune system recognizes the protein doesn’t belong there and builds an immune response by making antibodies. These antibodies then recognize COVID-19 if it tries to enter the cell and does not allow it in to replicate.</p> |
| If the vaccine uses mRNA, will it alter my DNA? | <p>No, mRNA never enters the nucleus of the cell where our DNA is kept. There is no chance the vaccine will alter your DNA.</p> |
| Can I get COVID from the COVID vaccine? | <p>No, none of the COVID-19 vaccines currently in development in the United States use the live virus that causes COVID-19.</p> |
| What is the effectiveness of the COVID vaccine? | <p>Both Pfizer and Moderna are reporting a 94-95% effectiveness of their vaccines.</p> <p>In the Moderna Phase 3 trial, 30,000 participated in a double-blind study. Half received the vaccine and half a placebo. There was 196 COVID-19 cases in trial participants. Of those cases, 185 were observed in the group that received placebo, and 11 were in the vaccine group. Secondary analysis found 30</p> |



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| | <p>severe COVID-19 cases, all of which were in the placebo group. Based on this, Moderna believes that the vaccine will be effective in preventing serious disease progression even if you do end up with COVID-19.</p> <p>https://www.cidrap.umn.edu/news-perspective/2020/11/moderna-seek-emergency-authorization-covid-19-vaccine</p> |
| <p>How long after the second dose of the vaccine will it take to be considered immune?</p> | <p>According to the data provided by Pfizer and Moderna, it appears that most people reach an antibody level to provide immunity 7 days after the second vaccination.</p> |
| <p>What if I get the first dose and not the second dose; am I partially immune?</p> | <p>Immunity after only one dose was not studied in either the Pfizer or Moderna trials. Because of this, we cannot say whether you have any immunity if you only receive one dose.</p> |
| <p>Is there a benefit to waiting for later vaccines to come out?</p> | <p>This is an extremely personal choice. There are other vaccines currently being developed that use traditional methods to immunize people, but none are currently in Phase 3 trials. Additionally, there are DNA-based vaccines being developed.</p> <p>Current vaccine tracker: https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-vaccine-tracker</p> |
| <p>If I have had COVID, what will the vaccine do for me? Should I get the vaccine?</p> | <p>Data currently shows that an individual that has had COVID may have an immunity for 5-7 months. However, variability is extremely wide depending on the individual and whether they had a mild, moderate or severe infection. The immune system of the person infected is also a determinant in how long immunity will last. Right now, the recommendation is that you should get vaccinated even if you have had COVID in the past.</p> <p>https://www.healthline.com/health-news/how-long-does-immunity-last-after-covid-19-what-we-know</p> |
| <p>If I've had COVID, how long should I wait until I get the vaccine?</p> | <p>Currently, we cannot find a recommendation on this topic. It does make sense that you should not get the COVID-19 vaccine while you are symptomatic. Once the STMCA receives guidance on this, we will share this information.</p> |
| <p>Can getting the vaccine cause me to test positive for COVID?</p> | <p>The vaccines currently in clinical trials in the US won't cause you to test positive on viral tests. However, if you have an immune response with the vaccine, you could test positive on some antibody tests (this is a good thing).</p> |



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| | https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits/facts.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fabout-vaccines%2Fvaccine-myths.html |
| Do you have to quarantine after you get the COVID vaccine? | No, there is no need to quarantine after receiving a COVID vaccine. However, you may experience some chills, fever, fatigue, or aches that can mimic the signs/symptoms of COVID. If this occurs, you should consider your recent risks of exposure. Most symptoms resolve in 12-24 hours and can be relieve by using a antipyretic like ibuprofen or acetaminophen. |
| If you receive the vaccine can you stop wearing a mask? | The CDC is currently advising that even vaccinated people should continue to wear a mask. They will consider changing recommendations after studying the effectiveness of the vaccine. Additionally, the number of people receiving the vaccine will dictate whether mask wearing, hand washing, and social distancing will still be recommended. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html |
| Is there a cost for the vaccine? | No, the STMCA is receiving the COVID vaccine free of charge and will not charge for administration. |
| Does the vaccine require a doctor's order? | No, the STMCA is registered with the CDC as a vaccine provider. Dr. Wagner is the ordering physician for the vaccine and there is no need for an additional order. |
| Is the vaccine given once or in a series? | Both the Pfizer and Moderna vaccines require two doses to become effective. 1. Pfizer vaccine is given 21 days apart. 2. Moderna vaccine is given 28 days apart. There are vaccines in development that may be given in a single dose but none of these vaccines are near Phase 3 trials and may not be available for a while. |
| Will this be a yearly injection you will have to get? How long will the vaccine be effective? | It's too early to tell how long the vaccine will remain effective in the body. Studies to determine how long the body maintains antibodies will be ongoing as the vaccine is distributed. |
| Is the vaccine an injection, nasal spray, or something else? | The vaccine is an intra-muscular injection. It will be 0.3ml of vaccine injected into the deltoid muscle. |
| If you don't want the vaccine, are you required to sign a refusal or waiver? | Receiving the vaccine from the STMCA is voluntary. We will not require vaccination to work within the EMS system. However, your agency may require you to sign a refusal or waiver. |



