

# COVID AND VACCINE UNCERTAINTY THE DUAL PANDEMIC

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# HOW DID CORONAVIRUS SPREAD?

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- Covid-19 was first detected in the city of Wuhan, China, in late 2019 but the outbreak spread quickly across the globe in the first months of 2020.
- It was declared a global pandemic by the WHO on 11 March 2020.
- A pandemic is when an infectious disease is passing easily from person to person in many parts of the world at the same time.

# GLOBAL SCALE

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## Coronavirus around the world

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Total deaths

**2.4 million**

Latest daily figure    56-day trend

**5,714**

new deaths



Total confirmed cases

**111.3 million**

Latest daily figure    56-day trend

**291,296**

new cases



Source: Johns Hopkins University, national public health agencies, 22 Feb

**BBC NEWS**

# SCALE OF PROBLEM IN WOMEN

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- Women have a low risk of getting severe illness
- Risk is significantly greater for pregnant women
- Risk of suffering severe consequences of covid – death is more than the risk of suffering severe side effects of the vaccine

# SHOULD I HAVE THE VACCINE ?

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- “If you are eligible for and have been offered a Covid-19 vaccine, the decision whether to have the vaccination is your choice. Women who are eligible for the vaccination should consider discussing any concerns they have with their midwife or healthcare professional.
- “The RCOG and RCM would also like to emphasise to all women in this group (and all others) the importance of practicing social distancing, wearing a mask and regular handwashing.”

# DUAL EPIDEMIC

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- As we reach the next stage of the biggest vaccination programme in NHS history, we are faced with fighting dual epidemics: Covid and disinformation, particularly around the vaccine.
- This once in a lifetime vaccination programme will only achieve its fullest success if all of us adopt a zero tolerance approach to disinformation, and a constructive, reassuring voice to those who have concerns."

# WHAT ARE THE BENEFITS OF THE VACCINATION?

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Studies have shown that hospital admission and severe illness may be more common in pregnant women (compared to those not pregnant), especially those in the third trimester of pregnancy, and that preterm birth is more likely (compared to pregnant women without COVID-19). Pregnant women with underlying medical conditions are at higher risk of severe illness.

Vaccination is effective in preventing COVID-19 infection

You cannot get COVID-19 from vaccination

# SIDE EFFECTS FROM THE VACCINE

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- Side effects from the vaccine are common.

These do not affect pregnancy, but may include: injection site reactions (sore arm) fatigue headache If you decide to have a COVID-19 vaccine, please tell the vaccination team that you are pregnant so that this can be recorded.

# RISK GROUPS

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- people aged 64 and over
- people who are at high risk from coronavirus (clinically extremely vulnerable)
- people who are at moderate risk from coronavirus (clinically vulnerable)
- people who live or work in care homes
- health and social care workers
- people who are eligible for Carer's Allowance

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).

# UNDERLYING MEDICAL CONDITIONS INCLUDE:

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- organ transplant. currently undergoing cancer treatment ,bone marrow or stem cell transplant in the last 6 months
- significant lung condition, e.g. cystic fibrosis , severe asthma, severe combined immunodeficiency (SCID) or homozygous sickle cell disease, currently taking medication to suppress your immune system, affecting your spleen, including. having your spleen removed, Down's syndrome significant kidney conditions and/or on dialysis significant heart conditions;
- Those with high risk medical conditions (clinically extremely vulnerable) who have a greater risk of severe illness from COVID-19

# BAME

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- Higher risk
- The Office for National Statistics (ONS) has said BAME people are up to two-and-a-half-times more likely to die than their white peers, even when age, underlying health conditions and other factors have been considered.

# BAME

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- Among the over-80s, white people are six times more likely to have received a vaccine than black people in the same age group and vaccine hesitancy among BAME communities could create “swathes across the country” where Covid-19 will continue to remain a threat unnecessarily.
- NHS BAME staff. Analysis at the University Hospitals of Leicester NHS Trust found that 71 per cent of white staff had received the jab, compared with 59 per cent of South Asian staff and 37 per cent of black staff.

# MYTHS

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- Pregnancy
- Breast Feeding
- Fertility
- Etc

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Feeding

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## MYTH – VACCINES ARE UNSAFE AND THAT IS WHY NO PREGNANT WOMEN WERE IN TRIALS

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Fact: Pregnant women and children are not usually included in trials

- Ongoing trials in pregnant women should give us more data soon.
- Vaccination is only offered to two groups of pregnant women: Those with high risk medical conditions (clinically extremely vulnerable) who have a greater risk of severe illness from COVID-19 and Health or social care workers – who are at very high risk of catching COVID-19

**Pregnant and breastfeeding women who are eligible will be offered the vaccine.**

# SHOULD PEOPLE OF REPRODUCTIVE AGE RECEIVE A COVID-19 VACCINE

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- Yes. People of reproductive age are advised to have the vaccine when they receive their invitation for vaccination.
- This includes those who are trying to have a baby
- Those who are thinking about having a baby, whether that is in the near future or in a few years' time.

Vaccination is only currently being offered to two groups

Ref:

# MYTH - COVID VACCINES CAN MAKE YOU INFERTILE

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- Myth started when a German epidemiologist suggested that the vaccine could cause anti-Syncytin I antibody.
- There has been no evidence to substantiate this claim and a number of women who have had vaccine in the trials have since become pregnant,

# CAN ANY OF THE COVID-19 VACCINES AFFECT FERTILITY?

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- No. There is absolutely no evidence, and no theoretical reason, that any of the vaccines can affect the fertility of women or men.

# CAN I HAVE A COVID-19 VACCINE DURING MY FERTILITY TREATMENT

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IVF, Frozen Embryo Transfer, Egg Freezing, Ovulation Induction, Intra-Uterine Insemination, using donated gametes or not

- Yes. You may wish to consider the timing of having a Covid-19 vaccine during your fertility treatment, taking into account that some people may get bothersome side effects in the few days after vaccination that they do not want to have during treatment.
- It may be sensible to separate the date of vaccination by a few days from some treatment procedures (for example, egg collection in IVF), so that any symptoms, such as fever, might be attributed correctly to the vaccine or the treatment procedure. Your medical team will be able to advise you about the best time for your situation.



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- There is no biologically plausible mechanism by which current vaccines would cause any impact on women's fertility. Evidence has not been presented that women who have been vaccinated have gone on to have fertility problems.

# MYTH : VACCINES CAN ALTER OUR DNA

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- Vaccines are incapable of changing our DNA in any way
- In 2 weeks the vaccine is broken down completely and does not come in contact with our DNA

# MYTH: THE VACCINE IS NOT HALAL/CONTAINS PORK PRODUCTS

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- FACT: Claims that the vaccine contains gelatin have caused concern in religious communities. However, vaccine manufacturers have said the vaccine does not contain any animal ingredients and no animal-derived cells were used.
- The British Islamic Medical Association has recommended at-risk individuals within the Muslim community get vaccinated.

# IMPLICATIONS OF NOT TAKING VACCINES

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- Moral and Professional responsibility
- Vaccination Passports
- Facilitation of new variants
- Poor Role models
- Another lock down!!, Ongoing Pandemic

THANK YOU

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