In the name of Allah, the Most Gracious, the Most Merciful

COVID-19 VACCINES

Frequently Asked Questions (FAQs)

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cmcovidtf.com

DISCLAIMER

This FAQ document is a compilation of answers to questions related to the COVID-19 vaccines that the Canadian Muslim COVID-19 Task Force has received via its website, town halls and social media pages since December 2020. The answers have been drafted and vetted by Canadian Muslim health experts using reliable sources that have been referenced. While this is a static document, <u>our website</u> will continue to post <u>booking updates</u>, <u>answers to questions</u> as they are received and <u>more information</u> as it becomes available.

Information is quickly changing in this pandemic, and as we learn more, recommendations and guidelines may change or be updated. Please stay informed using knowledgeable and trustworthy sources. Detailed official information regarding the COVID-19 vaccines is available from the <u>National</u> <u>Advisory Committee on Immunization (NACI)</u>. If you have questions or concerns related to your medical history, please discuss these with your healthcare provider.

ACKNOWLEDGEMENTS

We would like to thank the Knowledge Translation team of the Canadian Muslim COVID-19 Task Force for their contributions to this document. This team is comprised of volunteer Canadian Muslim medical students, physicians and researchers.

ABOUT THE CANADIAN MUSLIM COVID-19 TASK FORCE

The Canadian Muslim COVID-19 Task Force was forged on March 12th, 2020, as a collaborative platform for bringing together Canadian Muslim medical, religious and community leaders and organizations in their response to the COVID-19 pandemic. While leading their own initiatives and collaborating with each other, member organizations share updates, experiences, resources, seek assistance and help proactively plan for anticipated challenges. We also collaborate internationally with other Muslim COVID-19 task forces in Muslim minority countries, along with local community COVID-19 task forces in a similar manner.

We aim to have broad representation and input from across the country and invite passionate and dedicated Canadian Muslim organizations and community leaders to join our task force.

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COVID-19 VACCINES COMPARISON TABLE

Last updated March 25th, 2021

mRNA Vaccines

	BIONTECH	NIH National Institutes of Health
	Pfizer – BioNtech (Comirnaty, tozinameran, BNT162b2)	Moderna (mRNA-1273)
Status in Canada	Authorized for Emergency Use	Authorized for Emergency Use
Approval Outside of Canada	76 countries	41 countries
Technology	mRNA (genetic material) coding for part of the spike protein of the virus	mRNA (genetic material) coding for part of the spike protein of the virus
Number of Doses Required	2 doses, ideally 21 days apart	2 doses, ideally 28 days apart
Age groups authorized	16 and older	18 and older
Ongoing Studies	Studies have started to test the vaccine in adolescents between 12 and 15 years old.	Studies have started to test the vaccine in adolescents between 12 and 18 years old.
Variants	Preliminary reports indicate effective against B.1.1.7 (UK strain)	
Halal Status	Halal or permissible by: Canada - MMAC & CCI USA - AMJA UK - BIMA	Halal or permissible by: Canada - MMAC & CCI USA - AMJA
Storage	Freezer storage only at -70 degrees Celsius Requires specialized freezers in limited centres	6 months at -20 degrees Celsius 30 days with refrigeration Can be stored in regular freezers in pharmacies and clinics
Clinical Trials and Sites	12 trials in 9 countries	10 trials in 2 countries
Number of participants enrolled	44,000	30,000
Efficacy	95% after 2 doses	94.1% after 2 doses

Possible Side Effects	The side effects that followed vaccine administration in clinical trials were mild or moderate. They included things like pain at the site of injection, body chills, feeling tired and feeling feverish.	The following are common or very common side effects of Moderna COVID-19 Vaccine. Most of these side effects are mild and do not last long. Pain at the injection site Tiredness Headache Muscle ache and stiffness Chills Fever Swelling or redness at the injection site Nausea and/or vomiting Enlarged lymph nodes
Ingredients	 Medicinal ingredient: mRNA Non-medicinal ingredients: ALC-0315 = ((4-hydroxybutyl)azanediyl)bis(hexa ne-6,1-diyl)bis(2-hexyldecanoate) ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacet amide 1,2-Distearoyl-sn-glycero-3-phosp hocholine cholesterol dibasic sodium phosphate dihydrate monobasic potassium phosphate potassium chloride sucrose water for injection 	 Medicinal ingredient: mRNA Non-medicinal ingredients: 1,2-distearoyl-sn-glycero-3-phos phocholine (DSPC), acetic acid, cholesterol, PEG2000 DMG (1,2-dimyristoyl-rac-glycerol,met hoxy-polyethyleneglycol), lipid SM-102, sodium acetate, sucrose, tromethamine tromethamine hydrochloride, water for injection.
Consumer Information	Pfizer-BioNTech - Consumer Information	Moderna - Consumer Information
Product Monograph	Pfizer-BioNTech - Product Monograph	<u> Moderna - Product Monograph</u>

