<table>
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<th>Main Myth</th>
<th>Factual Information</th>
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<td>“We’ve gone past the 200 millionth person to have gotten Covid vaccination just in the United States alone,” he said. “So we now have extensive safety experience with these vaccines.” John Grabenstein, director of scientific communications for the Immunization Action Coalition, a vaccine education group, and a former executive director of medical affairs for vaccines at Merck.</td>
<td>What medical conditions exempt a person from receiving a Covid vaccine?</td>
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<td>To date, CDC has not detected any unusual or unexpected patterns for deaths following immunization that would indicate that COVID vaccines are causing or contributing to deaths, outside of the 3 confirmed deaths following the Janssen vaccine,” Martha Sharan, CDC Vaccine Task Force. In April the CDC and U.S. Food and Drug Administration halted the rollout of the Johnson &amp; Johnson Janssen vaccine after a rare blood-clotting issue linked to the vaccine led to three deaths. The FDA lifted that pause less than two weeks later when the agencies determined the vaccine’s benefits outweighed its risks. “Statements that imply that deaths following vaccination equate to deaths caused by vaccination are scientifically inaccurate, misleading, and simply irresponsible,” Sharan said. “Vaccines are one of the tools that are going to help the US get back to normal life.”</td>
<td>Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson &amp; Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021</td>
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<td>Myth: The COVID-19 vaccine has severe side effects such as allergic reactions.</td>
<td>The number of people who have had anaphylactic reactions to Covid vaccines is very small, about 2 to 5 cases per million doses, said Dr. Niraj Patel of Atlanta, chair of the American College of Allergy, Asthma and Immunology’s Covid-19 Vaccine Task Force. “Putting this into perspective, you’re as likely to get struck by lightning as you are to have an allergic reaction to a Covid vaccine,” he said. Reports of serious side effects are exceedingly rare. According to the Centers for Disease Control and Prevention, more than 363 million doses of COVID-19 vaccines were administered in the U.S. from December 14, 2020 through August 23, 2021. During this time, the Vaccine Adverse Event Reporting System (VAERS) received 6,968 reports of death (0.0019%) among people who received a COVID-19 vaccine. FDA requires health care providers to report any death after COVID-19 vaccination to VAERS, even if it’s unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.</td>
<td>Selected Adverse Events Reported after COVID-19 Vaccination</td>
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<td>Myth: The COVID-19 vaccine is unsafe because it was developed so quickly.</td>
<td>Many pharmaceutical companies invested significant resources into quickly developing a vaccine for COVID-19 because of the world-wide impact of the pandemic. The emergency situation warranted an emergency response but that does not mean that companies bypassed safety protocols or didn’t perform adequate testing. According to Gregory Poland, M.D., an infectious diseases expert and head of Mayo Clinic’s Vaccine Research Group, the vaccines are saving lives, preserving health and preventing more infections. “This is a spectacular human accomplishment. Think of this from 18 months ago or so when this was identified to having hundreds of millions, billions when you look worldwide that have received a vaccine and the speed at which the science has been able to move. Amazing.” The vaccines are proven safe and effective. Although they were developed in record time, they have gone through the same rigorous Food and Drug Administration process as other vaccines, meeting all safety standards. No steps were skipped. Instead, we can thank the unprecedented worldwide collaboration and investment for the shorter timeframe on the development of the vaccines. The clinical trials and safety reviews actually took about the same amount of time as other vaccines.</td>
<td>The COVID-19 Vaccine: Myths vs. Facts</td>
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"Imagine the day you can stop wearing a mask, or when you can gather indoors at your favorite restaurant again with friends and family for a celebratory meal. That day is coming ... but only if we do what needs to be done today to keep ourselves, our families, our communities, and our country healthy and safe.

"The groundbreaking cooperation between leading medical experts here in America and pharmaceutical companies globally has made a return to normal possible thanks to the COVID-19 vaccine. The speed of development was due to the sharing of research on a scale never attempted before – and every study, and every phase of every trial, was carefully reviewed and approved by a safety board and the FDA. The process was transparent and rigorous throughout, with continual oversight and expert approval. Data will continue to be collected two years after each vaccine is first administered to ensure that the long-term effects are safe.

"As we distribute the vaccine, frontline workers and those most at-risk from the virus will get the vaccination first.

"If you’re skeptical or concerned about side effects, we hear you. The likelihood of a severe side effect is less than 0.5%. When mild side effects occur, they are a normal sign your body is building protection to the virus, and most go away in a few days.

"Getting vaccinated will help keep you, your family, and your community healthy and safe. At 95% efficacy, the vaccine is extraordinarily effective at protecting you from the virus. By getting vaccinated, you can end the damage to the economy, prevent more illnesses and deaths in America, and eliminate and eradicate COVID-19."

