Indiana Chapter of the American College of Cardiology

Common myths & rebuttals about the COVID vaccine

As cardiovascular professionals, we are charged with trying to improve the health of our patients across Indiana. The COVID pandemic has brought unprecedented challenges to our health institutions, patients, and to us as providers. As the Delta variant burns its way through our population, adversely affecting so many Hoosiers, many of whom are not vaccinated, we must advocate and counsel our cardiovascular patients regarding the importance of getting one of the COVID vaccines. You have a unique relationship with your patients; they trust you as health advisors. Our cardiovascular patients have some of the highest risks with respect to poor outcomes with COVID infection. **We have put together a guide for you to address some common myths and rebuttals about the COVID vaccine.** *It is our hope that you will be able to use this information to counsel your patients and help us all put an end to this pandemic.*

Billing Information:

If you have a conversation about COVID-19 vaccination status, YOU CAN BILL FOR IT. Here is how:

A. CPT CODE 99401 (Preventative medicine counseling) allows a physician or an advanced practitioner to bill for a face-to-face interaction for the purpose of preventing illness. According to my billing people, this code is distinct from E/M services and may be reported separately with modifier 25 when performed.
B. You must document at least 7 minutes to qualify for billing this additional service. The documentation must be clear with what was counseled and the total time spent on counseling.
C. Diagnosis code Z71.89 (other specified counseling) must be attached to the CPT Code for the claim to process correctly.
D. Worth 0.48 WRVU per Medicare

Myth	Truth
Researchers rushed the development of the COVID-19 vaccine, so its effectiveness and safety cannot be trusted.	The COVID-19 vaccines in the U.S. have gone through the typical FDA approval process — no steps were skipped — but some steps were conducted on an overlapping schedule to gather data faster. First, the COVID-19 vaccines from Pfizer-BioNTech and Moderna were created with a method that has been in development for years, so the companies could start the vaccine development process early in the pandemic. Second, vaccine projects received large resources. Governments invested in research and/or paid for vaccines in advance, which enabled a faster approach. Third, some types of COVID-19 vaccines were created using messenger RNA (mRNA), which allows a faster approach than the traditional way that vaccines are made. Fourth, the capabilities of social media reaching numerous people enabled companies to find and engage study volunteers at a faster than typical pace. Finally, COVID-19 is so contagious and widespread, therefore it did not take long to see if the vaccine worked for the study volunteers who were vaccinated.
If I get the COVID-19 vaccine, it will make me sick with COVID-19.	You cannot get COVID-19 disease from the COVID-19 vaccine. COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19. If you do not have side effects, that does not mean your body's immune system is not responding.

COVID-19 vaccines shed or release their components and are harmful.	Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened live version of the virus. None of the COVID-19 vaccines authorized for use in the U.S. contain a live virus.
COVID-19 vaccine will alter my DNA.	COVID-19 vaccines do not change or interact with DNA in any way. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA resides.
Receiving the COVID-19 vaccine will make me magnetic.	All COVID-19 vaccines are free from metals and will not make anyone magnetic. None of the COVID-19 vaccines contain eggs, gelatin, latex, or preservatives.
The COVID-19 vaccine contains microchips.	COVID-19 vaccines do not contain manufactured electronic or microchips. Vaccines are developed to fight against disease and are not administered to track your movement. Vaccines work by stimulating your immune system to produce antibodies. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.
There were no people of color involved or represented in the research or development of the vaccine.	COVID-19 has taken a heavy and disproportionate toll on people of color, particularly Black adults. Historically, people of color have been underrepresented in clinical trials. Therefore, ensuring racial and ethnic diversity in clinical trials for development of COVID-19 vaccines has been particularly important. Diversity within clinical trials for a COVID-19 vaccine also ensures safety and effectiveness across populations. Findings show that Pfizer-BioNTech vaccine safety and efficacy were similar for people of color and white participants. The FDA offered nonbinding recommendations that strongly encouraged the enrollment of populations most affected by COVID-19, specifically racial and ethnic minorities. Both Pfizer and Moderna worked to ensure that people of color were included in their trials, with Moderna even slowing down enrollment to enroll more racial and ethnic minorities. There have also been efforts on the community side. Historically Black colleges and universities participated in COVID-19 vaccine trials and encouraged participation among their communities. The purposeful encouragement to increase racial and ethnic groups in these trials have achieved greater diversity than many previous trials for other drugs.
COVID vaccine contains fetal cells.	None of the COVID-19 vaccines contain fetal cells. Specifically, Pfizer and Moderna COVID-19 vaccines did not use a fetal cell line to manufacture their vaccine. However, a fetal cell line, developed in 1972, was used in early research efficacy of these vaccines. Religious leaders and institutions, including the Vatican have approved and recommended COVID vaccination. The use of these fetal cell lines in research and/or production of vaccines and medication is not new. Some over-the-counter medications for which a historic fetal cell line was utilized in research and/or production and manufacturing include: Tylenol, Pepto Bismol, Aspirin, Tums, Senokot, Motrin, Maalox, Ex-Lax, Benadryl, Sudafed, Preparation H, Claritin, and others.
COVID-19 causes infertility.	There is no evidence that COVID-19 vaccines cause fertility problems in women or men. The mRNA vaccines are processed by your body

	near the injection site and activate immune system cells that then travel through the lymph system to nearby lymph nodes. In this manner, they are not affecting hormone levels, nor are they traveling throughout the body or affecting other body organs.
If I take COVID 19 vaccine while breastfeeding or during pregnancy, my baby will be infected with COVID-19.	COVID-19 vaccines cannot cause infection in anyone. Vaccines are effective at preventing COVID-19 in women who are pregnant or breastfeeding. Additionally, breastfeeding women who have received mRNA COVID-19 vaccines have antibodies in their breast milk, which could help protect their babies. The Centers for Disease Control and Prevention, the Academy of Breastfeeding Medicine, and the American College of Obstetricians and Gynecologists recommend COVID-19 vaccination for both pregnant and lactating women.
Since I have already gotten COVID, I don't need to get the vaccine.	While there is not a lot of data regarding length of immunity after having gotten COVID, it does appear that immunity begins to wain with antibody levels disappearing as early as six months after infection. Also, the CDC recommends getting the COVID vaccine in this case as well as there is a significant boost to immunity afforded with vaccination. The virus has also mutated (now the Delta variant) Evidence is emerging that people **get better protection by being fully vaccinated** compared with having had COVID-19. One study showed that unvaccinated people who already had COVID-19 are more than 2 times as likely than fully vaccinated people to get COVID-19 again. If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.

Resources:

- CDC https://www.cdc.gov
- Indiana State Department of Health https://www.in.gov/health