

COVID-19 TOWN HALL Q&A – September 22, 2021

Thank you for joining our informative discussion with Margot Savoy, MD, MPH, CPE; Ada Stewart, MD; and Julie Wood, MD, MPH.	
MEMBER QUESTIONS	AAFP RESPONSES
Can you address using the 25-microgram (mcg) dose of the Moderna vaccine? This would increase the vaccine availability by four times to stretch available doses.	Lower doses of the Moderna vaccine are not authorized or recommended at this time. The AAFP will continue to review changes in dosing and the schedule of vaccines once the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) issues updated interim recommendations.
Is it recommended to administer a COVID-19 vaccine booster for immunocompromised patients six months after the third dose?	AAFP staff submitted this question to the CDC, who will provide updated clinical considerations and other materials soon.
Which vaccine should patients receive as a booster (e.g., is it recommended to receive a booster shot from the same manufacturer a patient received their original shot?)?	This question was answered live during the Town Hall session. Please see the response at the 35-minute mark in the video replay .
Is a teacher considered a profession with job-related exposures?	This question was answered live during the Town Hall session. Please see the response at the 40-minute mark in the video replay .
Which patients should we recommend a third booster dose?	This question was answered live during the Town Hall session. Please see the response at the 37-minute mark in the video replay .
Is a third dose recommended for a patient who was in the intensive care unit for COVID-19 in March 2020?	This question was answered live during the Town Hall session. Please see the response at the 37-minute mark in the video replay .
Are there any supplements that can help reduce the risk of infection with COVID-19 (e.g., methyl B-12, vitamin C, vitamin D3, zinc, melatonin)?	Supplements are not currently recommended in National Institutes of Health (NIH) guidelines for the prevention of COVID-19 based on insufficient evidence. Vaccination, masking, hand hygiene, and physically distancing are the strongest measures to reduce the risk of infection with COVID-19.
Can you address false negatives with rapid and home tests? I am very concerned patients interact with others based on those negative tests and may increase the spread of COVID-19.	This question was asked at the 43-minute mark but was answered earlier during the Town Hall session. Please see the response at the 41-minute mark in the video replay .
Is there a role in checking spike-protein antibodies to determine eligibility for the third vaccine dose?	This question was answered live during the Town Hall session. Please see the response at the 43-minute mark in the video replay .
If a patient contracted COVID-19, how long should the patient wait before getting a vaccine?	This question was answered live during the Town Hall session. Please see the response at the 39-minute mark in the video replay .

<p>Can you comment on the need or lack of need to back up a negative BinaxNow rapid test result in a patient who has had symptoms for 48 hours or longer?</p>	<p>Per the CDC and the Food and Drug Administration (FDA), if you test negative and continue to experience COVID-19-like symptoms of fever, cough, and/or shortness of breath, you should seek follow-up care with your health care provider to determine the length of isolation and need for retesting.</p>
<p>What did you mean by 'other treatment' for COVID-19? My understanding is that if a patient received monoclonal antibody therapy, the patient should wait 90 days. But if they received remdesivir, the patient does not have to wait. Is that correct?</p>	<p>Individuals receiving monoclonal antibody therapy or convalescent plasma should wait 90 days before getting vaccinated to avoid potential interference with the vaccine-induced immune responses. Individuals who were hospitalized and received remdesivir should wait until they have recovered from acute illness.</p>
<p>Are there any new insights about COVID-19 immunization during pregnancy?</p>	<p>Data suggest that the benefits of receiving the COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.</p>
<p>Would it be appropriate to give a third dose of a COVID-19 vaccine to a patient taking methotrexate or hydroxychloroquine? These cause immune suppression but do not fit in that 'biologic' category.</p>	<p>Current CDC guidance states that active treatment with high-dose corticosteroids or other drugs may suppress your immune response. Individuals should speak with their physician about their medical condition and whether receiving an additional dose is appropriate for their condition.</p>