	UNIVERSITY OF OXFORD AstraZeneca	HARMACEUTICAL COMPANIES OF Johnson Johnson
	AstraZeneca - Oxford (AZD1222, Covishield)	Janssen / Johnson & Johnson (Ad26.COV2.S, JNJ-78436735)
Status in Canada	Authorized	Authorized
Approval Outside of Canada	76 countries	34 countries
Technology	Non-replicating Viral Vector - another virus that cannot copy itself carries the virus' genes (DNA)	Non-replicating Viral Vector - another virus that cannot copy itself carries the virus' genes (DNA)
Number of Doses Required	2 doses, 4 to 12 weeks apart	1 dose
Age groups authorized	18 and older	18 and older
Ongoing Studies	Studies in children over the age of 6 have commenced.	Studies in children and pregnant women have been announced.
Variants	Effective against the B.117 (UK) variant. An updated version designed to be more effective against the B.1351 (South Africa) is being developed.	Effective against the B.1351 (South Africa) and P.2 (Brazil) variants.
Halal Status	Halal or permissible by: Canada - MMAC & CCI UK - BIMA	To Be Determined
Storage	At least 6 months with refrigeration at between +2 and +8 degrees Celsius	Up to 2 years frozen at -20 degrees Celsius, up to 3 months refrigerated at +2 to +8 degrees Celsius
Clinical Trials and Sites	22 trials in 13 countries	7 trials in 17 countries
Number of participants enrolled	23,848	43,000
Efficacy	62 to 90%, depending on dosage	72% in the US, 64% in South Africa, 68% in Latin America

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Possible Side Effects	There were no significant differences in side effects between the AZ-Oxford COVID-19 vaccine and the control group. Very Common (may affect more than 1 in 10 people) • tenderness, pain, warmth, redness, itching, swelling or bruising where the injection is given • generally feeling unwell • feeling tired (fatigue) • chills or feeling feverish • headache • feeling sick (nausea) • joint pain or muscle ache Common (may affect up to 1 in 10 people) • a lump at the injection site • fever • being sick (vomiting) • flu-like symptoms, such as high temperature, sore throat, runny nose, cough and chills Uncommon (may affect up to 1 in 100 people) • feeling dizzy • decreased appetite • abdominal pain • enlarged lymph nodes • excessive sweating, itchy skin or rash	In clinical studies with the vaccine, most of the side effects occurred within 2 days of getting the injection, were mild to moderate in intensity and resolved within 1-2 days. Very common (may affect more than 1 in 10 people): • headache • nausea • muscle aches • pain at injection site • feeling very tired (fatigue) Common (may affect up to 1 in 10 people): • fever • redness at injection site • swelling at injection site • swelling at injection site • chills • joint pain Uncommon (may affect up to 1 in 100 people): • rash • muscle weakness • arm or leg pain • feeling weak • feeling generally unwell Rare (may affect up to 1 in 1000 people): • allergic reaction, including hives
Ingredients	Medicinal ingredient Adenovirus vector vaccine Non-medicinal ingredients disodium edetate dihydrate (EDTA) ethanol L-histidine L-histidine hydrochloride monohydrate magnesium chloride hexahydrate polysorbate 80 sodium chloride sucrose water for injection	Medicinal ingredient adenovirus vector vaccine Non-medicinal ingredients 2-hydroxypropyl-β-cyclodextrin (HBCD) citric acid monohydrate ethanol hydrochloric acid polysorbate-80 sodium chloride sodium hydroxide trisodium citrate dehydrate water for injection
Consumer Information	AstraZeneca-Oxford - Consumer Information	Janssen - Consumer Information
Product Monograph	AstraZeneca-Oxford Product Monograph	Janssen - Product Monograph
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	NOVAVAX
	Novavax (NVX-CoV2373)
Status in Canada	Expected to be available later in 2021 and will be produced in Canada.
Approval Outside of Canada	Not yet approved in any country. Clinical trials are ongoing.
Technology	Protein subunit vaccine - contains only an identifying protein from the SARS-CoV-2 virus
Number of Doses Required	2 doses, 21 days (3 weeks) apart
Age groups authorized	N/A. Being studied in adults 18-84 years of age.
Ongoing Studies	Studies in children or pregnant women have not yet started.
Variants	86% effective against the B.117 (UK) variant, 60% effective against the B.1351 (South Africa) variant
Halal Status	None Yet. Awaiting completion and evaluation of research studies.
Storage	N/A
Clinical Trials and Sites	5 trials in 6 countries
Number of participants enrolled	Over 30,000
Efficacy	96% against original strain and B.117 (UK) variant.
Possible Side Effects	N/A
Ingredients	N/A
Consumer Information	N/A
Product Monograph	N/A

