

COVID-19 VACCINES

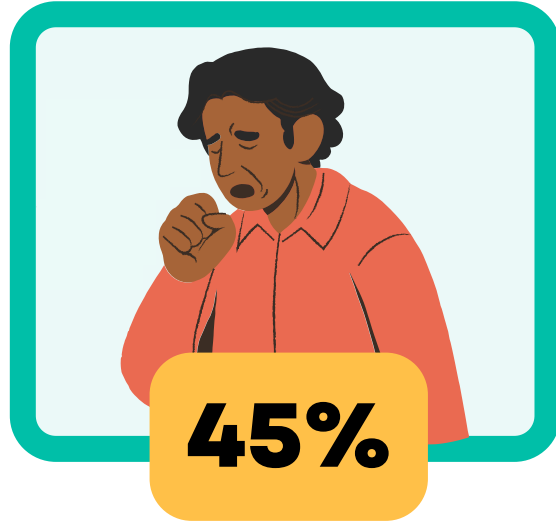


Frequently Asked Questions To Help Protect Your Patients and Communities

HOW WELL DO THE NEW COVID-19 VACCINES WORK?



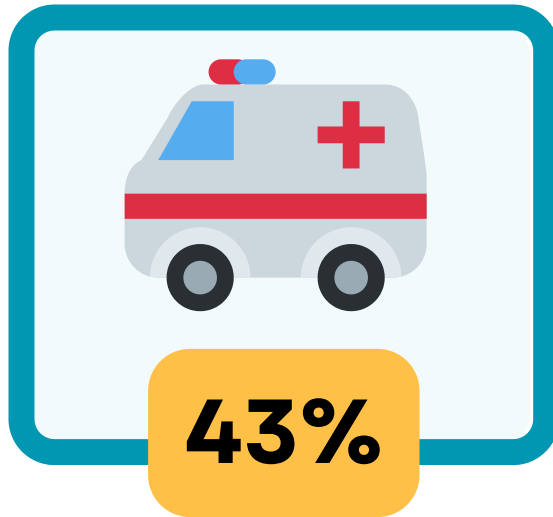
Protection against symptomatic disease in adults aged ≥ 18 years



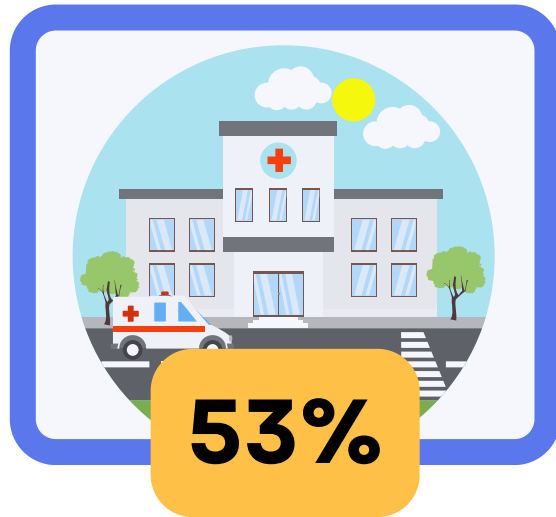
Protection against symptomatic disease in adults aged ≥ 50 years



Protection against ED visits and hospitalization in children aged < 5 years



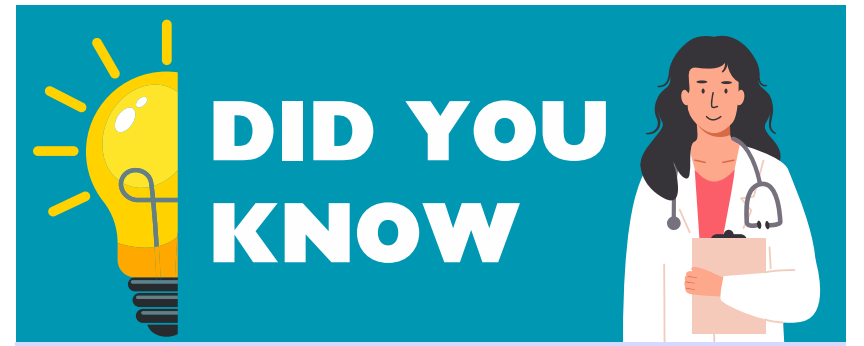
Protection against hospitalization in adults aged 18-64 years



Protection against hospitalization in adults aged ≥ 65 years



Protection against critical illness in adults aged ≥ 18 years



For Patients Who Reported Concerns Over Vaccine Effectiveness as a Potential Reason Not to Receive an Updated COVID-19 Vaccine:

2 IN 3 
Do Not Believe It Is Effective Against New Variants

HALF 
Do Not Believe It Will Prevent Severe Disease

4 IN 5 
Express They Do Not Believe It Will Prevent Them From Getting Sick

Where Do These Data Come From?

