

Katie Johnson (00:05):

Morning and welcome to Apple a day Lake region, healthcare's health and wellness show, where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host, and my guest today is no stranger to our programs. Sarah Brian is our infection prevention coordinator, and she's joining us today to help unravel some of the confusion and myths surrounding the COVID vaccine, which is such a hot topic these days. So thanks for joining me in and helping us talk through this topic this morning, Sarah. Okay.

Sarah Brunn (00:35):

Happy to be here to talk about this really timely time.

Katie Johnson (00:39):

It is. It's kind of, um, what you hear when you turn on the news. It's what people talk about when you, um, get a phone call or are at church or whatever it might be. It just seems like it's, what's on everyone's mind. And like I said, there's so much, um, confusion, frustration, um, myths versus realities that we're going to try in the few minutes that we have to at least add some clarity to that. Um, so I thought maybe a good place to start would be talking about what has happened with the vaccine so far. What do we know so far? Um, starting with what's happened here within the walls of Lake region, healthcare and Prairie Ridge healthcare. We've been giving the vaccine to those in the one age group, the healthcare workers. So what can you tell us about how that's gone?

Sarah Brunn (01:26):

Yeah, absolutely. Um, it has gone actually really well. We, um, did a lot of work around planning for the vaccine and how we were going to roll it out within our walls. And it, it went as well as we could've hoped for it to go. Um, we have vaccinated about 55% of Lake region healthcare and Prairie Ridge healthcare employees and providers, which I think is a great number we're doing really well so far. Of course, we would love to get that number even higher if we could get up to 75%. I think that that would be outstanding. That's where we would want to be. But 55% is great progress. Um, when we look at our County and our state, um, Otter tail County has vaccinated almost 8,000 people. They've received, um, at least one dose of the vaccine and in Minnesota over 400,000 people have been vaccinated so far.

Katie Johnson (02:20):

I should mention it early on here that, um, this recording will be available throughout the month. And it might be a date later in the month when you hear this, but we're recording this at the beginning of February. So keep that in mind. We know that with COVID things change daily. So this is what we know as of today. And what can you tell us about the side effects so far from what you've observed from the people that have been vaccinated here so far?

Sarah Brunn (02:44):

Great. Overall we're seeing, um, side effects that are right in line with what we would expect. So when we have any type of vaccine, we expect our bodies to react somewhat to that, to that vaccine that tells us that it's doing its job, that we are building antibodies, which is what we want it to happen. So with the COVID vaccine, we see some, um, mimics of the illness itself, right? So you see low grade fevers, um, soreness at the injection site, which we see with basically every vaccine, um, headaches, body aches, fatigue, for the most part, those symptoms have been very, very mild and really manageable just with

rest and over the counter, you know, Tylenol or ibuprofen, um, lots of fluids, that type of thing, just like you would do with any type of vaccine. We tend to see a little bit increased, more increase in symptoms following the second vaccine. So the second dose of the vaccine, um, but again, it's, it's just expected immune response as your body is building antibodies. Um, we haven't seen really significant, um, reactions to the vaccine within our walls. So we haven't had any, anybody that required an emergency department visit or a hospitalization following their vaccine. So that's good.

Katie Johnson ([04:05](#)):

That's really good. And, um, those side effects, I think just knowing that that is what we expected the body, it tells us the body's doing what we need it to do is a good sign and is much less uncomfortable, severe than actually getting sick. Absolutely. Right. So, um, so don't let that stop you if, if you're thinking, well, I could just as well get sick with COVID if that's the case, right? Yes. How about for our listeners out there who are anxious to get the vaccine? And we know there are a lot of you, um, what's the current status about who is eligible in the, in the group for whatever vaccine might be available now and how is that decided?

