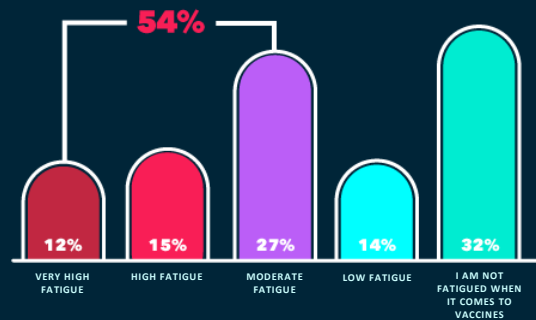




Just over half of Canadians have moderate to very high vaccine fatigue.

Data source: www.pharmacists.ca



According to an annual national vaccination survey conducted by the Canadian Pharmacists Association (CPhA) in August 2023, over half of Canadians have moderate to very high vaccine fatigue. The sample size for the survey was 1,650 adult Canadians and the data was weighted by age, gender, education and region. When it comes to the getting the updated XBB.1.5 containing COVID-19 vaccine for this fall, the main deterrents reported include vaccine fatigue and the belief that it is unnecessary. Vaccine fatigue and vaccine hesitancy has become a growing concern for public health officials due to waning of immunity against COVID-19, and evolution of new variants of SARS-CoV-2 that make repeated vaccination necessary. Addressed below are some of the concerns that people may have when thinking about getting the updated XBB.1.5 COVID-19 vaccine this fall:

CONCERN: I have “enough” COVID-19 shots already. Do I need to get another dose?

FACT ✓ Yes, you should. The virus is constantly evolving, and our immunity, whether from vaccines or prior infections, wanes and starts to decline over time. The updated vaccine can better target the current circulating variants and provide high level of protection against severe illness, hospitalization, and death. The vaccine dose can also reduce the risk of Long COVID and provide modest protection against infection. As new variants emerge, it is important to stay up to date with recommended COVID-19 vaccines to keep yourself and people around you safe.

CONCERN: Could I develop serious side effects from getting the mRNA COVID-19 vaccine?

FACT ✓ COVID-19 vaccines have undergone, and continue to undergo, vigorous monitoring for vaccine safety. The reactions that can happen after COVID-19 vaccine are typically mild to moderate, such as pain at the injection site, headaches, or fatigue. These side effects are acute and usually do not last longer than 24-48 hrs. To date, only two safety signals have been identified: thrombosis with thrombocytopenia syndrome (TTS) and myocarditis/pericarditis. The risk of developing myocarditis/pericarditis after vaccination is **rare**, with the highest risk in males between 12 and 17 years of age. However, the risk of myocarditis/pericarditis is much higher after a COVID-19 infection. The benefits of COVID-19 vaccines consistently outweigh the risk.

**CONCERN: Are all the ingredients in COVID-19 vaccines safe?**

FACT Yes. Nearly all the ingredients in COVID-19 vaccines are also ingredients in many foods items – fats, sugars, and salts. None of the COVID-19 vaccines contain any preservatives (such as thimerosal or mercury), latex, antibiotics, metals, tissues from aborted fetal cells, or food proteins such as eggs or egg products, gluten, or nut products. Also, the vaccines do not contain any gelatin or materials from any animal.

CONCERN: I am afraid of getting needles.

FACT Who isn't?

CONCERN: Can the mRNA in the COVID-19 vaccines alter DNA/genetic material?

FACT COVID-19 vaccines do not change or interact with your DNA in any way. Messenger RNA, or mRNA, is genetic material that tells your body how to make proteins. The mRNA in the vaccines contains the “recipe” for a harmless version of the spike protein found on the surface of SARS-CoV-2. The cells use the recipe to build the spike protein, which your immune system then uses to create antibodies and mount an immune response. The mRNA delivered through the vaccine stays in the cytoplasm of your cells and **never** enters the nucleus, which is where your DNA is located, so the vaccine cannot alter or change your DNA.

CONCERN: Is it safe to take the COVID-19 vaccines if I am pregnant?

FACT Yes. COVID-19 can cause severe illness during pregnancy and increases the risk of complications that can effect the pregnancy and developing baby. Evidence continues to grow showing that COVID-19 vaccination is completely safe and effective before and during pregnancy. The National Advisory Committee on Immunization (NACI) recommends everyone ages 6 months and older to get the updated COVID-19 vaccine. This includes people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.

CONCERN: Do I need to get the updated vaccine this fall even if I already had COVID-19?

FACT Yes, getting a COVID-19 vaccine can provide added protection even for people who already had COVID-19. Recent studies show that the acquired “hybrid immunity” is more superior to immunity generated from infection alone. As per NACI, the recommended interval to get the update vaccine is 6 months from previous vaccine dose or prior SARS-CoV-2 infection.