The data above are adapted from the U.S. CDC ICATT and VISION networks. Protection against symptomatic disease and hospitalization is based on updated 2023-2024 COVID-19 vaccines. Data for critical illness is based on the 2022-2023 COVID-19 vaccines as updated data for this endpoint with new vaccines has yet to be released.

These data are representative of the [additional benefit of vaccination](#) among communities with widespread immunity from natural infection, demonstrating that vaccination against COVID-19 remains an essential tool in protecting our patients against **symptomatic infection, hospitalization, and critical illness** even in those with **prior COVID-19 disease**.

What About Additional Pediatric Effectiveness Data?

Receipt of at least one 2022-2023 dose demonstrated 61% effectiveness at preventing emergency department and urgent care encounters for patients aged **6 months - 5 years** and 63% effectiveness for patients aged **5 - 17 years** within 2 months of vaccination.

2022-2023 COVID-19 vaccines demonstrated 54% effectiveness in preventing symptomatic infection at 4-5 months since vaccination in children aged **5 - 11 years** and 56% effectiveness preventing symptomatic infection in children aged **12-17 years** 2-3 months since vaccination.

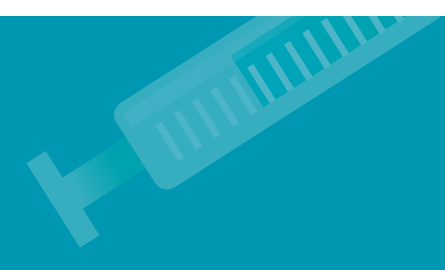
COVID-19 Vaccines Can Be Given With Other Vaccines

In line with the Advisory Committee on Immunization Practices (ACIP) recommendations, COVID-19 vaccines can be given in the same visit as influenza vaccines and RSV vaccines for qualifying patients.

Reactogenicity of coadministered COVID-19 vaccines and influenza vaccines has been studied by Hause et al using V-Safe, the U.S. CDC smartphone-based safety surveillance system. Patients who received simultaneous influenza and a COVID-19 mRNA vaccine were compared to those who received the same brand of COVID-19 mRNA vaccine alone. Reported side effects were nearly identical between groups including myalgias (33-40%), fever (17-25%), chills (16-25%), and arthralgias (17-25%).



COVID-19 vaccines can be safely administered in the same visit as influenza vaccines without more side effects than COVID-19 vaccine alone

