



COVID-19 VACCINE MYTHS

These misconceptions are coming up in conversations around the vaccine. Family physicians want you to know what's true.

MYTH 1: You can delay routine vaccinations until the pandemic is over.

You shouldn't postpone your vaccinations.

Routine childhood and adult vaccinations are an important part of maintaining your health because they prevent other illnesses. Talk with your family physician about what vaccinations you still need and how to safely catch up. Many physicians now offer alternate times or locations to vaccinate healthy patients, decreasing exposure to those who might be sick with COVID-19.

MYTH 2: The COVID-19 vaccines were developed too fast to be safe.

The technology used to develop the new COVID-19 vaccines is not new. It has been studied and used for cancer research, and the original research on messenger RNA (mRNA) vaccines is decades old. Clinical trials for the COVID-19 vaccines were done with the same rigor applied to all vaccine trials, and the results were reviewed and approved by multiple independent advisory panels. Increased collaboration, use of new technology and more funding meant that vaccine developers could work quickly during this pandemic.

MYTH 3: There were not enough participants in the clinical trials to declare the vaccines safe.

This is false. Both COVID-19 vaccines enrolled tens of thousands of participants, many of whom were followed for two months after receiving the second dose, as is common with other vaccine trials.

MYTH 4: I already had COVID-19, so I do not need the vaccine.

It's not clear how long a natural infection with COVID-19 provides immunity from the disease.

There are reports of individuals becoming reinfected with the virus, even after being very ill with COVID-19. The CDC recommends that a recovering COVID-19 patient get the COVID-19 vaccine 90 days after being infected.

MYTH 5: The vaccine will alter my DNA.

This is not possible. Messenger RNA (mRNA) vaccines work in the cell's cytoplasm and never enter the cell nucleus, where the DNA, your genetic material, lives. It is broken down quickly once it enters the cell and delivers the needed vaccine "message" to the cell's machinery. The virus spike protein is also rapidly broken down once there is no longer any mRNA.

MYTH 6: COVID-19 vaccines were developed using fetal tissue.

Neither vaccine was created in fetal cells or required the use of fetal tissue to be produced.

The vaccines were tested using laboratory-maintained fetal cell lines that have been used for more than 40 years.

MYTH 7: COVID-19 vaccines were developed to deliver a microchip into my body.

There is not a microchip in the vaccine. This false rumor started after comments were made about digital vaccine records. States maintain electronic immunization records to help patients and their physicians track the vaccines they have received. There are no electronic components in the vaccine—only mRNA, lipids (fat bubble), salts and other stabilizing agents, which are routinely used in other medicines.

MYTH 8: I will not need to wear a mask after I am vaccinated.

The COVID-19 vaccines protect you from getting seriously ill from COVID-19. But it's not known if the vaccine will keep you from being infected then transmitting the virus to others. Wearing masks, following handwashing protocols and maintaining physical distance are still needed until more is known and enough of the population has been vaccinated.