CMCTF - COVID-19 Vaccines FAQs

- 1. COVID-19 vaccines and treatments portal
- 2. Moderna Announces Longer Shelf Life for its COVID-19 Vaccine Candidate at Refrigerated Temperatures
- 3. BioNTech COVID-19 Vaccine US Distribution Fact Sheet
- 4. Information for UK recipients on COVID 19 Vaccine AstraZeneca
- 5. <u>Vaccines Tracker</u>
- 6. Covid-19 Vaccine Tracker Updates: The Latest- New York Times
- 7. Novavax COVID-19 Vaccine Demonstrates 89.3% Efficacy in UK Phase 3 Trial | Novavax Inc. IR Site
- 8. Novavax offers first evidence that COVID vaccines protect people against variants
- 9. Covid-19: Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant

RELIABLE SOURCES FOR COVID-19 VACCINE FREQUENTLY ASKED QUESTIONS

- 1. Provincial COVID-19 Vaccine FAQ Pages
 - <u>Alberta</u>
 - British Columbia
 - <u>Manitoba</u>
 - New Brunswick
 - Newfoundland and Labrador
 - Northwest Territories
 - <u>Nova Scotia</u>
 - <u>Nunavut</u>
 - <u>Ontario</u>
 - Prince Edward Island
 - <u>Quebec</u>
 - <u>Saskatchewan</u>
 - Yukon
- 2. <u>CANVax</u>
- 3. <u>Questions from Canada's Specialists and Family Doctors COVIDquestions.ca</u>
- 4. <u>GetVaccinated.ca Stop the Spread of COVID Vaccine Misinformation</u>
- 5. NEJM COVID-19 Vaccine FAQs
- 6. Vaccine Knowledge Project University of Oxford
- 7. FDA Pfizer-BioNTech COVID-19 Vaccine FAQs
- 8. FDA Moderna COVID-19 Vaccine FAQs
- 9. FDA Janssen COVID-19 Vaccine FAQs

GENERAL QUESTIONS

Why Should We Take Vaccines?

Over the last 200 years, vaccines have eliminated smallpox, almost eradicated measles and polio, and prevented 25 other illnesses including infections and cancers that have killed millions around the world. By using a dead, weakened or part of the germ, our body's immune system is trained to recognize the germs to effectively prevent disease, save lives and reduce the social and economic impact of these illnesses on communities.

What Do I Need to Know About the New COVID-19 Vaccines?

Over 100 research teams across the world have been simultaneously developing vaccines for COVID-19 using different technologies. Each candidate vaccine will go through rigorous trials to determine if it is safe and how well it protects from disease or infection. There will be expected differences in effectiveness, safety, how they are manufactured, transported and given to patients. The results of vaccine research trials so far have reassuringly shown very high effectiveness in people of different ages from many countries. The first COVID-19 vaccine (Pfizer/BioNTech) was authorized on December 9, 2020 and the first Canadian received this vaccine on December 14, 2020. The COVID-19 vaccines will be free for all Canadians and proof of immunization will be issued. Canada has reserved millions of doses of different types of vaccines and in the coming months more will become approved. Due to supply chain issues and shortages, the vaccines will be available in limited quantities and therefore eligible groups will be prioritized by provincial governments. The vaccines will be distributed initially to regions with higher rates of COVID-19, long-term care residents and staff, the elderly, front line healthcare workers and some Indigenous adults. These priority groups will likely receive the first available batch of doses by the end of March 2021. Although timelines may change, 50% of Canadians can expect to be vaccinated by next summer and all Canadians should be vaccinated by the end of 2021. There are already established safety net government programs that continuously monitor for short and long-term effects of all vaccines, and additional patient support programs have been announced.

