Fall 2023 Vaccine Talking Points

Major Messages

- **COVID-19 vaccines continue to be safe and effective and the best way to prevent serious illness and hospitalization.**
- **Pharmacists across America, urban to rural, coast to coast, are ready, willing, and able to help their neighbors avoid serious infections from diseases that can be prevented with vaccines. These vaccines include COVID-19, influenza, RSV, pneumococcal, shingles, and many others.**
- **Even though COVID-19 cases are not as high as they once were, we are seeing rates increase again. Every American age 6 months and older should be up to date with their COVID-19 vaccines.**

Frequently Asked Questions

COVID-19 Vaccines

- **Is there an updated COVID-19 vaccine?**

  Yes. The FDA and CDC have approved updated versions of COVID-19 vaccines from Moderna and Pfizer that target the variants of the COVID-19 virus that circulate today. The updated vaccines are becoming available in pharmacies and physicians' offices. Contact these providers to check availability and to schedule an appointment.

- **Who should get the updated COVID-19 vaccine?**

  The updated vaccines are authorized for anyone age 6 months or older.

  People over age 65, as well as those who are immunocompromised or have a serious underlying medical condition, need vaccination most of all. People in these groups are more likely to develop severe illness from the virus if they become infected.

  If you're planning to travel soon, that's another good reason to get the new vaccine.

- **How much will the updated vaccine cost?**

  Beneficiaries of Medicare and Medicaid, as well as members of private health insurance plans, will still be able to get the updated vaccine at no cost.

  For uninsured patients, a new federal program will make COVID-19 vaccinations available through certain local medical practices, clinics, and pharmacies.

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> **Will these new COVID-19 vaccines be effective against the variants that keep arising?**

The updated COVID-19 vaccine will provide good protection against the new variants, because they are closely related to XBB, the variant contained in the updated vaccines.

> **What is the major benefit of getting the updated COVID-19 vaccine?**

You'll get better protection against the new variants and better protection against serious illness if you become infected.

> **Why is it so important to stay up to date on vaccinations?**

The updated vaccines are more effective against the new variants of the virus most common in our communities than the older vaccines. Additionally, the effectiveness of vaccines declines over time. So, staying up to date makes sense, just like you do with your smartphone or computer software.

> **Should I still get the bivalent vaccine?**

You should get the updated version that was just approved. The bivalent vaccines will no longer be offered.

> **If I get COVID-19, how long should I wait until I get the updated vaccine?**

According to the CDC Interim Clinical guidance, people with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present). People who recently had SARS-CoV-2 infection may consider delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test. Studies have shown that increased time between infection and vaccination might result in an improved immune response to vaccination.

> **What kind of shot should I get if my first shot was with the J&J (or Janssen) vaccine?**

The FDA recommends that people who received the J&J (or Janssen) vaccine switch to the Pfizer or Moderna vaccine. The J&J (Janssen) vaccine is no longer distributed.

> **Will this be an annual thing, like the flu shot?**

Maybe. It's too early to say for sure.

> **But I had COVID-19 already, so I'm immune.**

Infection gives people some temporary immunity, that's true.

However, immunity created by the vaccine lasts longer and is stronger than natural immunity. We don't know how long natural immunity lasts or if it protects you well against any new variants that may come along.

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> **I'm comfortable getting the vaccine for myself, but I'm worried about getting it for my children.**

Parents always want to do what's best for their children. I understand why some parents worry whether their kids will be okay after vaccination—you're trying to protect your child. Remember that the vast majority of children experience only mild side effects, such as a sore arm at the injection site, after vaccination, and these last only 24 to 48 hours.

The best thing you can do to protect your children against COVID-19 is to vaccinate them.

Our experience is that the vaccine has provided children with very good protection against COVID-19, with minimal side effects.

> **Kids don't get as sick from COVID-19 as adults do.**

It's true that older adults are more likely to become seriously ill with COVID-19 disease than other age groups.

But don't tell the thousands of parents of children who've been hospitalized with COVID-19 disease that this disease isn't serious.

Children with chronic health conditions especially need the protection offered by COVID-19 vaccines.

Being young doesn't give you any immunity from COVID-19 disease. There have been more than 10 million cases of COVID-19 disease in children under the age of 12 years, and nearly 1,400 have died. (Current CDC data.)

COVID-19 vaccine is recommended for children 6 months and up.

- The vaccines come in doses that are safe, effective, and appropriate for children their age.
- A child's immune response is vigorous after getting vaccinated, just as it is with adults.