Sarah Brunn ([04:48](#)):

That's right. Um, so the current groups that are being vaccinated are we continue to work on healthcare providers or anybody that works. Um, you know, whether you work in a hospital or clinic or you're a dental office or chiropractor, um, the will end those in long-term care. So that would be the, the one age group that we started with. We continue to work with that group. Um, and then we have also expanded to educators, daycare providers, and those that are 65 and up, um, these decisions are not made by us as Lake region, healthcare, Prairie, Ridge health care. These decisions are made at the state and national level, um, by our, our elected officials, um, the federal government gets vaccine and they distributed out to the States and then the States distributed out to organizations and public health to be given. Um, and so at this point that we have been given vaccine for healthcare providers, and then we were allowed to utilize what we have over for those that are 65 and older.

Katie Johnson ([05:54](#)):

And if you are eligible, then if you fall in those groups, the next natural question is where and when, and how can I get the vaccine, which seems like it should be a simple question, but it really isn't. Um, there seem to be two tracks right now, local providers like, like region healthcare, prey, rage, healthcare, Sanford, health, perame health, and then the Minnesota department of health and, or public health. And I think this is where a lot of the confusion comes in. Um, there's kind of two different tracks of, of distribution. And how D how do you know which one you fall into, how you hear from, or line up with each one?

Sarah Brunn ([06:34](#)):

Yeah, absolutely. So, like I said, local healthcare providers have been given allotments for their employees. So for healthcare workers, employees, and providers, and then also we are now allowed to use it for those that are 65 and older. Um, the department of health along with public health, um, has been utilizing now vaccine again for healthcare workers and those in long-term care type situations, along with the, um, educators, daycare providers and those that are 65 and up. So basically the educators and daycare providers are being managed by a state and local public health agencies. Um, the state has stood up some sites around the state where their pilot sites, where they're riding vaccine through, um, they stood them up relatively quickly. And there, I know it was a lot of chaos and confusion

surrounding the process, but basically you register either via phone or online for these pilot sites, and then it's a lottery.

Sarah Brunn ([07:41](#)):

So they basically are drawing names to see who and what order people are getting their vaccine. And again, we have a really limited number of vaccines to work with. And so, so we just have to use what we have. We are trying to use, use it as quickly as we possibly can, once we get it. And just with the hope that we will get more, but at this point there's not, it's not, um, drilled down and set in stone, how many doses we're going to get every week. And so it can be really challenging to plan, right? Both at the pilot site level and at the public health and local public health and healthcare provider level. So, you know, we, we have really short notice of when we're going to get back seen, and then we need to use it in a short timeframe. So we're, we're doing our best to get every dose into an arm as soon as we possibly can.

Katie Johnson ([08:31](#)):

Right. I think it's important to emphasize that, that, um, it's so much out of our control, um, when we will get vaccine, how much we will get and what kind of notice we get for it, hopefully that will get better as more of the vaccine is, uh, developed and distributed from, from the federal government. But until that happens until we have a regular supply, I expect it's going to kind of be this, um, start and stop, um, quick kind of response to whatever we're able to get our hands on. And yeah, and I know that, um, we're working hard with, um, the state and, um, with our local partners around the region to, uh, to do our best, to be advocates for this region and make sure we get as many doses as we can. Um, let's shift gears a little bit and talk about the virus itself. We're hearing a lot now about the new strains and variants of COVID. Um, my first question is whether we know if the vaccine that, um, Pfizer and Moderna the two kinds that are being distributed now, um, is effective against all these new strains they're talking about. Yeah,

Sarah Brunn ([09:32](#)):

It does appear that both the Moderna and Pfizer vaccines have relatively good coverage against all of the variants. Um, again, some of these variants are so new that they haven't completely completed the mapping of them. And so we don't know a hundred percent if, if there is really, really, um, strong protection utilizing those vaccines. Um, but it does look like the M RNA vaccines are effective against the variants. Um, maybe the, the newer vaccines that are in trials and potentially coming very, very soon, might not be quite as effective against the variants. Um, but overall, the goal is just to get as many people vaccinated as possible so that you can choke it out. And the variants won't make that big of a difference. Ultimately.