Why is it Critical for as Many Canadian Muslims to get the COVID-19 Vaccine as Possible?

The ongoing COVID-19 pandemic has forever disrupted our lives. Many Canadian Muslims identify as South Asian or Black, and such racialized community members are at higher risk of being exposed or

getting sicker from COVID-19 as they are essential workers, have high-risk medical conditions, live in multi-generational homes or may live in dense and lower socioeconomic settings. Vaccines are most effective at removing a disease from communities when we vaccinate as many people as possible, to allow us to keep the most vulnerable members of our society safe.

Will the COVID-19 Vaccine be Mandatory?

It is not mandatory to get the COVID-19 vaccine as per federal and provincial authorities, however it is being offered free of charge to everyone in Canada who is recommended to get the vaccine, including those who aren't citizens. This is because establishing herd immunity by vaccinating as much of the at-risk population as possible allows us to protect those that are most vulnerable.

There may also be employment, educational, social or travel implications as well for those that choose not to get vaccinated, as jurisdictions consider vaccination passports. It is therefore extremely important to keep your record of COVID-19 vaccination safe.

References

1. Vaccines and treatments for COVID-19: Vaccine rollout

How Many People Need to Be Vaccinated Before Our Community is Considered Adequately Protected from COVID-19?

Herd immunity is a state where either through natural infection or vaccination, enough of a community or population is protected. At this point, the infectious disease is less likely to be able to spread to an unprotected person and subsequently dies out. While at present we do not know the exact proportion of vaccinated people required to achieve herd immunity for COVID-19, scientists estimate this to be roughly 60-90% of the population.

References

1. <u>COVID-19 – What We Know So Far About... Herd Immunity Introduction</u>

What is an mRNA Vaccine? Is it a Live Vaccine?

The Pfizer-BioNTech and Moderna COVID-19 vaccines are NOT live vaccines. Live vaccines contain a small, weakened part of a virus. While live vaccines are safe, they are usually not recommended for people who have a weakened immune system or are pregnant. Unlike live vaccines, the approved

COVID-19 vaccines may be given to people with a weak immune system or who are pregnant, after a discussion with their healthcare provider.

Vaccines help you become immune to COVID-19, by exposing your body to a small part of the virus without you actually developing COVID-19. The Pfizer-BioNTech and Moderna COVID-19 vaccines are mRNA (messenger RNA) vaccines. mRNA is found in our cells naturally and is used to make proteins for cell growth and function.

The 'spike protein' is found on the outside of the coronavirus and is the key for it to be able to enter your cells. In the vaccine, the mRNA is a code for a part of the coronavirus spike protein. The mRNA code enters your cells and your own cell's machinery makes parts of the coronavirus spike proteins. Then, your immune system recognizes these spike protein parts and begins to create antibodies (or fighter cells) against it. At no time does the mRNA enter your cells' nucleus, where your DNA and genetic material is stored. Your antibodies have memory, so that if you are exposed to the coronavirus in the future, your body will already be prepared to fight it.

References

- 1. <u>US Health and Human services Vaccines Information</u>
- 2. <u>COVID-19 mRNA vaccines Canada.ca</u>

Who Should and Who Should Not Get the COVID-19 Vaccine?

Who Should Get the COVID-19 Vaccine?

- All persons within the authorized age groups for each vaccine should receive the COVID-19 vaccine, as long as there are no contraindications (medical reasons advising against it).
 - Authorized age groups:
 - Pfizer-BioNTech (16 years or older)
 - Moderna (18 years or older)
 - AstraZeneca-Oxford/Covishield (18 years or older)
 - Janssen / Johnson & Johnson (18 years or older)

Who Should Not Get the COVID-19 Vaccine?

- Children and adolescents not in the authorized age groups above
- Any person who has previously had a severe allergic reaction to the COVID-19 vaccine or any part of the COVID-19 vaccine.

- Those who have food, environmental and other drug allergies may receive the COVID-19 vaccine.
- Mild allergies or reactions to any vaccine are not a contraindication to the COVID-19 vaccine.
- Any individual who is acutely ill or unwell should wait until all symptoms have completely resolved before receiving the COVID-19 vaccine.

