

**Davis Square Family Practice  
COVID Newsletter #14  
February 4, 2021**



**Covid-19 Vaccine Has Arrived !!**

**We have received enough Moderna vaccine from our friends at Somerville FP to immunize all of our patients who are 75 and older.** We will accomplish this efficiently and safely by administering the vaccine in 'drive-by' fashion in the private parking lot across from the Post Office on Day St. this Saturday. We have contacted all of our 75+ patients by phone and they have been given appointment slots.

**THE FUTURE** - Due to the filters in our EMR (electronic medical record) we have already compiled a list of those of us who will be in the next Priority 2 subgroup - those over 65 years of age or if you have 2 risk factors that increase your risk for complications. We will have an embedded scheduling program installed within the next 2 weeks and it should be ready when we reach the next tier of prioritization. **So you do not need to call the office in order to get you vaccination in a timely manner.**

**Vaccination if you already had Covid** - Yes. In an [article](#) recently published it appears that those who got only 1 dose of vaccine had higher levels of

antibodies than those who had received 2 doses but had not had prior Covid-19 infection. Both currently available vaccines were used in the trial. It does also appear that those who had prior Covid 19 infection are at higher risk to have chills, myalgias and headache from the first dose of the vaccine. No serious illness resulted from the vaccine.

**When available to your priority group should you get the vaccination- Yes!!** Anish Jha, the head of Brown School of Public Health, has compiled a simple table of **80,000 patients**. They were in clinical trials for the 5 major vaccines being brought to the market in the US. **Not a single hospitalization from Covid-19 occurred. And not a single death from any cause.**

Compared to the number of people that died in Massachusetts from Covid-19 and you would have expected 170 deaths in that group.

(please see the article below for much more detail and thoughts on vaccination)



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### 2.The Moderna and Pfizer Covid Vaccine

#### Is the vaccine safe?

**Yes, the messenger RNA (mRNA) vaccine is safe**, and I and all my office staff have gotten our first dose. (I will comment on the other types of vaccines as they become available.) There are two components to this answer. Short-term and long-term safety. The vaccine has not been tested on children or pregnant women and will not be made available to those under 16 years of age at this point. Children, as a group, fortunately are at lowest risk for contracting COVID-19 and having complications. Here is a link to a detailed **[NY Times article on how the mRNA vaccines work](#)**. Currently only the Pfizer mRNA vaccine has been approved, but the Moderna version is expected to clear all hurdles by the coming weekend

#### Short-term side effects

Short-term side effects have been confined to having a fever and myalgias that usually last no more than 24 hours. The second dose of both the Pfizer and the Moderna vaccines tend to have a higher likelihood for this type of reaction and such a reaction would be a sign that you are getting a good immune response. It is definitely recommended that you get the vaccine even if you have had Covid-19 previously. There ARE anecdotal reports of a higher rate of temporary flu-like symptoms in those with a prior history of Covid-19. Another, much less common reaction can occur within the first 15 minutes of having received the injection and can result in hives, shortness of breath and can be a true medical emergency. ALL vaccinations, including the flu vaccine can cause such a reaction. Here is a January 21 [article on anaphylactic reactions](#) from JAMA. These reactions which have occurred at a rate of 1/100,000 (80% had a prior history of allergic reactions to medication) have resulted in no loss of life and full recovery. All facilities who will be administering this vaccine, including Davis Square Family Practice, will have benadryl and epinephrine available and that is the immediate treatment for such.