FACT: "Vaccine developers didn’t skip any testing steps, but conducted some of the steps on an overlapping schedule to gather data faster.”—Johns Hopkins Medicine

The FDA has regulatory processes in place to facilitate the development of COVID-19 vaccines that meet the FDA’s rigorous scientific standards.

Myth: The COVID-19 vaccines were not rigorously tested, which is why they have only emergency authorization approval and not full Food and Drug Administration approval. (Update: Pfizer’s vaccine received full FDA approval on August 19)

FACT: “Vaccine developers didn’t skip any testing steps, but conducted some of the steps on an overlapping schedule to gather data faster.”—Johns Hopkins Medicine

The first COVID-19 vaccines to reach the market were messenger RNA (mRNA) vaccines. According to the CDC, mRNA vaccines work by instructing cells in the body how to make a protein that triggers an immune response. Injecting mRNA into your body will not interact or do anything to the DNA of your cells. Human cells break down and get rid of the mRNA soon after they have finished using the instructions.

Myth: The COVID-19 vaccine will alter my DNA.

There is no vaccine microchip, and the vaccine will not track people or gather personal information into a database.

This myth started after comments made by Bill Gates from The Gates Foundation about a digital certificate of vaccine records. The technology he was referencing is not a microchip, has not been implemented in any manner and is not tied to the development, testing or distribution of COVID-19 vaccines.

Myth: The COVID-19 vaccine includes a tracking device.

A video shared thousands of times on Facebook makes false claims about the products of syringe maker Apiject Systems of America, which has a contract with the government to provide medical-grade injection devices for vaccines. The company has an optional version of its product that contains a microchip within the syringe label that helps providers confirm a vaccine dose’s origin. The chip itself is not injected into the person getting the vaccine.

Myth: The COVID-19 vaccine causes infertility in women.

It’s recommended that you get a COVID-19 vaccine if you are trying to get pregnant or might become pregnant in the future. There is currently no evidence that any COVID-19 vaccines cause fertility problems.

A small number of women have reported experiencing temporary menstrual changes after getting a COVID-19 vaccine. A small study has also shown that some women experienced temporary menstrual changes after getting COVID-19. It’s not clear if getting COVID-19 or a COVID-19 vaccine causes these changes. Further research is needed.

Keep in mind that many things can affect menstrual cycles, including infections, stress, sleep problems and changes in diet or exercise.
**MU Health Care family medicine doctor Laura Morris, MD, has heard it so many times, she doesn't even wait for her patients to bring it up.**

"I proactively address this rumor with my patients of reproductive age who have not been vaccinated," said Morris, who treats pregnant women and delivers babies as part of her practice. "There is no plausible reason — no medical or scientific mechanism — for this vaccine to interact with a woman's reproductive organs or have any interaction with an egg that's been released or fertilized."

Albert Hsu, MD, a reproductive endocrinologist at MU Health Care, said he frequently hears COVID-19 vaccine concerns from patients who are trying to conceive.

"While studies are ongoing, there is no data that the COVID-19 vaccines may cause infertility and no credible scientific theories for how the COVID-19 vaccine may cause female infertility," Hsu said. "Statements linking COVID-19 vaccines to female infertility are currently speculative at best."

The myth is based on an assumption that the vaccine could cause the body to attack syncytin-1, a protein in the placenta that shares a small piece of genetic code with the spike protein of the coronavirus.

"A good analogy I've heard is that for your immune system to get mixed up and attack the placental protein would be like you mistaking an elephant for an alley cat because they're both gray," Morris said. "There is one small similarity, but the overall construction of the protein is so completely different, your immune system is way too smart to be confused by that."

Similarly, Hsu recommends the COVID vaccine for men concerned about their fertility because of the possible effects that COVID-19 disease could have on their reproductive system. To address this issue, he recently published a peer-reviewed journal article that discussed the potential negative impact of the COVID-19 disease on testicular function, sperm production and male fertility. Some studies have shown that the SARS-CoV-2 virus has been found in the sperm of men with COVID-19 infection, the SARS-CoV-2 virus may impact male hormones necessary for normal sperm production, and there are numerous reports of men with testicular or scrotal pain after getting the COVID-19 disease.

"Men who are worried about their fertility should probably get the COVID-19 vaccine," Hsu said, "as there are some concerns about the potential effect of COVID-19 disease on male fertility."

The Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM) agree that people who are pregnant, breastfeeding/lactating, or thinking about becoming pregnant should be vaccinated against COVID-19. CDC recommends urgent action to initiate primary COVID-19 vaccination to protect pregnant people and their fetuses/infants. Pregnant people are more likely to experience severe illness from COVID-19 than non-pregnant people and more likely to experience preterm birth and other poor pregnancy outcomes than pregnant people without COVID-19. Over 100 pregnant people have been hospitalized for COVID-19 in Nebraska (Nebraska Department of Health and Human Services Syndromic Surveillance, preliminary 2020-2021 data). COVID-19 vaccines reduce the risk of people getting sick or severely ill with COVID-19 and are recommended to be given at any time during pregnancy.