Who Should Consult with their Healthcare Provider?

A risk assessment should be performed with the following groups and their healthcare provider to discuss their medical history and circumstances. If the benefits outweigh the risks, these persons may receive the COVID-19 vaccine.

- Pregnant or breastfeeding women
- Individuals with a weakened immune system (due to disease or treatments such as steroids or cancer medicines)
- Individuals with an autoimmune condition
- Individuals with a previous severe allergic reaction to other vaccines
- Individuals with problem bleeding or bruising, or are taking blood-thinner medications.

If you have any questions or concerns related to your personal medical history, please discuss them with your healthcare provider.

References

- 1. <u>Health Canada</u>
- 2. <u>CDC</u>

Do People Who Have Previously Had COVID-19 Need to Get the Vaccine?

Yes. Canada's National Advisory Committee on Immunization (NACI) recommends that people who have previously had COVID-19 should still receive the full COVID-19 vaccination series (i.e. both shots of the same Pfizer-BioNTech, Moderna or AstraZeneca-Oxford/Covishield vaccines, or the single shot of the Janssen/Johnson & Johnson vaccine), as long as they have not had a previous severe allergic reaction to the vaccine or its ingredients. This is because although rare within the first 3 months following COVID-19 infection, there have been reports of people getting re-infected and developing COVID-19, possibly due to different variants.

It should be noted that individuals who tested positive for COVID-19 were not included in the clinical trials for the currently approved vaccines, and so the effectiveness of the vaccine for these individuals is not known.

References

1. <u>Health Canada</u>

After I Get the COVID-19 Vaccine, Will I Test Positive for COVID-19 on a Viral Swab Test?

No. None of the authorized vaccines will cause you to have a positive COVID-19 swab test. If you test positive on a viral swab, it means that you are currently infected with the virus. If you are vaccinated, you may test positive on an antibody test, which checks to see if you have immunity or protection against the virus.

Where Were the COVID-19 Vaccines Tested?

Currently, the four COVID-19 vaccines approved by Health Canada are the Pfizer-BioNTech, Moderna, AstraZeneca-Oxford/Covishield and Janssen/Johnson & Johnson vaccines.

The Pfizer-BioNTech vaccine was tested at over 150 sites in the United States, Europe, Latin America, and South Africa.

The Moderna vaccine was tested at 100 sites across the United States with ongoing studies in Canada as well.

The AstraZeneca-Oxford/Covishield vaccines were tested at numerous sites across the United Kingdom, South Africa and Brazil, with ongoing studies in the United States, India and several South American countries.

The Janssen/Johnson & Johnson vaccine was tested at numerous sites across the United States, South Africa, and several European and Latin American countries.

- 1. Pfizer-BioNTech NEJM clinical trial
- 2. <u>Moderna NEJM clinical trial</u>
- 3. <u>COVID-19 Vaccines Tracker</u>

Were the COVID-19 Vaccines Tested on Animals?

Yes. All 4 currently authorized vaccines have been tested on animals such as mice and macaques, as is usual when developing vaccines. Due to the urgency of the pandemic, the animal clinical trials were run at the same time as the early human trials. The results from both human and animal trials demonstrated that these COVID-19 vaccines are safe and effective.

References

- 1. Pfizer and Moderna did not skip animal trials
- 2. Pfizer and BioNTech Announce Data from Preclinical Studies of mRNA-based Vaccine Candidate Against COVID-19

Are Governments or Powerful Individuals Trying to Control Us by Giving Us this Vaccine?

There are many conspiracy theories being circulated related to 5G networks, Bill Gates, microchips and governments trying to control citizens or take over the world. None of these are substantiated, technologically possible or realistic. Narrated *Abu Huraira(R. A.):* The Prophet said, "Beware of suspicion, for suspicion is the worst of false tales...and do not spy..." (*Sahih al-Bukhari*: Vol. 8, Book 73, *Hadith* 90). We should all seek and share information only from reliable sources. *Al-Buhuti* reported: *Umar, (R. A.),* said, "O *Allah,* show me the truth as truth and guide me to follow it. Show me the false as false and guide me to avoid it." (*Sharh al-Muntaha al-Iradat* 3/497).

Do We Know Everything We Need to Know?