Katie Johnson ([10:23](#)):

Yeah, that was going to be my follow-up question, I guess, is that, um, even if they're not as effective against them, it's still a part of the strategy to slow down the spread so that the variants themselves can't develop as well.

Sarah Brunn ([10:37](#)):

Absolutely. And when you look at, um, the effectiveness of these vaccines, it is really incredible how effective they actually are. So if you compare say an influenza vaccine to the, to the various COVID vaccines in general, these the Moderna and Pfizer vaccine, 94 to 95% effective, which is outstanding for

a vaccine, um, compared to an influence of vaccine, which is about 40 to 60% effective. But we also know that it provides a great benefit in terms of preventing deaths in individuals. So when you look at the individuals who have had, who've received the COVID vaccine so far, there's been no deaths from COVID in those groups, which is really amazing when you look at, you know, when you compare data, compare the groups of people who've had COVID. So even if you develop COVID following a vaccine, the likelihood that you will die is next to nothing from the likely that you'll die from COVID. Um, so really that's, that's one of the great benefits of being vaccinated. So although you might still get sick, you might have an illness it's likely going to be much easier, and it is much less likely to result

Katie Johnson ([11:54](#)):

In death. That's a really good point. I'm glad you made that. Um, speaking of the variants again, how about our testing? Does, does the current COVID test I'll pick up these variants or changes having to be made to the testing process to, to pick up on these? Yeah.

Sarah Brunn ([12:09](#)):

Yes. The COVID test does pick up the variance. Um, but it's just a, yes, you have COVID or no, you don't have COVID basically, right. So it's, so it's detecting the virus in your nasal passages or in your saliva, however, you're tested. Um, when you look at variants themselves to drill down the specific variant of it takes really, um, much high level, higher level testing. Um, so they're doing that at some, um, academic labs or public health labs where they're really drilling down the variance. So honestly, these variants are probably a lot more widespread than we even know that they are just because not every test is testing down to the specific theories. So when you look at like the first, the first COVID cases in the United States were from China, but very quickly that was replaced by the European variant. And now that's the predominant strain in the United States where, you know, as these new strains come in, either they're going to get choked out and, and not spread, or they're going to spread quickly and become the predominant stream. So we just don't know. Um, but it's probably a lot more widespread than we know.

Katie Johnson ([13:17](#)):

That's interesting. Um, another question I have is if there's anything different we should be doing to prevent spread knowing these variants are out there. And one example, I, and I have no idea if this is legitimate or not, but I saw a suggestion that now that these variants, or this particular variant was here, people should be wearing two masks to have two layers of protection. Is there any truth to that or any other differences?

Sarah Brunn ([13:42](#)):

So one of the bigger concerns with some of the variants is that they're more contagious. Not that they're more deadly or any more likely to result in a hospitalization, but they're just more contagious. So when you see more spread, you see more hospitalizations and more deaths. So we want, we do want to prevent the spread of them as much as possible. Um, basically the spread preventing the spread is going to be the same as everything that we've encouraged all along. So make sure that you're wearing a mask when you're with people that are outside of your household, um, make sure that you're socially distancing as much as it as you're able to do that. Um, cross your hands frequently, all those things that we would, that we've said all along to try to prevent the spread are important. Um, in terms of double masking, um, there are lots of different levels of protection that different masks can provide.

Sarah Brunn ([14:35](#)):

So it would make logical sense that if you add an extra layer, you're going to add some more filtration, right? So if you're wearing cloth masks, if you have two cloth masks on it's going to provide extra filtration, or even when you look at the mask that you purchase in the store, some of them are two layers. Some of them are three layers. The more layers of fabric that you have there, the higher, your level of protection, the tighter, the weave of the fabric, the higher, your level of protection. So it's one of those that maybe there's not a lot of scientific data that says that promotes it or discourages it either way. We don't necessarily have testing at this point that says big studies, anything like that that says, Hey, yes, you should do this, but it does make logical sense that if you add extra layers of filtration, you're going to decrease your risk of getting sick.