### **Long-term side effects**

This is a complex issue, in part because there have never been mRNA vaccines on the market before. The mRNA particles in the vaccine are wrapped in a microscopic amount of oil that allows it to get inside the cell. Once inside the cell it will instruct the cell to create a piece of the spike protein that is on the outside of the COVID-19 virus. Then the cell's immune system is stimulated to recognize that the spike protein is foreign and thus makes antibodies to attack the COVID-19 virus when it should enter our body for the first time. **The mRNA in the vaccine is totally broken down by the body within a few days of entry. It does not combine with or change the DNA of our cells whatsoever.**

So all of the potential negative side effects should occur early on. The concern that researchers were looking out for is that some vaccines can trigger the production of antibodies that do not kill the virus but cause inflammation in other parts of the body. This has not happened with the mRNA vaccines. In theory, I suppose, this could happen when we test larger groups of people. However, counterintuitively, the short-term and long-term (and potentially unknown long-term) consequences of SARS COVID-19 are so great that it makes the small risk of vaccine side effects of much less concern to me. I have gone out of my way to avoid alarming people about what it means long-term to have had COVID-19, but we really do not know the long term consequences of the illness.

**It would be a significant miscalculation for people to avoid protecting themselves and the community by avoiding the**

**vaccination. The immunization is not 'the devil we don't know' but rather COVID-19 is the 'devil we know AND the devil we don't know'. It took a number of years for doctors to determine that the influenza pandemic of 1918 led to a 2-3 times risk for developing Parkinson's disease later on in life. It is this kind of potential effect and the long term potential effect of COVID-19 infection on our lungs, heart, and kidneys that we should keep in mind when deciding whether to roll up our sleeves. And if you have friends, relatives or acquaintances who are hesitating to get the vaccine please consider it good citizenship to encourage them to look at the facts and statistics - blame me if they say you're being abnoxious :)**

### 3.The 'Skinny' on COVID-19

#### **Common Symptoms**

Fever, chills, cough, sore throat, shortness of breath, headache, fatigue, diarrhea. As such a high percentage of people have no symptoms, if you have any one of these symptoms there is reason to quarantine yourself, notify us at Davis Square Family Practice, and get tested. **We will be particularly concerned to evaluate you for anything symptoms resembling shortness of breath.**

#### **Incubation Period**

You can come down with symptoms anywhere from 2-14 days from contact with an infected person, but usually by 5-7 days.

#### **Contagious Period**

The contagious period is usually 2 days prior to symptoms showing up and for up to 7 days after. No study of non-hospitalized people has shown the virus can be cultured out after 8 days from the start of symptoms. If you are asymptomatic then you could, in theory, be infectious for up to 14 days. The CDC is now okaying asymptomatic people who have been exposed to be tested between 5-7 days. If they test negative, then they can come out of quarantine at 10 days.

#### **What To Do To Prevent Getting COVID-19?-**

Wear a mask and socially distance. Good hand hygiene is still considered important, but most transmission of COVID -19 is through the air. This **[December 10th article in JAMA on how to make your mask more effective](#)** is of value. If you twist the ear loops and tuck in the side pleats of a surgical mask then you increase its efficacy by 50%. There were some nylon and cloth masks that were as good or

better than the surgical mask with loops. Please read the article for more details.

## **If You Get COVID-19, What To Do To Lower Risk of Complications**

*There are no new outpatient treatments that have any proven efficacy except monoclonal antibodies may lower the risk of hospitalization by over 50%.* Monoclonal antibodies may be what made the difference for the **former** President Trump. Unfortunately, the two types of Monoclonal antibodies are not widely available.

Another recent study in hospitalized patients showed that those that were already on **statins, ACE-inhibitors, and calcium channel blockers were associated with a much lower risk of death.**

Vitamin D levels have been shown to be lower in people who have died from COVID-19. It may just be that people who are in poor health have lower Vitamin D levels because they are more likely to be housebound and have less opportunity to make their own vitamin D from sunlight. Still there have been suggestions that Vitamin D is helpful to lower risk for contracting COVID-19 and for having complications. It is safe for adults to take 1000 to 2000 international units (IU) of Vitamin D, and 600 IU of Vitamin D is already recommended for all children over 1 year of age (400 IU from Birth to 1 year.)

Sincerely,

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Perry Blank, FNP  
and all our wonderful support staff:  
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