> **What is currently happening with COVID-19 cases?**

Hospital admissions nationwide due to COVID-19 have been increasing in recent months. For example, there were 17,000 hospitalizations due to COVID-19 for the week ending August 26, 2023, which is nearly twice as high (92%) as the 9,000 hospitalizations reported during the last week of July. We're not at the level we were in the winter of 2022, but it's a reminder that COVID-19 has not gone away. (Current CDC data on COVID-19 hospitalizations.)

Deaths due to COVID-19 in late August were 40% higher than their low point in early July. Though they are well below 2022 levels, it's another reminder that COVID-19 has not gone away. (Current CDC data on COVID-19 deaths.)

> **Are there new COVID-19 variants?**

Yes. The single most common variant is nicknamed Eris (EG.5) and accounts for 21.5% of all reported cases, as of September 2, 2023. The second-most common variant is called FL1.5.1, which accounts for 14.5% of all reported cases. These are all in the XBB family of variants, which is the dominant variant group. It currently accounts for about half (53.7%) of all reported cases. (Current CDC data on COVID-19 variants.)

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> **The pandemic is over. So why bother?**

The public health emergency may be over, but the virus is still circulating among us. From July-September 2023, more than 8,300 people in the United States died from COVID-19.

COVID-19 cases rise and fall with regularity around the world. You will be best protected with a recent vaccination against the most relevant form of the virus.

COVID-19 vaccination is still the best way to prevent serious illness, hospitalization, and death. People who have received COVID vaccine are 14 times LESS likely to die from COVID-19 than unvaccinated people.

More than 670 million COVID-19 vaccinations have been given in the United States. That gives us more than enough evidence to say with confidence that the vaccines are *safe* and *effective* for both adults and children.

Pregnant and breastfeeding women:

> **What about the safety of the COVID-19 vaccines for pregnant women and their unborn children?**

I recommend that pregnant women get the vaccine. So do obstetricians and the CDC.

I understand why there was initial concern about their use in pregnant women, because the first clinical trials did not include pregnant women. By the way, that's the case with most new medications.

Since spring 2021, evidence continues to build, showing that COVID-19 vaccination during pregnancy is safe, and getting a COVID-19 vaccine can help protect mother and baby from getting very sick from COVID-19.

There is a growing body of evidence that women vaccinated during pregnancy pass along protective antibodies to their babies through the placenta.

If you are pregnant or were recently pregnant, you are more likely to get very sick from COVID-19 disease compared with people who are not pregnant.

If you contract COVID-19 disease during pregnancy, you are at increased risk of complications that can affect your pregnancy and developing baby.

All the evidence shows that NO vaccine, including COVID-19 vaccines, cause fertility problems in women or men.

> **What about women who are breastfeeding?**

I recommend the vaccine—including boosters—for women who are breastfeeding. So do obstetricians and pediatricians.

Studies show that breastfeeding women who received COVID-19 vaccines have protective antibodies in their breastmilk, which can help protect their babies.

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> **What about women who are planning to become pregnant?**

I recommend the vaccine for women who are planning to have a baby. So do pediatricians and obstetricians.

Scientific studies to date have shown no safety concerns for babies born to people who were vaccinated against COVID-19 during pregnancy.

Based on how these vaccines work in the body, they're unlikely to pose a risk for long-term health effects.

Vaccine side effects:

> **What about the risk of anaphylaxis?**

Anaphylaxis (a severe allergic reaction) after COVID-19 vaccination is rare and has occurred in approximately 5 people per 1 million vaccinated in the United States. Anaphylaxis can occur after any kind of vaccination.

If it happens, health care providers are trained to quickly and effectively respond to the reaction with a medication called epinephrine and other procedures.

> **What about the risks of myocarditis and pericarditis?**

Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart.

Myocarditis and pericarditis after COVID-19 vaccination are rare.

Most patients who had myocarditis or pericarditis after COVID-19 vaccination responded well to medicine and rest, and they felt better soon afterward.

In a review of nearly 7 million doses of the mRNA vaccine, there were 320 cases of myocarditis.

The benefits of the COVID-19 vaccine far outweigh the risk of myocarditis.

Myocarditis is more likely to occur among young adult males, although it has occurred among women and other ages at lower rates.

Treatments:

> **What about all those treatments for COVID-19 disease out there?**

There are currently three FDA-authorized treatments. All of them are oral medications: Paxlovid, Veklury and Lagevrio. They are available only by prescription and you can take them at home.

The most important thing to remember about these medications is that you must start taking them soon after symptoms start—within 5 days for Paxlovid and Lagevrio, and within 7 days for Veklury.