Katie Johnson ([15:21](#)):

Sure. That completely makes sense. And for the, the variants being more contagious or spreading more quickly completely makes sense. Um, when you were talking about all of those standard precautions that we've been preaching for almost a year, now, it reminded me of another question, uh, that I hear quite often is why is it that after you've received the vaccine, they're still encouraging you to do all these things. Um, once you've been vaccinated, they say you still should wear a mask. You should still socially distance. Um, all those things. What's the reason for that.

Sarah Brunn ([15:53](#)):

So I would say there's a couple of reasons. Number one, we talked about the, the, the likelihood that this will protect you. There's still some risk that you could get sick or could spread the illness, right? So, so even though, um, you've had a vaccine that might, that decreases your likelihood of getting sick dramatically, there's still that risk that you could get sick. There's also this, um, peer pressure kind of, or a social norm that we're working towards at this point in, in having people masking. And if, if I, as a vaccinated individual go into a store without a mask, or M M congregating closely with others, it's not exact, it's not the example that I want to set for other people while they are still un-vaccinated at this point. So until we can get to that point of having high enough numbers of vaccine vaccinated individuals, um, we really need to maintain the things that we've been doing all along to keep ourselves safe, if not, because it's keeping us safe, but also to, to promote that message of safety. Right.

Katie Johnson ([16:58](#)):

Right. And I can only imagine that the washing, which we preach so much during the influenza season, meaning even if I have a vaccine, I can easily pick up the germs and pass them along if I'm not being really diligent about my hand hygiene. Right. So, um, just got to kind of hammer that one home with ourselves and with our kids, um, and those around us. Um, let's, let's talk a little bit about the current spread of COVID. Um, what are the infection rates trending right now, uh, in terms of positivity rates and, and totals as of today, again, um, beginning of February, what are things looking like? Right.

Sarah Brunn ([17:37](#)):

Um, our positivity rates are down pretty significantly, not just locally, but throughout the state and throughout the United States as a pool. Um, we've seen the sharpest decline that we've had throughout all COVID, um, in the past year. So that is really outstanding. Um, it's great news, but we still remain relatively high. So although we've seen this vast improvement, we're really only back to where we were about mid November in terms of, of positive cases. And at that time, when we were seeing this continued climb, it was still panic inducing, just how many cases we were having. So although we've seen this vast improvement, we still need to stay diligent. Um, but combined Lake region and Prairie

Ridge have run about 17,000 tests and we've had about 1,700 positive. So about 10% positivity rate, um, overall, um, our current positivity rate is about, um, six to 8% between Lake region and Prairie Ridge. So, um, that's a vast improvement over where we were at the end of November, early December when we were seeing about a 25% positive.

Katie Johnson ([18:46](#)):

Right, right. Well, that's really good to hear, um, uh, hospitalizations, uh, is that a trend that's also improving and deaths, um, locally here in Otter tail County

Sarah Brunn ([18:56](#)):

Yes, absolutely. So locally that has improved vastly. Um, we have hospitalized at Lake region, um, around a hundred patients and we've reported about 18 deaths. We've also transferred a number of individuals to a higher level of care, whether that was because of really significant illness or during a time where we had such high volumes of COVID patients, that we could not take any more patients into our building because of those high numbers, um, or also patients that maybe have other health conditions that would require them to be hospitalized at a different facility. So we've hospitalized, you know, when you look at the percentages, quite a, quite a high number of people, um, but those numbers have declined currently. We don't have, again, beginning of February, we don't have any patients in the hospital today that have been diagnosed with it. Um, I think part of that is lower community cases, but part of it is also just knowing how to manage it as well. So there's different treatments that we can do now prior to hospitalization that might prevent you from being hospitalized, if you're high risk. Um, and then the care within the hospital has continued to get better. As we know more about the illness, we know how to treat it in a bit better. We have medications that we can utilize, um, that have been shown to be beneficial. So we're just getting better treating patients as well.