As with any new scientific discovery, medication or technology, there are many unanswered questions, including how effective these vaccines will be in reducing community transmission and how effective and safe they'll be in the long run. Only time will tell how long immunity will last, and if we may need additional doses. Despite these unknowns and based on our knowledge so far, the benefits of taking the COVID-19 vaccines far outweighs some of these valid concerns.

Are Recommendations or Guidance Expected to Change?

Information is quickly changing in this pandemic, and as we learn more, recommendations and guidelines may change or be updated. Please stay informed using knowledgeable and trustworthy sources. Detailed official information regarding the COVID-19 vaccines is available from the <u>National</u> <u>Advisory Committee on Immunization (NACI)</u>.

VACCINE LOGISTICS

How Can I Get the COVID-19 Vaccine and Where Should I Go to Get it?

When it is your turn to get vaccinated, there will be vaccination clinics and centres available in your area. High risk persons are currently being immunized within hospitals and long-term care homes. When your region or province is ready to offer vaccines to the general population (approximately March-April 2021), depending on the available vaccines, you will likely be able to get your vaccine at a community vaccination centre, your healthcare provider's office and/or local pharmacy. An appointment will likely be required which can be made online or via telephone.

There have been reports of scams and people paying privately or travelling to get their COVID-19 vaccine elsewhere. Local and provincial public health units and health ministries are keeping track of vaccines administered in Canada. Attempts to bypass waitlists may result in future difficulties without an official record of vaccination. The vaccines are being distributed and administered on a priority basis, so please wait patiently for your turn. There will be enough doses for every eligible person in Canada and the COVID-19 vaccine will be free for all.

References

1. Vaccines and treatments for COVID-19: Vaccine rollout - Canada.ca

Are Non-Citizens and Non-Residents Eligible to Receive the COVID-19 vaccine?

Yes. The COVID-19 vaccine is and will be available to all authorized age groups within Canada, regardless of immigration or residency status. As such, non-citizens, non-residents, migrant workers, refugees and international students should all be able to receive the vaccine when they meet the eligibility criteria in their region. There may be variation between regions on how, when and where these groups may receive their vaccine.

References

1. Vaccines and treatments for COVID-19: Vaccine rollout

How Were the COVID-19 Vaccines Approved so Quickly?

The genome, or genetic sequence, of the SARS-CoV-2 virus has been known since January 10, 2020 and since then, over 100 teams of researchers across the world have been working to develop

vaccines. Although typically it takes a couple of years before vaccines become approved for use, there are a number of reasons why several different teams and companies were able to independently develop vaccines so quickly.

Through an unprecedented collaborative effort between scientists, pharmaceutical companies and governments, development of these COVID-19 vaccines were given top priority with heavy funding to build on decades of previous foundational coronavirus research and more than 10 years of mRNA research, removal of administrative barriers and running parts of clinical trials in parallel. mRNA vaccines are quicker, easier and cheaper to produce than traditional vaccines, which is partly why they were the first ones to become available. The widespread nature of COVID-19 also made it easier to recruit subjects for the clinical trials from different countries. This is a remarkable feat of modern science and technology, and a testament to what we can accomplish by working together.

All vaccines being considered for approval still go through the independent rigorous process of ensuring all steps were executed and that they are effective, safe and high quality according to Health Canada's standards. The approved vaccines were shown to be extremely effective in reducing the severity of COVID-19 regardless of age group, gender and ethnoracial group. While having received emergency regulatory approval for use given the millions that have died from this infectious disease already, all of these vaccines will continue to have ongoing long-term studies that will assess both long-term safety and effectiveness.

References

- 1. Three decades of messenger RNA vaccine development
- 2. Coronavirus vaccine development: from SARS and MERS to COVID-19

Should We Wait For Other Vaccines to Get Approved So We Can Decide Which One We Want to Take?

The approved vaccines thus far have been tested in tens of thousands of people and millions around the world have already been vaccinated. The COVID-19 vaccines are being distributed on a priority basis, as determined by each province. If you are at high risk of getting or suffering from complications of COVID-19, it is best to get the vaccine as soon as you are eligible and the first one that is offered to you. You may need to have a discussion with your healthcare provider to assess your risk in the context of your specific medical history and circumstances.

If you are deemed to be at low risk of getting or suffering from complications of COVID-19, you will have to wait your turn. By that time, more vaccines may have gotten approved and you may have more

options available to you, we will have more data on vaccine effectiveness and safety in real world settings and you may feel more comfortable with one vaccine over another.

