

Vaccination Against COVID-19

COVID-19 vaccines are **safe** and **effective**. While vaccination may not always prevent you from contracting COVID-19, it *can* keep you from becoming seriously ill, reducing your risk of hospitalization or death. Vaccination is vital to our community's response to the COVID-19 pandemic.

Co-worker vaccination at Parkview

The majority of Parkview Health co-workers are fully vaccinated, and more are receiving vaccinations every day.

As Parkview Health implements the CMS COVID-19 vaccination requirement, we continue to strongly recommend vaccination to protect co-worker health and safety.

Parkview continues to make it as easy as possible for co-workers to receive the COVID-19 vaccine, such as by offering:

- Accommodations during work hours to receive the vaccine
- Paid time off if a co-worker experiences side effects from the vaccine
- Free vaccines through Parkview's vaccination clinic. Co-workers may also:
 - Visit ourshot.in.gov and select "Click here to find a vaccination site and register." You'll then see a map of all the available vaccination sites with information on how to register. If you don't have online access, call 2-1-1 from any phone to make an appointment.
 - Call the Parkview Vaccine Hotline at 260-266-0778 with questions or for assistance getting registered for an appointment.
- On-site co-worker vaccine clinics for COVID-19 vaccinations

Overcoming vaccine hesitancy

Below are key questions and answers to help guide and educate co-workers who are considering vaccination:

How do I know which COVID-19 vaccine information sources are accurate?

There is a lot of confusing information regarding COVID-19 immunity and vaccine safety, and it can be difficult to know which sources to trust. Before considering vaccine information on the internet, check that the information comes from a credible source and is updated regularly. Throughout the pandemic, misinformation has been produced and amplified by fringe political groups and foreign actors, and consists of false or misleading claims regarding COVID-19 vaccines and other treatment and prevention measures. Think before posting or sharing content on social media or in emails. Watch out for emotionally manipulative content designed to make us angry or sad, or that use sensational terms designed to divide us and promote mistrust.

I plan to have a child and I'm concerned about the effects of the vaccine on my fertility.

There is absolutely no evidence that any vaccines, including COVID-19 vaccines, affect the fertility of women or men. Multiple studies — including large-scale clinical trials, studies among couples trying to conceive, and among individuals undergoing fertility treatment — have shown no effect of vaccines on fertility. The vaccines do not affect your DNA, and do not interact with anything else in your body

that could cause fertility issues. The American College of Obstetricians and Gynecologists (ACOG) recommends vaccination for individuals who are planning or trying to become pregnant.

According to the American Society for Reproductive Medicine, since the vaccine does not contain any live virus, there is no reason to delay pregnancy attempts or defer fertility treatment because of vaccination.

I'm pregnant now and I'm concerned the vaccine will harm me or my baby.

ACOG recommends that all pregnant women be vaccinated against COVID-19. Getting a vaccine will help protect you and your fetus and is the best way to reduce the risk of maternal or fetal complications. None of the currently available vaccines reach or cross the placenta, and vaccination does not induce antibodies against the placenta. However, protective antibodies have been shown to cross the placenta and confer protection to the baby after delivery.

ACOG also recommends that breastfeeding women get a COVID-19 vaccine. There is no need to stop breastfeeding if you wish to get the vaccine. When you are vaccinated, antibodies made by your body may be passed through breastmilk to help protect your child from the COVID-19 virus.

The Centers for Disease Control and Prevention (CDC) also recommends urgent action to increase COVID-19 vaccination among women who are pregnant, lactating or trying to become pregnant. Multiple studies have shown that vaccination among pregnant women is safe and does not increase the risk of maternal or fetal complications. In contrast, pregnant women infected with COVID-19 have higher odds of adverse birth outcomes, including preterm birth, small size for gestational age, low birth weight, and stillbirth.

Compared with non-pregnant symptomatic people, symptomatic pregnant women with COVID-19 infection have more than a two-fold increased risk of requiring ICU admission and a 70% increased risk of death. COVID-19 infection also increases risk of stillbirth, preterm birth and neonatal ICU admission.