Katie Johnson ([20:18](#)):

That was one of my other questions. Are there new developments in, in treating COVID, uh, that, that patients should be aware of if they're experiencing symptoms or more to know that are available to them?

Sarah Brunn ([20:31](#)):

Great. So we do have one treatment that we can do. Like I said, um, for our patients with mild to moderate illness, that don't require hospitalization that might prevent hospitalization in the future. So that's an infusion of what's called monoclonal antibodies, um, which are basically antibodies that are developed in the lab, but that we, that we infuse to the patient they're absorbed into the cells and they prevent the cells from getting infected with the illness. Um, if there's a really specific criteria for who would, who would qualify, but it's, it's people that would be because of their health history, um, at higher risk for having severe illness that would require hospitalization. So just an easy one would be those that are over 65. So if you're 65 and up, you might qualify for this treatment. We also have to be within 10 days of your onset of symptoms and you have to have symptoms.

Sarah Brunn ([21:29](#)):

So if you're completely asymptomatic and you have a positive, we don't give this medication, but if you do have symptoms and you're within 10 days, and you have been tested somewhere besides Lake region or Prairie Ridge, it might be worth a phone call to your provider to let them know, Hey, I have COVID and I might be interested in this, if it's appropriate for me, um, anybody who has a test at Lake region, that

results as positive, we are screening those patients for that criteria. And we'll call you if you meet criteria, just to talk it through and offer you the treatment, if it's appropriate for you. Um, but if you're tested elsewhere, that's where it gets challenging. If your provider doesn't know that you have COVID isn't that we, we can't offer you the treatment because we don't know. So, um, if you've been tested on another facility or through the state system or something like that, then, then for sure, give your provider a call. If, if you know, you're interested in that treatment,

Katie Johnson ([22:22](#)):

That's really positive news. Uh, I was going to ask what people should do if they're still experiencing symptoms and whether or not it's still important that you get tested. I hear a lot of people say, you know, Oh, I know I have COVID I don't see any reason why I should even go get tested. I'm sure I have it. Um, but this would be one reason that you would recommend that,

Sarah Brunn ([22:41](#)):

Right? That's one reason that I would recommend that, um, the other reason is maybe a little bit selfish, but, um, it's really difficult for us to look at data as a whole, if we don't have complete data. So if you're symptomatic and you're opting to not get tested, you're not included in any of our numbers. Um, and it's difficult for us to show really that the immense impact that this illness has had on our, on our communities. Um, so I would recommend that you will be tested not only for that, but, but yes, because you might qualify for treatment that might prevent you from being hospitalized or dying.

Katie Johnson ([23:16](#)):

Right. Another, another thing that I think of is, um, I know a lot of people who have had symptoms and think they probably have COVID, but then have been tested and don't, and, uh, if you're really doing your part to inform the people that you might've exposed and you're, um, telling them that you think that you've exposed the, expose them to COVID and you haven't, that really messes with our whole quarantine process. Right. Um, which is another question, um, what should you be doing today? If you have been exposed or informed that you've been exposed to a positive test, and if there's any changes with those timelines or protocols?

Sarah Brunn ([23:57](#)):

Great. So, um, the, the safest kind of the gold standard that we would use is 14 days of quarantine. If you're in a position to do that, that the data shows us that most people that are going to become positive following an exposure will develop symptoms within that 14 day timeframe. Um, the CDC and the Minnesota department of health did update their quarantine, um, guidelines a couple of months ago. And this was really just to hopefully improve people's compliance with quarantine. So if you've had a community exposure, um, to somebody with COVID, so say a friend of yours, you went out for lunch together, and you were exposed. We look back to two days prior to symptom onset, and then anytime following that, um, if you've had a community exposure, then the recommendation would be that you quarantine for a minimum of 10 days. Um, and that would be, you could do the 10 day quarantine.