> **I've been hearing that some people get rebound infections after taking Paxlovid, for example President Biden and Anthony Fauci. Should I be concerned?**

I don't think so. The FDA studied the issue earlier this year and reported that there was no difference in rebound rates between people who took Paxlovid, and those who did not. People who experience rebound should extend their protection/isolation procedures. Additional rounds of treatment are not recommended at this time.

> **Why not just skip the vaccine and use the treatment if you get sick?**

Why let yourself get sick in the first place? Getting sick with COVID-19 is serious. Even moderate cases can result in "long COVID."

If you're not vaccinated, symptoms tend to be more serious. Why take the chance that you'll be seriously ill?

Influenza Vaccines

> **What can we expect from this year's flu season?**

We know the flu will be here, but it's too early to tell when it will peak or how bad a season it will be.

> **Who should get the flu shot?**

The CDC's advisors recommend the flu vaccine for just about everyone age 6 months and older.

> **When should I get a flu shot?**

It's not too early to get your flu shot. This will give your body time to develop lots of antibodies for when influenza activity starts to peak.

Combination vaccinations:

> **Is it safe to get vaccines for flu and COVID-19 at the same visit?**

The human immune system is good at multitasking. It can easily handle multiple vaccines given on the same day.

It's a good idea to get protected against both the flu and COVID-19 as early as possible.

Last year, many people got the flu and COVID-19 shots at the same time, and there were no serious safety concerns. Getting one shot in each arm can minimize arm soreness.

A recent study supported the position that it's safe and effective to get the two vaccines at the same time. The researchers found that people who got the COVID-19 and the flu shots together had the same rate of reactions as people who got the COVID-19 shot alone, with similar effectiveness.

- There aren't specific data yet about people getting the RSV vaccine in combination with the other vaccines.

Your pharmacist can consider your vaccination history and your risk factors for infection and help you set up a personalized vaccination plan for all of your vaccination needs.

Let your health care providers know that you want your vaccinations to be reported to your state/local immunization registries and that you'd like to carry a vaccine card or have access to an app that shows what vaccines you have had.

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RSV

> **What is RSV?**

RSV is an abbreviation for "respiratory syncytial virus." While RSV can cause mild disease in some people, it can be serious in others leading to hospitalization and death.

Initial symptoms may include a runny nose, sneezing, shortness of breath, fever, and decreased appetite.

Some adults may carry the RSV virus but show no symptoms.

> **Is RSV like a cold or the flu?**

RSV is like a cold or the flu in that it is a respiratory disease and its symptoms are similar to a cold or the flu. However, it's a different disease, caused by a different virus. That means the vaccine to prevent RSV is different from the vaccine to prevent the flu.

> **Who's at highest risk for RSV?**

Infants, children, pregnant women, and older adults. People with underlying conditions such as asthma, COPD, and heart disease have a greater risk.

> **How dangerous is RSV?**

Every year, between 100 and 300 children under 5 years old in the United States die from RSV and this disease puts 58,000 to 80,000 young children in the hospital.

Older adults are at increased risk of severe RSV infection and between 6,000 and 10,000 adults age 65 years and older die from these infections every year.

> **Are there tests for RSV?**

Yes. Two rapid tests are available at many pharmacies. They involve nasal swabs and usually take only 15 minutes.

> **How is RSV treated?**

Most RSV infections will go away on their own, but some adults and children develop more serious infections such as pneumonia or bronchitis. Severe cases may require hospitalization.

For mild cases, over-the-counter medicines such as acetaminophen or ibuprofen can be used to manage the fever. Ask your pharmacist if they're safe for you.

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> What about vaccines for RSV?

Two safe and effective vaccines are available this fall.

The RSV vaccines have been approved for adults 60 years and older. Talk with your pharmacist about whether one of them is a good idea for you.

- One is called Arexvy. It's made by GSK.
- The other is Abrysvo, made by Pfizer.

> What about the new product for infants to prevent RSV?

That product is a monoclonal antibody, not a vaccine. A monoclonal antibody targets just one thing—a specific protein of the RSV virus.

The CDC recently recommended it for infants entering their first fall RSV season as well as for toddlers who are still vulnerable in their second season.

- This therapy is called Beyfortus. It's made by AstraZeneca and distributed by Sanofi.
- In clinical trials, it was found to reduce the risk of infection in babies by 70% and reduce the risk of hospitalization by 78%.

> Will it be covered by insurance?

The CDC recommended that children without health insurance should get it at no cost through a federal program called Vaccines for Children.

We expect more and more insurance plans to cover Beyfortus in coming months.