



UMB News

Clearing Up COVID-19 Vaccination Confusion

July 20, 2021 | By [Mary Therese Phelan](#)

One event. Two audiences. Three panelists. Many questions about the safety and efficacy of COVID-19 vaccines.



From left, Matthew Laurens, Sarah Edwards, and Bruce Jarrell.

That's how one could describe the UMB "Ask the Experts About COVID-19 Vaccines" town hall, held June 15 simultaneously in the Health Sciences Facility Research (HSRF) II Auditorium and on the virtual platform Webex. It was the first hybrid event at the [University of Maryland, Baltimore \(UMB\)](#) since faculty and staff have started a slow return to campus.

"It's so nice to see people," UMB President **Bruce E. Jarrell, MD, FACS**, remarked as he entered the auditorium.

From booster shots to campus protocols, Jarrell, **Matthew Laurens, MD, MPH**, pediatric infectious disease specialist who conducts research with the [University of Maryland School of Medicine's \(UMSOM\) Center for Vaccine Development and Global Health \(CVD\)](#), and **Sarah Edwards, DO**, assistant professor of psychiatry, UMSOM, fielded questions from viewers watching remotely and several attendees seated in the auditorium.

As it stands now, 56 percent of all Americans have received at least one COVID-19 vaccine dose, and 48 percent are

fully vaccinated, host **Alex Likowski**, executive director of media relations, UMB, told both audiences as he kicked off the event.

But after some months of subsiding, COVID-19 is on the rise again. In the United States, the seven-day average in new cases has about doubled in recent weeks and hospitalizations are going up as well and surging, especially in the South and Mountain West areas with some of the lowest vaccination rates, he said. A major cause of concern, of course, is the so-called Delta variant.

Since the pandemic's earliest days, the multitude of information sources trying to capture the attention of American readers, listeners, and viewers has been overwhelming, Jarrell said, bringing him to ask the first question of the afternoon.

"What are your trusted sources for data? And were you not a physician, but rather a layperson, what should we tell them their trusted source should be?" Jarrell asked.

Edwards, co-investigator for UMB's Health Resources and Services Administration grant focused on public perceptions and attitudes about vaccines, suggested families reach out to their pediatricians because those are the doctors who tend to know one's family well. She also recommended that families listen to a variety of news sources to broaden their exposure to different viewpoints.

"That's going to be good for your mental muscles," she said.

For Laurens, his primary source of information is the Centers for Disease Control and Prevention (CDC), which presents information geared toward a lay audience, as well as medical professionals. He also recommends the Maryland Departments of [Health](#) and [Human Services](#) websites for useful information about COVID-19.

For Jarrell, the source he trusts the most is the man who heads the U.S. National Institute of Allergy and Infectious Diseases and serves as medical advisor to President Biden.

"When people ask me that question, I say when Dr. [Anthony] Fauci speaks, I listen," Jarrell said. "I think the important part for the audience is what we know today is what we know today, and what we know tomorrow may be different. But certainly, as this has rolled out, these have been very safe vaccines."

Jarrell noted the important work being done by UMB's CVD and encouraged community members to participate, like he did, in COVID-19-related clinical trials.

"I've gotten to know them well and developed a lot of trust with what they do," he said. "And I think it's really important that you've got to practice what you preach. And so I just want to raise the point of making sure that people understand that, to support the CVD to get answers to this."

Via Webex, **Linda Simoni-Wastila, BSPHarm, MSPH, PhD**, the Parke-Davis Chair in Geriatric Pharmacotherapy, Department of Pharmaceutical Health Services Research (PHSR), [University of Maryland School of Pharmacy \(UMSOP\)](#), said there are increasing reports from Norway, the United Kingdom, and the CDC about breakthrough infections among those who are fully vaccinated and that many of these are resulting in hospitalization and death.

"Given that vaccinated individuals are susceptible to infection and can transmit, why is the campus requiring only the unvaccinated to wear masks continuously and practice social distancing?" Simoni-Wastila asked.

"It's true that these are occurring," Laurens said of the breakthrough infections, meaning infections occurring in fully vaccinated individuals. "But if you look at the populations in the U.S. that are fully vaccinated, and their risk for hospitalization, individuals who are being hospitalized now for COVID-19 are the unvaccinated population. Those who are fully vaccinated had very minimal to no risk of hospitalization."

That's one of the reasons why the University is encouraging vaccination, to decrease an individual's risk of not only getting COVID-19, but also having the severe consequences of infection, including hospitalization and potentially death, Laurens said.

Some people have not been vaccinated because they are afraid to do so, as 10 percent of Americans experience trypanophobia, an extreme fear of medical procedures involving injections or hypodermic needles. One of them is a coffee shop employee Edwards met recently. The young woman mentioned that she hadn't been vaccinated because of her fear of needles. Edwards not only assisted the barista in making her vaccination appointments, but also taught her some breathing techniques and accompanied her to the vaccination clinic at the [SMC Campus Center](#) where she received her shots.