The approved COVID-19 vaccines cannot be directly compared with one another based on their reported effectiveness and safety data, as their research studies were all conducted under different settings, with different populations and to-date they have not been compared head-to-head within the same clinical trial. Most importantly, they all offer excellent protection (almost 100%) from becoming sick enough to require hospitalization, and will therefore significantly reduce the burden of COVID-19 in our communities.

The CMCTF strongly recommends receiving the first approved COVID-19 vaccine available to you, as soon as you are eligible. The benefits of being vaccinated as soon as possible far outweigh any potential benefits of waiting or exercising one's choice of vaccine.

References

- 1. Pfizer-BioNTech COVID-19 vaccine: What you should know Canada.ca
- 2. Moderna COVID-19 vaccine: What you should know Canada.ca

Can We Complete the COVID-19 Vaccine Series With Two Different Vaccines? (e.g. One Moderna and One Pfizer Vaccine)

Official guidelines recommend that the Pfizer-BioNTech vaccine be given as two doses 21 days apart, and the Moderna vaccine be given as two doses 28 days apart. Although some adjustments are being made to these guidelines given vaccine supply shortages, the effectiveness of these vaccines when used with different dosing schedules is currently unknown.

We also have no evidence at this time of the effectiveness of using two different vaccines, although this is currently being evaluated. It is important to note that a single dose of either vaccine offers less protection than taking both doses. Current public health recommendations therefore are to take both doses of the same vaccine (if required) when it is available to you. More information will become available through further research.

- 1. Pfizer-BioNTech NEJM clinical trial
- 2. <u>Moderna NEJM clinical trial</u>

What Will the Vaccination Process Look Like?

While there may be slight differences between different COVID-19 vaccination clinics, regions and provinces, generally speaking the vaccination process and steps will include:

- 1. **REGISTER** Pre-register or register for your vaccination appointment(s). Have your health card or government issued ID and contact information (telephone number and/or email address) handy.
- 2. **ATTEND** Attend your vaccination appointment(s) with your booking confirmation, proof of eligibility (if required) and identification documents, at your scheduled date(s) and time(s).
- 3. **SCREENING** You will be screened to make sure you are feeling well with no significant symptoms and you may have to answer questions about your medical history. This is to ensure that it is safe for you to receive your vaccine as scheduled.
- 4. **VACCINATION** You will receive the vaccine in your outer upper arm below your shoulder, so please make sure you wear loose clothing and dress accordingly.
- 5. **MONITORING** You will have to wait for 15 minutes after your vaccination to make sure you do not have an immediate allergic reaction or response to the vaccine.
- 6. **DOCUMENTATION** You will receive an information sheet regarding the COVID-19 vaccine you received and confirmation of your vaccination either as a physical printout and/or via email. Please keep this information safe for your records and future reference.
- 7. **REPEAT** If your vaccine requires two doses, please remember to attend the appointment for your second vaccination dose.

VACCINE EFFECTIVENESS

How Often Do We Need to Take the COVID-19 Vaccine, and How Long Does Immunity Last?

Based on the clinical trials, the following doses are ideally required to achieve maximal protection:

- Pfizer-BioNTech 2 doses 21 days (3 weeks) apart
- Moderna 2 doses 28 days (4 weeks) apart
- AstraZeneca-Oxford/Covishield 2 doses 4 to 12 weeks apart
- Janssen/Johnson & Johnson 1 dose only

Only receiving the first dose may result in significantly less protection. It is thus far unclear whether effectiveness will be maintained or reduced if the time period between both doses is increased or changed. There is some evidence that the effectiveness of the AstraZeneca-Oxford vaccine increases with increasing the time period between doses, however it is unclear if this applies to the other vaccines as well.

We do not yet have enough evidence on how long immunity will last with these COVID-19 vaccines, or whether we will be required to have a new vaccine each year (as with the flu shot). More information will become available through ongoing research.

References

- 1. Pfizer-BioNTech NEJM clinical trial
- 2. Moderna NEJM clinical trial
- 3. Single-dose Oxford-AstraZeneca COVID-19 vaccine followed by a 12-week booster

Are the COVID-19 Vaccines Equally Effective in Ethnic/Racialized Populations?

