

## COVID-19 Webinar (Oct. 26, 2021)

### Q&A – Nurse Paquette and Dr. David King

- 1) **Who is eligible for the booster shot? Can students get boosters?**  
At this time, booster shots are for any person age 18 or above.
- 2) **At the vaccination clinic, can students, parents and grandparents get the vaccine and boosters?**  
Yes, all are welcome to participate in the vaccination clinic. Please contact Nurse Paquette at [paquettee@maldencatholic.org](mailto:paquettee@maldencatholic.org) to make a reservation. Walk-ups are also welcome.
- 3) **Which vaccine(s) will be available at the November 15th clinic?**  
Both the Pfizer and Johnson & Johnson vaccines and booster doses will be available. Individuals who have received a Moderna vaccine may receive a Pfizer booster after 6+ months.
- 4) **If a person is vaccinated but does not get the booster, are they now “unvaccinated?”**  
No, the person would still be considered vaccinated. However, with the booster, he/she will receive the additional protective benefit that comes from the shot.
- 5) **Are the vaccination cards for students already in the MC system through the MA Vaccination records? If not, do MC parents need to supply?**  
Some of the COVID-19 vaccination dates are available through the Massachusetts State Registry, the MIIS. Unfortunately, not all COVID-19 vaccinations show up there. We ask that you send a copy of your child’s vaccination card to [olivec@maldencatholic.org](mailto:olivec@maldencatholic.org) or [paquettee@maldencatholic.org](mailto:paquettee@maldencatholic.org). The card will become part of your child’s health record.
- 6) **Are students 3-feet apart in the classroom?**  
Yes, students are 3-feet apart.
- 7) **What is MC doing to keep sick or exposed students up to speed academically?**  
Students are expected to utilize Lancerlink as well as Google Classroom for all their assignments.
- 8) **Are students expected to quarantine until a positive test result is received?**  
Yes, the only way to ensure the safety of our community is to have students who have been identified as “exposed” and/or symptomatic remain out of school until they provide a negative test result or their physician determines an alternative diagnosis.
- 9) **What are the clear identifiable ingredients in the vaccine?**  
The best reference to the complete list of ingredients of all the COVID19 vaccines is on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html> .
- 10) **If vaccinated students can get and transmit COVID-19, why are the vaccinated students tested routinely like the unvaccinated students?**  
Many of our vaccinated students chose to test routinely and choose to do so each Monday.
- 11) **When a student tests positive, do you notify all close contacts or just unvaccinated? If my vaccinated student is a close contact, will they be able to go to school?**  
All close contacts are notified. The students who need to be quarantined will be notified by one of the MC Nurses. The DPH/DESE rules allow that vaccinated individuals to be exempt from testing and quarantine. The vaccinated students who have been in close contact, but are not subject to quarantine, will be notified by email. That notice explains that your student has been identified as a close contact and as a vaccinated individual, and we ask that parents to monitor the student for symptoms. A vaccinated individual is free to come to school and participate in extracurricular activities.

- 12) **Since the vaccine wanes as well as natural immunity and no one really knows how long immunity lasts - shouldn't we be testing all individuals at MC?**  
Testing the 900 community members is a huge time commitment as well as an expense. We do test the entire community during times we have designated as high risk such as after holidays or a long break.
- 13) **What will be the plan if the numbers increase during the holiday season?**  
Malden Catholic will continue to follow all COVID-19 protocols which have been proven to be successful to date. We hope to continue in-person learning and MC's robust athletic and club schedules for our students. Our Administrative Team will continue to evaluate our entire community each week to determine if new COVID-19 positive cases are spread in school or have spread outside the MC school environment. Notably, MC has had NO in-school spread in the 2020 or 2021 school years. Unfortunately, we have no control over high-risk behaviors that students participate in at home or during activities unrelated to school.
- 14) **If we are at 80%, will 90% really make a difference?**  
Yes, every vaccinated person brings us closer to a safer environment for everyone.
- 15) **What are the ingredients in the vaccine?**  
The best resource for identifying all the vaccine ingredients is the CDC:  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html> .
- 16) **How do you feel about lifting the mask mandate?**  
There may be an appropriate time to consider lifting the vaccine mandate, and MC Administrators would welcome this opportunity. However, when this time comes, we will engage in a discussion with parents before making such a wide-reaching decision.
- 17) **Is it safe for teens to get boosters?**  
While no medicine, sport, or activity is universally safe for everyone who participates, the COVID-19 vaccine is one of the safest medicines ever created; benefits outweigh any incredibly small risks for those teens who have had no adverse reaction to previous doses of the vaccines. Please discuss specific concerns or reactions with your pediatrician.
- 18) **If someone received Pfizer for their first vaccine and Moderna for their second vaccine, which do they request for a booster? Either one? Could you offer your opinion on mixing the dose of the booster? Why are boosters needed so soon after the shot has been given?**  
The data suggests that it is OK to receive a booster from a different manufacturer than the original vaccination. Boosters are needed to maintain higher titers of antibodies in the blood to prevent severe disease should one become infected.
- 19) **If the Israeli and other data is so supportive of boosters, why haven't the FDA and CDC approved them for everyone? Many adults who received the Pfizer vaccine still do not fall within one of the allowable categories at the moment.**  
These approvals have many scientific and administrative hurdles and will most certainly come shortly.
- 20) **Are there reliable antibody tests? Should an antibody test be used as a measure to determine whether you still have protection from vaccination?**  
There are currently no WIDELY AVAILABLE antibody tests in the commercial space to determine who has protection from vaccination. These are currently only research tests.
- 21) **Do you know if there are studies or tests being further developed or studied to assess antibody levels through natural or vaccine?**  
Absolutely. Several of these studies are ongoing.