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| <p>What are the short-term side-effects of the vaccine? Are there any long-term side effects?</p> | <p>The New England Journal of Medicine looked at the safety of the Pfizer vaccine and published a paper. Some of the highlights:</p> <ol style="list-style-type: none"> 1. Symptoms were very mild after the first dose of the vaccine. 2. More symptoms reported after the second dose. 3. Symptoms generally peaked 2 to 7 days after receiving the vaccine. 4. 17% of participants ages 18 to 55 years reported a fever >38.0 to 38.9C after the second dose. Only 8% of those 65-85 years reported a fever. 5. Severe system events (fatigue, headache, chills, muscle pain, and joint pain) were reported in small numbers of younger recipients but no severe events were reported by older recipients. <p>https://www.nejm.org/doi/full/10.1056/NEJMoa2027906</p> |
| <p>Should departments have only part of the personnel vaccinated at once? What if it affects the personnel and there is no one to respond to emergencies?</p> | <p>There are expected to be some side-effects with the vaccine. They are typically more pronounced after the second dose. A certain percentage of personnel may experience fatigue, fever, or aches. If there is a concern that some of these side-effects may inhibit personnel from responding to emergencies, an agency could consider staggering their personnel. Prioritizing the most vulnerable personnel based on age and pre-existing conditions is recommended. The STMCA intends to hold multiple dates where they will be providing vaccinations and there should be ample opportunity to stagger your personnel.</p> |
| <p>Should someone with an autoimmune disease such as Lupus or fibromyalgia get the vaccine? How will this affect them?</p> | <p>Although we have not found any recommendations for those with Lupus or fibromyalgia to not receive the COVID mRNA vaccine, anyone with an autoimmune disorder should consult their specialist before receiving any vaccine.</p> <p>The Phase 3 trials for Pfizer and Moderna did not specifically target populations with suppressed or overactive immune systems.</p> <p>Anyone currently receiving chemotherapy or on antirejection therapies because of an organ transplant should not receive the mRNA vaccine at this time. This is because these individuals do not possess enough of an immune system to establish the appropriate reaction in their body. Future vaccines that use dead or attenuated virus will most likely be recommended in this population.</p> <p>https://www.hematology.org/covid-19/ash-astct-covid-19-and-vaccines</p> |



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| Are there any extra precautions for those over age 65? | There are not any extra precautions for those over age 65. This age group is considered at a higher risk of developing severe symptoms from COVID and consequently encouraged to get the vaccine as soon as it is available. |
| Will I get a fact sheet when I get the vaccine? | Yes, you will be provided a VIS (Vaccine Information Sheet). The sheet will be developed by the CDC or the MDHHS. It will explain what you have received, give you directions on what to do if you experience any adverse effects, and advise you when to receive your second dose. |
| Who do I contact if I feel I am having a side-effect? | <p>The CDC has established an app called “V-Safe”. When you get the vaccine, you can register yourself on the app to receive check-ins so that you can report any side-effects. This data will help the CDC establish the frequency, type, and severity of side-effects.</p> <p>https://www.michigan.gov/documents/mdhhs/v-safe-information-sheet_709444_7.pdf</p> <p>If there is a reaction beyond the normal mild fever, aches, fatigue, these are reported to the Vaccine Adverse Event Reporting System (VAERS). This is the mechanism established by the HHS to report severe events to the government so that they can be tracked.</p> <p>https://vaers.hhs.gov/</p> <p>If for some reason you feel you may be experiencing a severe side-effect, you should first seek medical care as appropriate. The STMCA, if aware, will file the incident to VAERS or coordinate with your healthcare provider to ensure the event is reported. Typically, we have 3 days to report the incident.</p> |