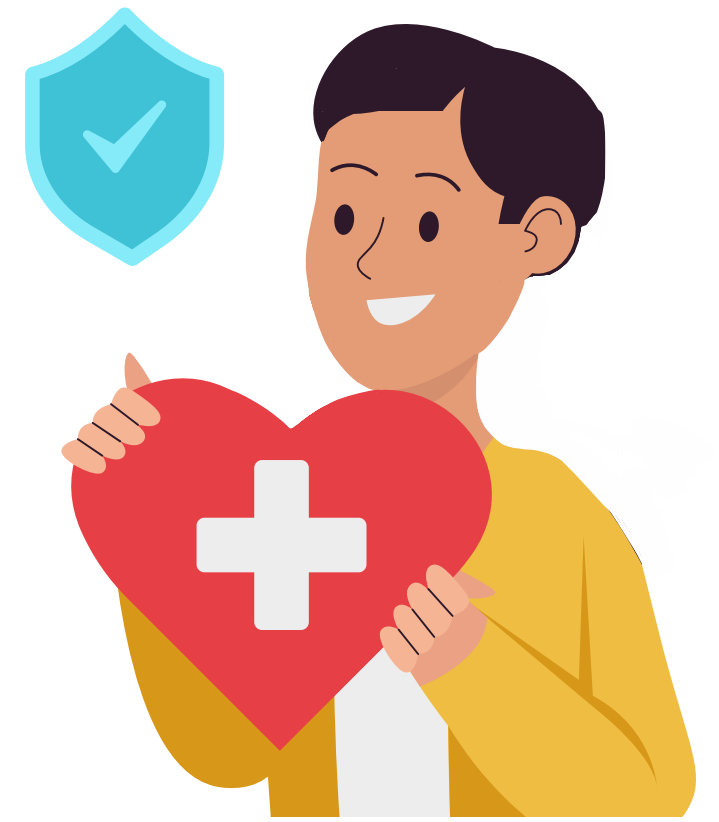


Vaccination Protects Against COVID-19-Related Myocarditis

RISK OF MYOCARDITIS WAS

7-8x

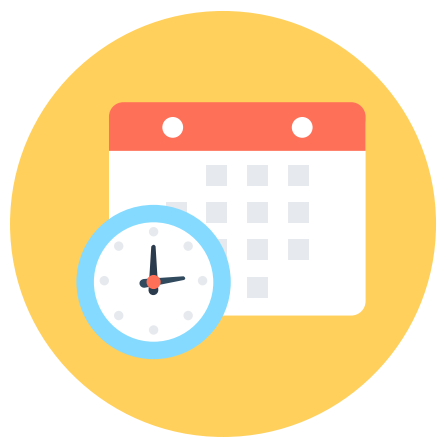
HIGHER WITH COVID-19 INFECTION THAN VACCINATION IN MEN AGED 18-29



Pantone et al (*Circulation*, 2022) found that the risk of myocarditis was **5x higher** in nonvaccinated patients with SARS-CoV-2 infection compared to vaccinated patients with SARS-CoV-2 infection (respective risk ratios 11.14 vs. 5.97).

In this study the risk of myocarditis after a third dose of mRNA COVID-19 vaccine was **1.72 times higher** than in patients who did not receive a third dose (95% CI, 1.33-2.22), but was **substantially lower** than risk of myocarditis with SARS-CoV-2 infection.

Block et al (*MMWR*, 2022) found that teen boys aged 12-17 years had **2-6x higher risk** of myocarditis with COVID-19 infection than with vaccination. In this same study, men aged 18-29 years had **7-8x higher risk** with COVID-19 infection than with vaccination.



COVID-19 VACCINES CAN BE GIVEN AT ANY TIME OF YEAR

There is no defined season for when to administer a COVID-19 vaccine; however, providers should take into account required timing between doses and waning immunity over time to ensure their highest-risk patients have optimal protection during times of highest SARS-CoV-2 activity in the community.

Trends in United States COVID-19 Hospitalizations, Deaths, Emergency Department Visits, and Test Positivity by Geographic Area by the U.S. CDC can be **found here**.

WHERE DO I FIND THE MOST UPDATED INFO FOR COVID-19 VACCINES?

COVID-19 VACCINES FOR PEOPLE WHO ARE NOT MODERATELY OR SEVERELY IMMUNOCOMPROMISED

U.S. CDC graphic summary of current COVID-19 vaccine recommendations for all age groups in patients who are immunocompetent.



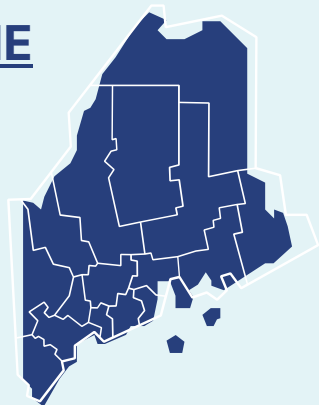
COVID-19 VACCINES FOR PEOPLE WHO ARE MODERATELY OR SEVERELY IMMUNOCOMPROMISED

U.S. CDC graphic summary of current COVID-19 vaccine recommendations for all age groups in patients with significant immunocompromise.



MAINE CDC COVID-19 VACCINATION IN MAINE

Current vaccination rates by county and other resources developed by Maine CDC



U.S. CDC MYTHS & FACTS ABOUT COVID-19 VACCINATION

Frequently asked questions by patients and answers by U.S. CDC



Vaccination Protects Against COVID-19-Related Guillain-Barre Syndrome



Bishara et al (*Neurology*, 2023) found that the odds of Guillain-Barré syndrome (GBS) was **6.3x higher** (95% CI 2.55-15.56) within 6 weeks of COVID-19 infection than in uninfected controls. The odds of GBS within 6 weeks of COVID-19 vaccination in this study was **0.41 (95% CI 0.17-0.96)** compared to unvaccinated controls.

Similarly, Le Vu et al (*Neurology*, 2023) found **no increased risk** of GBS after three doses of mRNA COVID-19 vaccines. In this study, patients with a positive SARS-CoV-2 test were **3.8x more likely** to experience GBS (95% CI 2.8-5.1) compared to uninfected controls.