"It was a fun way of kind of bonding together in this community, in a challenging time, but realizing that there are many reasons why individuals don't want to get vaccinated," Edwards said.

Other questions from the live audience centered on whether it is safe to receive one dose of the vaccine from one manufacturer and the second from a different manufacturer, a scenario typical in countries where vaccines are in limited supply.

"We simply don't know that yet, but that is continuing to be studied," said Laurens. In the field of vaccine research, such a study is known as a "mix and match" study, where a person starts with one vaccine and ends with a different vaccine against the same disease.

"There is reason to think that that would be an effective strategy. And certainly, we would want to know more about the efficacy of that strategy as well as the safety of that strategy because different vaccines have different side effects," he said.

Joanne Morrison, senior director of marketing and public relations, UMB, asked what can be done to ease people's anxiety enough to have people clearly understand that the COVID-19 vaccines currently available are safe.

"We're lucky we have access to professionals that have made themselves available with very good messaging, but how do you get beyond that anxiety of mistrust and issues like that, that may curtail people from really considering all this information?" Morrison asked.

Edwards said above all else she encourages families to talk to their health care professionals and individuals in the field that they trust.

"If you need to be talking with professionals to kind of help sift through some of the facts, that's important to do," she said. "We are human beings who need to rely on that interaction and relationships. So when you're questioning and having those same sort of worries and concerns, it's helpful to talk about that in your family, with your close friends, colleagues, in your church community, and kind of get a sense of what other people are doing, too."

Meanwhile, on Webex, UMSOP's **Peter Doshi, PhD**, assistant professor, PHSR, raised a question regarding the ability to detect any adverse events associated with vaccination, such as myocarditis, which was detected in young men four to five months into the vaccination campaign.

"Why did it take six months to discover myocarditis, which appears days after dose two, and what are the implications of this fact in terms of finding other serious adverse events down the line that we aren't talking about today, say months or years from now?" he asked.

A robust monitoring system detected this very rare side effect, Laurens responded.

"The question is, are we going to detect other potential side effects of vaccination? It's possible, it's very possible, but we can have confidence that the FDA [Food and Drug Administration] and the CDC will let the public know what these risks are, and who is at highest risk," he said. Recent reports also have linked the Johnson & Johnson COVID-19 vaccine with cases of Guillain-Barré syndrome.

"So far, we've detected it in about 100 individuals out of over 12 million doses that have occurred. So this is something that is ongoing, and it's something that your government will continue to notify you about," Laurens said.

Questions about a COVID-19 booster shot were on the mind of **Carin Morell, MA**, public information officer, UMB Police Department.

If the CDC recommends a booster in the future, would it be through a different manufacturer, or would a person have to stay with the manufacturer of his or her original vaccines? Would a booster be mandated for UMB employees, faculty and staff, she asked.

"My answer to that is we simply don't know yet," Laurens said.

Whether the University would make a booster mandatory also is unknown, Jarrell said.

"I think if data were to come along to say the Delta variant was really out of control and if there were data to say that a booster would benefit, then we would look at it from a public health point of view and that's how a decision would get made," Jarrell said. "There's certainly no decision about that at the moment."

As employees return to campus, how does one know who has been vaccinated and who hasn't, asked **Hope Wallace**, senior marketing specialist, UMB, an attendee in the auditorium audience. Further, what should she do if she sees a nonvaccinated coworker refusing to follow the appropriate protocols for nonvaccinated employees? Faculty, staff, and students returning to UMB who have not been vaccinated are required to wear a mask at all times and maintain physical distancing.

It is an ever-changing landscape right now, where a hug or a handshake may not be welcomed by everyone, Edwards responded.

"I think as we're returning to work, it's important to have open conversations," she advised.

Jarrell said interactions with colleagues are a part of what returning to UMB is all about.

"I just think this is part of coming back to UMB," he said. "I care a whole lot about the people who are around me, and I have a personal responsibility to make sure that I'm acting in the best way, and I would hope the people around me would feel the same way. There's no airtight way to do that. We're not allowed to break somebody's privacy. There are rules about that. But we do have a right to know when people are not following the rules."

To watch the hybrid town hall, see the video above.

To make a vaccine appointment, visit [GetTheVaccineBaltimore.org](https://www.getthevaccinebaltimore.org).

To learn about COVID-19 protocols on campus, visit umaryland.edu/coronavirus.

SHARE THIS ARTICLE

The University of Maryland, Baltimore is the founding campus of the University System of Maryland.
620 W. Lexington St., Baltimore, MD 21201 | 410-706-3100
© 2021 University of Maryland, Baltimore. All rights reserved.