Sarah Brunn ([25:02](#)):

If you have a negative test on days five through seven, following your exposure. And if you remain asymptomatic for 10, for that 10 days, then you can come out of quarantine at 10 days, instead of extending to the 14 days in Minnesota, they have not changed the recommendations for healthcare workers. So if you're a healthcare worker, they continue to recommend the 14 day quarantine. Um, and

also if it's a household exposure. So if you have a family member who's diagnosed with COVID in your household, they continue to recommend the 14 days just because it's a very, very high likelihood that we will have more positives within a household. Sure.

Katie Johnson ([25:40](#)):

So that's the difference between community exposure and household exposure the 10 days versus the 14 there's, you know, so many days, so many, so many things to remember, what's the best resource for people to go to. Cause a lot of this you don't hear until you need to know, like all of a sudden I've heard that, but now I can't remember absolutely. Where do you send people for the best, most reliable, accurate right

Sarah Brunn ([26:05](#)):

Information? Um, so the first thing I recommend is the CDC. They have a ton of resources for patients in theory, easy to understand language. The Minnesota department of health also has resources available on their website. And then if you look just at your local health care providers, so Lake region and Prairie Ridge have pretty robust COVID-19 pages that will link you to all of these resources, whether it's, you're asking questions about quarantine or isolation or about testing and where your testing availability is, um, those websites are all really helpful.

Katie Johnson ([26:40](#)):

Great. So let's break it down. If you think need a test,

Sarah Brunn ([26:45](#)):

What's the, what's the process you should follow, right? So there's a few different options. If you would like to be tested at a healthcare facility, you, your first step would be to call and ask for a COVID nurse at Lake region or Prairie Ridge, so they can screen you and talk to you about your options for where you could be tested. Um, we have drive-through testing available at Lake region or testing only at Ridge where you just are going for a test. You don't need to see a physician, um, or get a special order for that. We have protocols in place so that we can do that testing, um, at our facilities in, uh, in a fashion that's safe for everybody. So you don't have to, you know, spend a lot of time in a waiting room or anything like that. You can do either drive through at Lake region or they usher you right into the testing location at Prairie Ridge.

Sarah Brunn ([27:35](#)):

Um, we also have appointments available, um, for our respiratory clinic at Prairie Ridge or at the walk-in clinic for respiratory patients at Lake region. Um, those require a visit with a provider. So we do have rapid testing available, meaning that you would get tests results on the same day. If the provider feels it's appropriate for you to have that type of test, again, it's ordered specifically by a provider and you have to be seen by that provider, um, to have a rapid test at Lake region or prey Ridge. Um, we also have, um, internally we have antigen testing available at our Morris clinic. So if you're seeing it, but if you, if you're interested, you can call the Morris clinic and they can get you set up again. It's just, it's quick test. You get results within about a half an hour from that test.

Sarah Brunn ([28:29](#)):



So that would be, if you're going to go to a healthcare provider, those will be your local options. Um, there are also testing sites available throughout the state. There's one in Morehead, there's one in Morris and there's one in Wadena. Um, where again, they ask that you make an appointment. Those appointments can be made through the website and Minnesota department of health website. So if you just search Minnesota department of health and testing, you'll have those options available to you. Um, some of those sites do do antigen testing. So again, they're available the same day. Um, the Minnesota department of health website though, is the best resource for, for figuring out which site does which type of testing. And then a third option that's available to Minnesota residents, um, is the saliva testing at home. So this is a PCR test. So it's that really accurate test.

Sarah Brunn (29:23):

Um, and you can order a kit, they send it to your house. You collect the kit, um, in a zoom meeting, essentially you collect your saliva sample while you're on camera. So you do need access to a computer or a cell phone that has a camera so that they can watch you you're collecting that test. And then you send it. I did do that option with my family when we had an exposure and it worked really, really well. Um, you need to make sure that your kids are old enough to be able to spit into this phone too. And it's amazing how difficult it can be to, to, uh, half fill this two points.

