



COVID-19 VACCINE MYTHS

Family physicians want you to know what's true.

MYTH 1: You can delay routine vaccinations until the pandemic is over.

You shouldn't postpone your vaccinations. Routine childhood and adult vaccinations are an important part of maintaining your health because they prevent other illnesses. Talk with your family physician about what vaccinations you still need and how to safely catch up. They may have alternate times or locations to vaccinate healthy patients, decreasing exposure to those who might be sick with COVID-19.

MYTH 2: The COVID-19 vaccines were developed too fast to be safe.

The technology used to develop the new mRNA COVID-19 vaccines isn't new. It's been studied and used for cancer research, and the original research on messenger RNA (mRNA) vaccines is decades old. The other vaccine platform uses a weakened adenovirus, which has been studied extensively for other vaccines. Clinical trials for the COVID-19 vaccines were done with the same rigor applied to all vaccine trials, and the results were reviewed and approved by multiple independent advisory panels. Increased collaboration, use of new technology and more funding meant that vaccine developers could work quickly during this pandemic.

MYTH 3: There weren't enough clinical trial participants to declare the vaccines safe.

This is false. The authorized COVID-19 vaccines enrolled tens of thousands of participants. They were followed for two months after receiving the second dose, which is common with vaccine trials.

MYTH 4: I already had COVID-19, so I don't need the vaccine.

It's not clear how long a natural infection with COVID-19 provides immunity from the disease.

There are reports of individuals being reinfected with the virus, even after being very ill with COVID-19. The CDC recommends that a recovering COVID-19 patient get the COVID-19 vaccine 90 days after being infected.

MYTH 5: The vaccine will alter my DNA.

This isn't possible. mRNA vaccines work in the cell's cytoplasm and never enter the cell nucleus, where the DNA, your genetic material, lives. It's broken down quickly once it enters the cell and delivers the needed vaccine "message" to the cell's machinery. The virus spike protein is also rapidly broken down once there is no longer any mRNA. The adenovirus platform uses DNA encoding the spike protein which does enter the nucleus. However, it does not alter the cell's DNA in any way.

MYTH 6: COVID-19 vaccines will deliver a microchip into my body.

There is not a microchip in the vaccines. This false rumor started after comments about digital vaccine records. State electronic immunization records help patients and physicians track vaccines they have received. There are no electronic components in the vaccines. The mRNA, lipids (fat bubble), salts and other stabilizing agents are routinely used in other medicines.

MYTH 7: I won't need to wear a mask after I'm vaccinated.

The COVID-19 vaccines protect you from getting seriously ill. But it's not known if the vaccine will keep you from being infected and transmitting the virus to others. Wear your mask, wash your hands and maintain physical distance until more is known and more people have been vaccinated.

MYTH 8: I only need one dose of the vaccine to be protected against COVID-19.

There isn't enough data to support changing the COVID-19 vaccine dosing recommendations. While the COVID-19 vaccine developed with the adenovirus platform is given in one dose, you should get two doses of the mRNA vaccines to achieve the best level of immunity and protection.

MYTH 9: I should wait for the vaccine that is more effective.

All COVID-19 vaccines are safe and effective options. There is no preference. The goal is to get everyone vaccinated, so it's important to take the vaccine that is offered to you.