"If you have already had COVID-19, there’s evidence that you can still benefit from the vaccine. At this time, experts don’t know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long."

Persons with natural immunity are less likely to suffer reinfection if they are vaccinated.

**Myth: I’ve already been diagnosed with COVID-19, so I don’t need to receive the vaccine.**

Natural immunity from having the virus varies from person to person. People who’ve gotten sick with COVID-19 and recovered can still benefit from the vaccine.

"I proactively address this rumor with my patients of reproductive age who have not been vaccinated," said Morris, who treats pregnant women and delivers babies as part of her practice. "There is no plausible reason — no medical or scientific mechanism — for this vaccine to interact with a woman's reproductive organs or have any interaction with an egg that's been released or fertilized."

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Persons with natural immunity are less likely to suffer reinfection if they are vaccinated.

**Myth: It is better to let the disease run its course through the population and develop natural immunity.**

Natural immunity has not been sufficient to contain waves of COVID-19 (in Iran or Brazil for example) and the discussion of disease-induced immunity vs vaccine-induced immunity ignores the death and destruction that comes with the disease - complications, cost, hospitalization, death, etc.

"I proactively address this rumor with my patients of reproductive age who have not been vaccinated," said Morris, who treats pregnant women and delivers babies as part of her practice. "There is no plausible reason — no medical or scientific mechanism — for this vaccine to interact with a woman's reproductive organs or have any interaction with an egg that's been released or fertilized."

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Persons with natural immunity are less likely to suffer reinfection if they are vaccinated.
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<td>Myth: Once I receive the vaccine, I will test positive for COVID-19.</td>
<td>None of the authorized and recommended COVID-19 vaccines cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response to vaccination, which is the goal, you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus.</td>
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<td>Myth: I’m not at risk for severe complications of COVID-19 so I don’t need the vaccine.</td>
<td>There’s no way of knowing how COVID-19 will affect you. The COVID-19 vaccine is a safe way to build immune protection for yourself and keep those around you safer. Regardless of your risk, you can still contract the infection and spread it to others, so it’s important you get vaccinated. Once the vaccine is widely available, it’s recommended that as many eligible adults as possible get the vaccine. It’s not only to protect you but your family and community as well.</td>
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<td>Myth: If I receive the COVID-19 vaccine, I am at a greater risk to become sick from another infection.</td>
<td>There is no evidence to suggest that getting the vaccine heightens your risk to become sick from another infection such as the flu.</td>
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<td>Myth: Certain blood types have less severe COVID-19 infections, so getting a vaccine isn’t necessary.</td>
<td>Research has shown there is no reason to believe being a certain blood type will lead to increased severity of COVID-19. By choosing to get vaccinated, you are protecting not only yourself and your family but your community as well.</td>
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<td>MYTH: Children do not need to be vaccinated because they do not become sick from COVID-19.</td>
<td>While all children can get the virus that causes COVID-19, most have mild symptoms or no symptoms. However, there has been an increased number of cases amongst children because of the delta variant. Recently, the American Academy of Pediatrics has reported a significant increase in COVID-19 cases amongst people under 18 years of age. The delta variant is nearly twice as contagious as earlier variants and might cause more severe illness. While not as likely as adults, children can become severely ill with COVID-19. They might need to be hospitalized, treated in the intensive care unit or placed on a ventilator to help them breathe, according to the Centers for Disease Control and Prevention (CDC). In addition, children with underlying conditions, such as obesity, diabetes and asthma, might be at higher risk of serious illness with COVID-19. Children who have congenital heart disease, genetic conditions or conditions affecting the nervous system or metabolism also might be at higher risk of serious illness with COVID-19. The delta variant is hospitalizing more children than previous waves of COVID-19. “Unfortunately, we are seeing an increase of pediatric COVID-19 cases in our community and our state,” says pediatric infectious diseases expert Kari Simonsen, MD. “There’s an upward trend of children in the hospital with COVID-19.” In the first half of November 2021 there was an average of 2 to 5 children hospitalized for COVID-19 per day across the state of Nebraska.</td>
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<td>MYTH: The COVID-19 vaccines are not effective because thousands of people who’ve been vaccinated have still tested positive for the virus.</td>
<td>A very small percentage of fully vaccinated people will still get COVID-19 if they are exposed to the COVID-19 virus. These are called vaccine breakthrough cases. Some people might not experience any symptoms and some people could become sick due to COVID-19. However, vaccination might make illness less severe. If you are fully vaccinated, the overall risk of hospitalization and death due to COVID-19 is much lower than among unvaccinated people with similar risk factors. The need for emergency care/hospitalization due to breakthrough COVID-19 is an exceedingly rare event in fully vaccinated patients. As vaccination has increased regionally, EC visits amongst fully vaccinated individuals have remained low and occur much less frequently than unvaccinated individuals. If hospital-based treatment is required, elderly patients with significant comorbidities are at high-risk for severe outcomes regardless of vaccination status.</td>
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<td>Myth: I shouldn’t get the vaccine because of ethical or religious concerns about stem cells in the vaccines.</td>
<td>Neither the Pfizer/BioNTech COVID-19 vaccine nor the Moderna COVID-19 vaccines contain fetal cells nor were fetal cells used in production of either vaccine. While the Janssen/Johnson &amp; Johnson COVID-19 vaccine may have its production based on an adenovirus and historical immortalized embryonic cell origin, the vaccine does not contain embryonic cells. In addition, the Vatican has stated to get a vaccine dose irrespective of vaccine origin.</td>
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Myth: The COVID-19 vaccines don’t work on the variants, so I don’t have to bother getting one.  
While research suggests that COVID-19 vaccines are slightly less effective against the variants, the vaccines still appear to provide protection against severe COVID-19.