Sarah Brunn (30:04):

We think how hard is it to spit into a two, but it takes a while. It probably took about five minutes per person, but it's really nice to not have to leave your home. It just gets sent to your house. And the turnaround was really quick. We received our test kits the day after we ordered them collected and send them back. And we had results the next day. I know, depending on volume, it might take a little bit longer to receive your kit or to get results, but it was really that 48 hour turnaround, which was nice.

Katie Johnson (30:30):

So, um, pretty similar to, uh, a PCR test that's done at a provider in terms of turnaround time. Yep. And, um, you know, we use all these acronyms and so antidote, antigen tests and PCR tests just to quick, what's the difference again?

Sarah Brunn (30:45):

Right. So there w yes, there's a little bit of a difference. Antigen testing is great screening testing, although it's less specific. So you're more likely to get a false negative with an antigen test. Um, you really should be symptomatic. It really should be within seven days of onset of symptoms for an antigen test to be most helpful. Um, we also have PCR testing, which is the very most specific type of test that we can do. Um, at Lake region. These are send-out tests at Prairie Ridge. They're send out tests, we're sending them to a big national lab that are running these tests for us. Um, and they're very, very specific. And then the rapid tests that we have available at Lake region or at Prairie Ridge, um, they are, um, kind of in the middle, they run in the middle there they're considered, um, and that test, which a PCR is a type of Nat tests. Um, but these tests that we get results relatively quickly, but again, they're a little tiny bit less reliable. So sometimes if somebody is high suspicion for COVID and we have a negative in-house tests, we might still send out an auncie or, uh, send out a PCR test just to be a hundred percent. Sure. Sure.

Katie Johnson (32:04):

Well, thanks for that. Okay. So that's all the testing. If my questions are about testing, now, if my questions are about vaccines, what's your best advice for if I, if I want a vaccine or, yeah, let's start with that. If I want the vaccine.

Sarah Brunn ([32:20](#)):

Um, so locally we will have it on our website when there is, when there is tests or vaccines available, we will have them on our website. So that might be your first look. Maybe you just make that your habit to look at the website every day to see when we have, um, vaccine available. That's the first place that it will be before we advertise it in any other way, honestly, because by the time they get to the point of having a public statement, all of our appointments have been filled. Right, right. Um, it happens so, so quickly the, um, and because we have a limited amount of vaccine that is just the best way you can know. So look at the website on a daily basis, if you really are interested.

Katie Johnson ([33:01](#)):

And I'll add to that. We have recently also updated our phone line. So that, that is an option. If you don't have access to the internet, for example, um, you can call seven three nine two two two one and choose option six, and it'll tell you that right away. And we will keep that recording updated as well. So, um, you can call that phone number if we do have, um, vaccines available that phone number and pushing option six will actually take you right to the appointment line. Um, and there won't be a recording there. So, um, that's another easy, easy option that we've added just recently in addition to our website,

Sarah Brunn ([33:37](#)):

Right? And then that's the state level. So the Minnesota department of health vaccines for the pilot sites, those you just, you need to register on their website or via phone. And that is again, available through the Minnesota department of health website. So that information on their, on their phone lines or on their, um, registration process, you can search, um, MTH vaccines, COVID vaccines,

Katie Johnson ([34:00](#)):

Right? Super, super resources. We haven't spent a lot of time yet on, um, myths surrounding the vaccine. I think, um, we've, we've done that on some previous shows and on some, some other forums, but maybe just quickly touch on what are some of the biggest reasons that you're hearing people say they don't want to get a vaccine and, um, how legitimate those concerns are.

Sarah Brunn ([34:24](#)):

Um, probably the thing I hear most often is that we sped this through too quickly, and there's not enough data to suggest that it's safe. Um, M RNA vaccines have been in the works for greater than 10 years. This has been researched for a long period of time. So although this is the first vaccine that's been developed using this technology, it really has been researched for quite a long period of time. And then I think that we forget that these clinical trials were really large and they were, they were stood up relatively quickly. So we saw our first cases in the United States in January of 2020. And we had vaccine in arms already in June of 2020. So we have greater than six months of data in terms of safety and effectiveness on these vaccines. And there was a lot of money and government support put into these vaccines where when you look at a typical, um, study, that's done, generally they start incredibly small so that they can get funding to go to the next step and the next step.

