

PBC CANCER SUPPORT GROUP

MEDICAL TALK: COVID-19 PANDEMIC

Q&A dated 17th January 2021

1. How is the efficacy of a vaccine derived at in a study?
The difference in the percentages of the vaccinated and the non-vaccinated groups that developed COVID-19 infections in the study in a double-blind randomised study will give us the efficacy. Note that this is a forward-looking statement, as opposed to the effectiveness of a vaccine, which is a backward-looking statement.
2. Are participants in a vaccine trial tested for antibodies for COVID-19 first?
Yes and/or no.
3. Is antibody testing a determinant for protection against COVID-19?
Generally, yes.
4. Are antibodies produced after vaccination protective against re-infection?
Generally, yes – neutralising antibodies.
5. Why go for high-technology mRNA vaccine, when the old inactivated virus vaccine is so reliable?
Technology advances when we try new things. It does not mean we have to discard the old too.
6. What's the difference between a PCR/antigen test for COVID-19?
PCR testing is better in specificity and sensitivity than the antigen test, which is faster, cheaper and more convenient.
7. Will COVID-19 vaccination stop one from transmitting the virus to others?
No.
8. Any long-term side effects from vaccination?
Unknown yet; that's why we have trials and adverse reactions reporting to the CDC.
9. Who will indemnify me if I suffer a severe reaction from the vaccine?
Usually the government; unlikely the vaccine maker.
10. Can an infected COVID-19 patient get re-infected?
Unfortunately, yes.
11. Does a vaccinated person still need to follow SOP?
Absolutely – take away the false sense of security after vaccination. It requires 2-4 years to gain herd immunity!
12. Can vaccination stop asymptomatic carriers of COVID-19?

No – there are two types of asymptomatic carriers: (i) the majority of COVID-19 patients, who shed the virus for 2-3 days BEFORE they become ill; and (ii) the other group that spreads the virus without appearing sick.

13. Are the vaccines effective against mutated strains?
So far, a guarded yes. Also see answer to Question 56.
14. Is this pandemic God's wrath for this sinful world? If so, will vaccination go against God's Will?
No. There are no more prophets after the Old Testament, so we don't know if it is His wrath or evilness! Please refer to Dr Thomas Yau's sermon verses. In the Bible, we know God uses people or institutions to do His work. More important is to pray for divine intervention continuously!
15. How long will immunity last once vaccinated?
Best of current knowledge, about 6+ months. Study still ongoing.
16. Can the vaccine eliminate the carrier strategy?
Unknown – ongoing studies.
17. Should infected patients get the vaccine?
More data from ongoing studies is needed to give an answer.
18. What are the costs of getting vaccinated?
It depends on which country – from free (government aid) to costly mRNA vaccines!
19. Can I still get COVID-19 after vaccination?
Yes; that's why we need herd immunity.
20. Are people given a choice of the vaccines?
It depends on the authorities, their policies and the tight vaccine supply situation.
21. What are the long-term side effects of the vaccines?
Unknown generally at this time; it may show up later, e.g. transverse myelitis? Anaphylaxis?
22. Can I have flu and COVID-19 at the same time?
Yes!
23. What are the differences between droplet & aerosol spreads?
Droplet/aerosol – the difference is in the size of the water droplets. COVID-19 is mainly spread by droplets.
24. How long a protection can I get from the vaccine?
Refer to Question 15.

25. What co-morbidities put people at risk of COVID-19?
Common ones are: age >65, diabetes, hypertension, heart disease, obesity and cancer.
26. What do I do if I wear a mask and then I start to sneeze?
Uncover your nose and mouth, and have a tissue as replacement for mask.
27. If a pregnant woman gets COVID-19, will her baby get it too?
Yes, foetuses can get infected.
28. Can someone who died of COVID-19 donate their organs?
Absolutely NO in general.
29. How long is the contagiousness of a COVID-19 patient?
Generally 10-14 days, but can be for a lot longer (weeks or months).
30. Can I get COVID-19 through my eyes?
Indeed, that is why one wears a face shield or goggles.
31. Are children spreaders of the COVID-19 virus?
Yes, especially those above 10 years old.
32. Is it safe to get a flu shot after the COVID-19 shot?
Generally, yes.
33. Can centralised air conditioning spread the COVID-19 virus?
Yes; all enclosed spaces are not as safe as well-ventilated areas.
34. How safe are public restrooms?
Generally safe, if the area is well-maintained and all SOPs are followed.
35. Are some blood types better in fighting the COVID-19 infection?
Type-O blood group patients have better results in COVID-19 illness.
36. Can my pets get infected?
Yes, but not consequential as pets often get it from their caretakers. Avoid especially wild minks or birds.
37. Can mosquitoes carry the COVID-19 virus?
No.
38. Do I need hospitalisation if I test positive for COVID-19?
Generally, no – home quarantine generally, unless one gets sick, e.g. fever, fatigue, shortness of breath, or elderly with co-morbidities.
39. How do I stay safe in an airplane?

Choose window seats, either at the front or back of the plane. Wipe clean the area where you are seated and follow all SOPs.

