

Frequently Asked Questions about COVID-19 Vaccines

Updated – January 8, 2021

Dear Patients,

2020 brought such fear and changes to the way we live our lives. As we begin 2021, there is hope – **vaccines are on their way.**

As you all know, the first vaccines are being given to higher-risk people and healthcare workers. **But we look forward to when you all will have access to the vaccine.** We do not yet know the place or the timing and we will communicate this when we do.

To answer some common questions, please see below, and you can find more detail [here](#).

- **Appropriate steps taken** – The vaccines were developed so fast because it was a top priority for everyone in the field and billions of dollars from governments and companies around the world were spent on getting it developed. The scientific world cooperated in ways they had not before. The bureaucratic process was super-fast because of the importance of getting this through.
- **New technology** – mRNA has been studied and used for cancer treatments for upwards of 30 years, but this is the first vaccine using the technology. There are two vaccines made this way (Pfizer and Moderna). mRNA vaccines cannot give someone COVID-19 as they do not use the live virus that causes COVID-19. They also do not affect or interact with our DNA in any way. There will be other vaccines coming later which are made with older technology. More information is available [here](#).
- **Effectiveness** – In clinical studies, very few people got COVID-19 within 12 days of getting the first dose of the Pfizer vaccine. This result is similar to the Moderna vaccine, which is the other COVID-19 vaccine now approved for use in Canada.
- **Pregnancy/breastfeeding** – Pregnant and breastfeeding women were not included in trials for the currently available vaccines. However, the Society of Obstetricians and Gynaecologists of Canada has [stated](#) that “the documented risk of not getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding **and vaccination should be offered.**” The Ontario Ministry of Health guidance states that pregnant women should discuss risks and benefits with their family physician or primary healthcare provider.
- The Ministry also point out that mRNA vaccines are not live vaccines and are not expected to be a risk to the breastfeeding infant. If you are pregnant or breastfeeding, we will discuss the risks and benefits to help you make an informed decision about receiving the vaccine.
- **Allergies** – People who have ever had a severe allergic reaction (i.e., anaphylaxis) to a previous dose of an mRNA vaccine or any of the ingredients in the vaccine should not receive it. We will discuss any allergies or other health conditions you may have before you receive the vaccine. If needed, we can seek input from an allergist-immunologist.
- **Autoimmune conditions/Immunocompromised** – If you have an autoimmune or immunodeficiency condition, or are immunosuppressed due to disease or treatment, we will discuss the benefits and risks of vaccination given your particular situation and come to a decision together. People with these conditions were not included in the trials for the currently available vaccines, although vaccination may be a good idea for you to reduce your risk of getting a COVID-19 infection.

Our office has remained accessible to you, by phone, by video or in person as it was deemed necessary. We thank you for your understanding as we help you in your health in these different ways.

Thank you all for what you have done to keep yourselves, your loved ones, and your communities safe. Thank you to those frontline workers who have faced fears and yet continued to provide the services that we have needed to function.

**We look forward to when the vaccine allows us to return to a life that is more connected.
In the meantime –**

Wear a mask, keep your distance, wash your hands.

AND be calm, be safe, be kind.

Warmly,

Drs. Mang, Chan and Sohi
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