Early research from the U.K. suggests that, after full vaccination, the Pfizer-BioNTech COVID-19 vaccine is 88% effective at preventing symptomatic COVID-19 virus. The vaccine is also 96% effective at preventing severe disease with the COVID-19 virus caused by the delta variant.

Early research from Canada suggests that, after one dose, the Moderna COVID-19 vaccine is 72% effective at preventing symptomatic COVID-19 virus caused by the delta variant. One dose of the vaccine is also 96% effective at preventing severe disease with the COVID-19 virus caused by the delta variant.

The Janssen/Johnson & Johnson COVID-19 vaccine is 85% effective at preventing severe disease with the COVID-19 virus caused by the delta variant, according to data released by Johnson & Johnson.

COVID-19 vaccine myths debunked - Mayo Clinic Health System

"If you wear a mask and social distance in public, you don't need to get the COVID-19 vaccine.”

To stop this pandemic, we need to use all of the tools available to fight this virus. The COVID-19 vaccine is one of those tools.

VITT from J&J vaccine - Vaccine Induced Thrombosis with Thrombocytopenia

Incidence is extremely low. Risk of death and serious outcomes of COVID-19, including thrombosis, far outweigh risk of TTS possibly associated with highly efficacious vaccines. - American Society of Hematology

Thrombosis with Thrombocytopenia Syndrome - Hematology.org

MYTH: 70% of deaths from COVID in the UK were vaccinated?

The study only includes deaths since the spread of the Delta variant. Doesn’t include the majority of UK deaths during 2020. More vaccinated people are dying of the delta variant of covid than unvaccinated people, according to a recent report from Public Health England. The report shows that 489 of 742 people (65.9%) who died of the delta variant within 28 days of a positive covid test between 1 February 2021 and 2 August 2021, had received at least one dose of the vaccine. 54.1% (402 of 742) had received both doses. This seems like an alarming set of statistics, but with an imperfect vaccine and high vaccination coverage, it is exactly what we would expect.

Here’s a simple thought experiment: imagine everyone is now fully protected with covid vaccines—which are excellent, but not 100% effective at preventing death. Some people who get infected with covid will still die, although far fewer than without vaccinations. With complete vaccination coverage all of these people will be fully vaccinated—100%. That doesn’t mean vaccines aren’t effective at reducing death—the overall number of people dying from covid will have been reduced dramatically. - Kit Yates, Senior Lecturer, University of Bath, UK.

Significant proportions of people admitted to hospital, or dying from covid-19 in England are vaccinated—this doesn’t mean the vaccines don’t work - The BMJ

80%+ of UK residents over 50 are vaccinated.

Gov.uk dashboard

Additional Resources - when researching the vaccine, look for evidence-based scholarly peer-reviewed sources.

National Institutes of Health
New England Journal of Medicine
CDC Morbidity and Mortality Weekly Reports
Nebraska Medicine
University of Nebraska Medical Center
American Academy of Pediatrics
Johns Hopkins University

Home | NIH COVID-19 Research
Coronavirus (Covid-19) — NEJM
COVID-19 Vaccine Effectiveness and Safety | MMWR (cdc.gov)
Coronavirus (COVID-19) | Nebraska Medicine Omaha, NE
Coronavirus (COVID-19) Resources | University of Nebraska Medical Center (unmc.edu)
Critical Updates on COVID-19 (aap.org)
Home - Johns Hopkins Coronavirus Resource Center (jhu.edu)