40. How do we stay safe from COVID-19 in general?

Follow now well-established SOPs and be mindful to use PPE appropriately.

41. Question for Senior Citizens. Should we get vaccinated?

Sure – they are the most vulnerable age group.

42. Does any of these new vaccines increase the risk of cancer, heart attack and stroke recurrence?

No, generally.

43. By law can a government force citizens to take the vaccine, especially new vaccines like this? Especially Malaysia?

Sure, if it is for the good of the majority. The government might also penalise those who do not take the vaccine, as is being proposed in Singapore.

44. Is it safe to say people with history of anaphylaxis or allergy should not be vaccinated with the COVID vaccine?

In general, for a person with severe allergies, extreme caution has to be taken, but it may not be necessary to prevent them from getting the vaccine if the correct procedure is followed.

45. If there is a breach in the handling and preservation of the vaccine at -70°C, resulting in the vaccine going bad, what is the effect on the patient who has been injected with this bad vaccine?

The vaccine may be inactivated if storage requirements are not properly adhered to, especially with the mRNA vaccines. This is the case with all vaccines. The patient will thus unfortunately not get the hoped-for response.

46. After vaccination is completed, how do we know we are protected or that the immunisation is successful? Is there a test we can do to confirm immunity is conferred, or just trust?

Antibody tests may be performed to confirm immune reaction to the vaccine. Cell-mediated immune response can also be elicited by tests. These are usually already done before FDA approval of the vaccines.

47. I'm very weak. I've gotten sick very often since I was young. My antibodies are at super low levels. Not sure if people like me are suitable for vaccination?

Immunocompromised patients can get vaccines like cancer patients who have been treated. They may need a stronger dose. Each case has to be assessed individually.

48. Assuming immunity is achieved after vaccination, how long does protection last?

Assuming also that the mutations are not so different.

Refer to Question 15.

49. Is it safe to receive the non-mRNA vaccine after receiving Pfizer's mRNA vaccine?
CDC does not recommend mixing different vaccines in a two-dose vaccination. As to switching to a different vaccine after conferred immunity recedes, Dr Thomas Yau doesn't see a problem there.
50. Those with severe anaphylaxis should exercise caution with the mRNA vaccine. Would it be safer then, to take the AstraZeneca vaccine or even the Sinovac vaccine?
Sure.
51. Is it advisable for a cancer patient aged above 70 to get vaccinated?
Yes. Refer to Question 47.
52. After "recovering" from COVID infection, is the person no longer infectious, or after how long of recover? Is it then necessary for such recovered people to be placed under quarantine... until RT PCR is negative (if that is actually reliable).
The standard procedure is to do a PCR test to confirm that the patient is not infectious after an appropriate isolation period for COVID-19 patients.
53. What is your advice in countries where there is a very low incidence of COVID incidence? Should I wait for a while before having the vaccination or have it now since the safety issues are not fully known?
If everyone thinks that way to wait – how will we achieve herd immunity and thus prevent unnecessary deaths? We have to be civic-minded and godly compassionate for our communities. Please go over Dr Thomas Yau's sermon.
54. Why do Pfizer and Morfen indemnify from responsibility of any side effects? What are the possible reasons?
Most pharmaceutical companies that make vaccines make a small amount of money from each vial for each person. If in an unfortunate case, the vaccine causes numerous side effects, then they would go out of business from the indemnity. Since this is for the good of humanity, the government takes over.
55. How long does someone who has had COVID before need to wait before they can safely take the vaccine?
Question unclear.
56. This vaccine is for SARS-CoV-2 only, correct? (L strain) Will it be effective for all the variants? (I.e. V, G, GR, GH strains?) Or those strains require different vaccines?
Be careful in the use of semantics – "different mutations" does not mean "different strains". They are still okay for the vaccine. Different strains imply major genetic differences that confer resistance that may require a modified vaccine.
57. The PCR itself is reliable? (100% accurate?)
Nothing is 100% accurate in real life, but the PCR gets close. Specificity and sensitivity are the two measures to take into consideration.

58. What are your thoughts then on Indonesia's strategy to start vaccinations on the younger population (18-59) before the elderly?
To each his own. However, most younger patients don't die from COVID-19, but the elderly do. So, it is wiser to vaccinate the most vulnerable first, i.e. the elderly and the medical personnel.

59. Can we combine different types of vaccines to get better immunity?
Different vaccines do not confer immunity synergistically (additive), and specific studies to address this concern have not been done. Stick to one.

60. If we have COVID-19, can we reduce viral load by using a saline, bicarbonate soda wash for the nose and throat? Or are there any self-care strategies we can use to help ourselves?
Viral load refers to the virus in the blood following infection. That is usually reduced by antiviral drugs like remdesivir etc. The effectiveness of bicarbonate solution in nasal toileting has not been assessed clinically. Recent claims of nitrous oxide nose spray to prevent COVID-19 infection have not been peer-reviewed. Best to keep ourselves healthy, as advised by Dr. Ted Hoo.

Addendum: One may use Google to find more extensive discussions on the above subjects.