- 22) **At what point will there be enough "long term" safety data available that would suggest the highest level of safety assurances/information are known for adolescents under the age of 16 who receive the vaccine?**  
The body of evidence is building daily with regard to this population.
- 23) **How long before the vaccine wears off?**  
This varies widely between individuals. The existing science suggest that antibody titers begin to wane after approximately 6 months. Consequently, many patients may benefit from a booster 6 months after their index vaccination.
- 24) **Is there a benefit to natural immunity?**  
Absolutely yes! Natural immunity may protect as well or better than vaccination, however there is currently no good test to determine for certain who has natural immunity and who does not.
- 25) **Is there a test for sterilized immunity?**  
Currently, there is no widely available commercial test for measuring neutralizing antibody titers. This is currently only a research test.
- 26) **What is the current rate of breakthrough for the vaccinated population?**  
In Massachusetts, the rate of breakthrough infections remains at about 1%, with breakthrough deaths about 0.009%. Vaccination remains the very best approach to avoiding severe disease, hospitalization, and death from COVID-19.
- 27) **How can you relate COVID-19 to vaccinations like Polio, Measles, etc. with no true clinical trial and true testing?**  
There are absolutely many true clinical trials and true testing for all the COVID19 vaccinations. The research is extensive and quite exhaustive. Primary data can be found at <https://pubmed.ncbi.nlm.nih.gov/?term=covid-19+vaccine>.
- 28) **According to studies, children recover from the COVID-19 vaccine at 99.96% according to the CDC, without comorbidity. If my child will recover, why would I give them an experimental vaccine?**  
The vaccines are far from experimental. Please reference primary data at <https://pubmed.ncbi.nlm.nih.gov/?term=covid-19+vaccine>. The more important question is, are you willing to risk a 0.04% risk of death for a child who could have likely avoided the death with vaccination?
- 29) **What is the rate of severely hospitalized children 14-18 years of age? Are there therapies/protocols for them that we should make available and recommend for those students who the nurses identify as having COVID-19 symptoms.**  
Therapies for infected children with severe disease are highly specific and would be discussed with parents and children in consultation with inpatient pediatricians and critical care physicians at the time of hospitalization, should that ever become necessary.
- 30) **Why are even the most vaccinated areas experiencing COVID-19 spike increases globally?**  
Current spikes are generally caused by variants. Current vaccines continue to protect against severe disease, hospitalization, and death from variants.
- 31) **Why is that someone who receives the vaccination can continue to be a spreader and can trigger multiple spreads?**  
The COVID19 vaccines are not "perfect" vaccines, unlike Polio and MMR vaccines, which most parents are quite familiar with, in that they do not provide (generally speaking) sterilizing immunity. This means that vaccinated patients can still get and transmit the disease, but their chance of becoming severely ill with COVID 19 is drastically reduced.

- 32) **Why were there no strong vaccination statistics last year for children, except those that basically precluded them and stated they were the least ones at risk?**  
Last year schools were closed, so children had a significantly lower risk.
- 33) **What is the rate of recovery for children 5-11, and 12-18 to recover fully?**  
The rate of recovery is very high, exceeding 99% in both age groups.
- 34) **Why are there no true indicators of future COVID-19 complications? Is it due to lack of data and inconclusive clinical trials?**  
So-called “long-haul” COVID is a real and devastating condition resulting from long term complications from COVID19 infection. It is rare, but it can be mitigated by being vaccinated.
- 35) **Does the data show that we will have to treat COVID vaccination similarly to flu shots protocols? Will there be annual shots that will cover new strains appearing year to year?**  
So far, the need for yearly COVID vaccinations, similar to yearly viral influenza vaccination, appears to be unnecessary. Most variants seem to conserve the spike protein suggesting no need to re-engineer new vaccines every fall in anticipation of the winter flu season.
- 36) **Europe has stopped distributing the Moderna vaccine to males under 30 due to heart issues. How do you manage the risk on the other side? We have two parents in our household who got the vaccine and have had medical issues as a result of the vaccine. Why are we not talking about the risk for children?**  
All medications may have side effects, however we should never approach population health based upon non-scientific n=1 experiences. These concerns should be discussed in detail with your physician.
- 37) **Tell us about issues with the vaccine and blood clots.**  
This is a rare complication specifically associated with the J&J vaccine. On whole, the benefit of vaccination still outweighs the risk. If this is a specific concern for a specific patient, this should be discussed with your physician.
- 38) **Can we do antigen titers, and do they have value?**  
Antigen titers are likely of little practical value outside of vaccine trials and research.
- 39) **Please tell us about the heightened concerns of fetal substances being injected into the vaccines.**  
No vaccines contain fetal substances.