CONTINUED. A shorter interval of 3 months to < 6 months can be used following previous vaccination or infection to support implementation of the fall immunization program. A shorter interval can also be used if the health care provider deems it beneficial for a resident.

CONCERN: Was the development of the mRNA COVID-19 vaccines rushed?

FACT ✓ The mRNA vaccine technology has been in development for decades even before the COVID-19 pandemic began. The developers **did not** skip any testing steps but conducted some of the steps on an overlapping schedule to gather data faster. Abundance of resources were also provided by governments around the world for research and paid for vaccines in advance. Plus, because COVID-19 is so contagious and widespread, it did not take long to verify the safety and effectiveness of the vaccines in study volunteers during clinical trials. Faster development of mRNA vaccines was also possible because instead of assembling and purifying viral proteins in a lab to make vaccine doses, mRNA vaccines took a much faster route and simply used the genetic instructions to include in the vaccine, and let our cells do the rest.

CONCERN: Bill Gates has put microchips in the COVID-19 vaccines to track our movements.

FACT ✓ He hasn't. He already has our phones for that.

CONCERN: What about all the “adverse events” that have been reported after getting COVID-19 vaccines?

FACT ✓ An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which **may or may not** be caused by the vaccine. It is an early warning system that rigorously and publicly monitors and analyzes safety of vaccines. In Canada, an individual can submit a report via their health care provider or local public health unit. Where as, in the United States, anyone can directly submit a report to the CDC using the Vaccine Adverse Event Reporting System or VAERS. An AEFI report does not necessarily mean that the adverse event *was caused* by the vaccine but that it simply happened after getting the vaccine. To point out this crucial caveat, a medical doctor from the US once *successfully* submitted a VAERS report that after getting a flu shot, he developed symptoms of The Hulk. Any half-decent Marvel fan would know that you need gamma radiation for that.



2023-24 SEASON

Weekly Respiratory Virus Update



Week 42: October 15 to October 21, 2023

[CLICK HERE](#)

Week in Review:

| Virus Activity Indicator | Influenza Assessment* | COVID-19 Assessment* | Interpretation |
|--|-----------------------|----------------------|--|
| <u>Weekly Reported Cases</u> | Similar | Similar | For week 42: <ul style="list-style-type: none"> Influenza: 0; COVID-19: 105 For the previous week (week 41): <ul style="list-style-type: none"> Influenza 0; COVID-19: 95 |
| <u>Percent Positive Specimens</u> | Similar† | Similar | Simcoe Muskoka: <ul style="list-style-type: none"> Flu A† (0.0%); Flu B† (0.0%), COVID-19: (17.7%) Ontario: <ul style="list-style-type: none"> Flu A† (0.8%); Flu B† (0.0%), COVID-19: (16.7%) |
| <u>Local Institutional Outbreaks</u> | Similar | Similar | Institutional outbreaks declared in week 42: <ul style="list-style-type: none"> Influenza: 0 (season to date: 1) COVID-19: 4 (season to date: 33) RSV: 0 (season to date: 1) |
| Week 42 Assessment October 15 to October 21, 2023 | Similar | Similar | Influenza Activity Level: No activity 0 flu A and 0 flu B cases reported this week COVID-19 Community Risk†: Moderate COVID-19 case counts are similar this week |
| Predominant[^] Circulating Respiratory Viruses: COVID-19, Enterovirus/rhinovirus | | | |
| <u>Local Emergency Department Respiratory Visits</u> | Similar | | Percentage of visits is similar compared to previous week and lower compared to same week in 2022-23 |

Notes: Reported influenza activity level is based on activity levels as per [Influenza activity reporting in the Ontario Surveillance Package](#). COVID-19 Risk level is based on the risk level from the [Simcoe Muskoka Community Risk Level](#). Additional definitions are available [here](#). NA = Not Available
 * Compared to previous [surveillance week](#). Assessment of percent positivity for influenza and COVID-19 is based on provincial numbers due to small numbers.
 † Reported for week 41
[^] Predominant is defined as any virus where provincial percent positivity is >10% as reported through [PHO's Ontario Respiratory Virus Tool - Summary - Overall Respiratory virus activity](#)

The **Weekly Respiratory Virus Update** is published by the Simcoe Muskoka District Health Unit (SMDHU) every Wednesday, and provides data for the previous week of local respiratory virus reporting, from Sunday to Saturday (inclusive). If you would like to receive the weekly update directly to your inbox, you can submit a request to be added to SMDHU's weekly distribution list by using the following [link](#).

To receive SMDHU's **Public Health Alert** emails, community partners and health professionals can use the following link to [register](#).



THOUGHTS ON THIS MONTH'S NEWSLETTER?



Love it



Good



Meh