Sarah Brunn ([35:30](#)):

And the next step to get funding is generally a very difficult thing. Um, but this was heavily funded from the beginning, just because of the incredible impact this illness has had on our, on our communities. Um, at every level you just think about the impact that this had, and so really heavily funded, which was a great benefit. Um, I've also heard, continue to hear a fear is that an M RNA vaccine might permanently alter DNA, which really M RNA is just like a messenger cell. So it takes this little thing and it moves it around the body as a messenger. It does not alter your DNA. It doesn't change any on a permanent basis. It just allows your body to create these antibodies that will fight off the illness. Um, and then one other thing that I've heard is in relation to fertility, um, and, and there is no evidence to suggest that there is any impaired fertility with this vaccine. Now, I will say there is evidence to suggest that a COVID infection itself might impact fertility, um, for both men and women in a longterm. So, uh, you know, when you're weighing your risk benefit and you think about what a COVID illness might do to you permanently, um, how it might permanently affect your body, there are lots of ways that it could permanently harm you. Um, and we're just beginning to see what the long-term side effects might be. Um, so that one again is not substantiated by the research.

Katie Johnson ([37:07](#)):

Well, those are all great. And you hit on all of the common ones that I've been hearing as well. Um, probably just one last quick question is if there's anybody that shouldn't be vaccinated.

Sarah Brunn ([37:18](#)):

Um, so there's, there are a couple of limitations in terms of, of the vaccine. Um, you need to be over 16, so 16 or older for the Pfizer vaccine, 18 or older for the modern vaccine. They have started trials for people younger than that. So hopefully in the near future, we'll be able to vaccinate younger individuals, but at this point you have to be at least 16 to, to receive a vaccine. Um, we would also want you to be fully recovered from a COVID infection. So if you've previously had COVID, um, I know initially we heard that you should wait three months, um, maybe more for, uh, equitable distribution of the vaccine, because you're likely to have some antibodies that would fight it off. Um, but having had COVID does not exclude you from getting the vaccine. It just, um, we just want to make sure that you're fully recovered, so you should no longer be symptomatic. You need to make it through your isolation window and be fully recovered from your illness. One more thing if you've had a MAB infusion. So when we talk about that antibody infusion that you could get at that prevents Haas significant illness, we ask that you would wait 90 days following that infusion prior to receiving a vaccine. We don't know yet. There's just, we haven't enough people. Who've had a NAB infusion to know if it's safe or not. So that's why we ask that you wait that 90 days.

Katie Johnson ([38:42](#)):

Oh, super information. Anything that you think is really important that we touched on before, before we wrap up that I haven't asked you yet.

Sarah Brunn ([38:50](#)):

I think we had a really robust conversation.

Katie Johnson ([38:53](#)):

I, I completely agree. Thank you again so much for sharing your, your vast knowledge and experience with us, uh, all around, uh, COVID itself and the vaccine in particular. And as we said before, ever changing, uh, this is as of the beginning of February, what we are sharing with you today, we will

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continue to update you when you, the latest information as things do change. Um, we'll update that phone number, uh, seven three nine two two two one, our website, L R H c.org, uh, with the latest information when, um, crossing our fingers, when we get more vaccine, which will hopefully be soon. Um, so stay in tune to those, uh, those resources and, um, continue to listen, uh, for further updates from, from us about the COVID vaccine and any other important information for you to know to stay healthy is that's what we're here to help you do. Sarah Brunn infection prevention coordinator at Lake region healthcare, my guest today. Thanks again so much. Sarah, Sarah Brown and Katie Johnson on Apple a day reminding you, there is so much to do here, stay healthy for it. Have a great day.