? I've had COVID-19 in the past and have immunity, so why do I need to get vaccinated?

Current evidence shows that most individuals who have had prior COVID-19 infection and develop antibodies have a very low risk of reinfection in the first 3-6 months after recovery. However, it is still unclear to what degree those with detectable antibodies protect against reinfection or what concentration of antibodies are needed to provide such protection. Evidence also shows that post-infection immunity diminishes over time. Unfortunately, we do not currently have enough scientific evidence to know what level of antibodies from post-infection immunity measured on a blood test reliably predict protection from reinfection. It is also unknown how the emergence of new virus variants will impact immunity.

Research shows that the degree of immunity gained after COVID-19 infection is highly variable across individuals; antibody levels can vary by as much as 1,000-fold among those with post-infection immunity. Additionally, some individuals are unable to develop a significant level of neutralizing antibodies after an infection.

Vaccination offers several important advantages over post-infection immunity alone. First, vaccination is tremendously safer than becoming infected with the virus that causes COVID-19. Although many will have mild or asymptomatic infections, others will develop severe disease leading to hospitalization and possibly death. Additionally, 10-20% of individuals who have COVID-19 develop persistent symptoms (commonly referred to as "long COVID") that can last for months after initial recovery.

Vaccination provides a much more predictable and specific immune response and thus provides more reliable protection over time from disease, serious illness and death. Receiving a booster dose after vaccination further enhances protection from disease, serious illness and death. The CDC currently recommends that all adults who have received a COVID-19 vaccine receive a booster.

A growing body of research suggests that post-infection immunity, plus vaccination, provides the strongest protection against a range of COVID-19 virus variants. Researchers have

found that individuals with pre-existing immunity from prior infection mount a superior antibody response to vaccination compared to those without pre-existing immunity.

? I don't know enough about the long-term effects of the vaccine.

Although the COVID-19 mRNA vaccines are the newest vaccines available to prevent illness from respiratory viruses, the technology of mRNA vaccines has been around for a long time. The original clinical trials for the COVID-19 vaccines were conducted in 2020, and since then more than 536 million doses have been given in the U.S. to date. Due to the widespread use of COVID-19 vaccines in the U.S. and worldwide since December 2020, the FDA has accumulated an unprecedented amount of safety monitoring data. Additionally, the outstanding long-term safety record of other respiratory virus vaccines provides a great deal of reassurance.

It is important to understand that vaccines are fundamentally different than medications taken regularly to treat health conditions in terms of long-term safety. Vaccines, given as a one- or two-dose series, are only in the body for a few days before being broken down in the tissues and cells at the injection site, and the side effects of any COVID-19 vaccine are related to immune response to the viral S-spike protein provided by the vaccine. For example, the very rare adverse effects that may occur, such as inflammation of the heart (myocarditis, which occurs in about 1 in 50,000 people), are due to the body's immune response to the S-spike virus protein and occur within days to weeks after vaccination.

In general, no rare immune reaction effects occur from vaccination beyond 8 weeks after administration. Vaccines do not accumulate in the body and are not taken on a daily or weekly basis like other medications for health problems, so vaccines do not create long-term effects.

? I'm concerned the vaccine was developed using fetal tissue.

The COVID-19 vaccines do not use fetal tissue in any way. The mRNA vaccines are not designed, developed, or produced with fetal cell lines or tissues.

For full transparency, testing of mRNA vaccines during early research reportedly used cell lines from as early as the 1970s. Although the original cell that resulted in the cell line was derived from an abortion, the current cell lines have multiplied many times and are no longer considered the original tissue. Vaccination today is remote in intent and action from the original cells. Religious leaders from many faiths have made specific statements supporting and encouraging COVID-19 vaccination, including leaders in Judaism, protestant Christian denominations, the Catholic Church, Islam, Hinduism and the Mormon faith.