All 4 of the PFizer-BioNTech, Moderna, AstraZeneca-Oxford/Covishield and Janssen/Johnson & Johnson research trials included ethnic and racialized populations in their studies. The Pfizer-BioNTech trial was conducted at 152 sites in the United States, Argentina, Brazil, South Africa, Germany and Turkey. The Moderna trial was conducted at 99 sites in the United States. The AstraZeneca-Oxford trials were initially conducted in the United Kingdom, South Africa and Brazil and are currently being studied in other countries as well including the United States, India and several South American countries. The Janssen trial was conducted in the United States, South Africa and several South American countries. The majority of participants in the trials were of White ethnicity (typically ~70-80%); however, the remainder of the participants were from various ethnic backgrounds including Hispanic/Latinx, Black or African American, Asian, and Native American.

It is important to remember that all persons, regardless of race or ethnicity, are 99.9% the same in terms of their genetic code, and observed differences in health outcomes of different racialized or ethnic groups are mostly related to underlying social determinants of health. Given that the research studies included ethnic and racialized peoples, there is no reason to believe that the vaccine will not be effective for these groups. We will learn more as research is conducted in this area and as millions of people from all ethnic backgrounds become vaccinated around the world.

References

- 1. Pfizer-BioNTech NEJM clinical trial
- 2. Moderna NEJM clinical trial
- 3. Janssen COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers

After Getting the Full Vaccination Series, How Long Does it Take to Develop Immunity?

There are two ways to develop immunity to COVID-19.

- 1) **COVID-19 Infection:** For those who contracted COVID-19 and survived, their body will develop natural immunity. This is felt to remain up to at least 7 months and beyond.
- 2) Vaccine: For those who are able to receive a COVID-19 vaccine, their body will develop immunity to the vaccine. This usually occurs a couple of weeks after receiving the vaccination. We are unsure of exactly how long the immunity lasts because the trials had a short follow up time. However, studies are underway to try and determine how long the effects of the vaccine last for. It is possible that the vaccines may lead to long term immunity. It is also possible that we may need regular booster vaccinations in future as we do for other viruses, similar to the annual flu shot.

Although a small portion of people may still get COVID-19 despite the vaccine, these persons will still benefit as they will likely not become as sick as they would have without the vaccine.

For the approved vaccines in Canada, it typically takes **a couple of weeks after the full vaccination series** (i.e. the second of two doses, if required) for the body to build maximum immunity. This means it is still possible to develop COVID-19 just before or after vaccination. There will also be some individuals that are unable to get the vaccine until much later or due to their medical conditions. Therefore, even after getting the vaccine, it is important to maintain preventative measures (masks, hand hygiene, physical distancing, avoiding gatherings) in order to keep ourselves and these vulnerable groups safe.

References

1. <u>Myths and Facts about COVID-19 Vaccines (CDC)</u>

Does the Vaccine Only Protect Us From Symptoms or Complications of COVID-19 or Do They Reduce Transmission of the Virus As Well?

Previous studies show that vaccines not only help protect us from the effects of the virus but also reduce the likelihood of spreading it to others. While we believe this to be the case with the COVID-19 vaccines as well, this has not been proven yet. The clinical research trials were focused on making sure the vaccines were safe and effective in preventing people from becoming very sick, and preliminary data suggests that the COVID-19 vaccines are also effective in reducing transmission as well. This makes sense because if people do not get sick or develop symptoms, they are less likely to spread the virus to another person.

References

- 1. FDA Pfizer BioNTech COVID-19 Vaccine FAQ
- 2. <u>NEJM Covid-19 Vaccine Frequently Asked Questions (FAQ)</u>

Are the COVID-19 Vaccines Effective Against the Different SARS-CoV-2 Variants of Concern?

New variants of the virus that causes COVID-19 have been identified throughout the pandemic and have been of little consequence. More recently, variants first identified in the United Kingdom, South Africa and Brazil have raised concerns of being 50-70% more contagious and possibly cause more severe illness than the original strain within our communities. Depending on the variant and mutations involved, the available COVID-19 vaccines will likely still provide adequate protection, and emerging research thus far has demonstrated this as well. Fortunately, vaccine manufacturers have already begun updating their vaccines to effectively target these variants and will continue to do so as required. These developments are being closely monitored with more information and updates likely in the weeks and months ahead.

For this reason, the recommendations remain for all eligible Canadians to still receive any of the approved COVID-19 vaccines.

References

1. Efficacy of ChAdOx1 nCoV-19 (AZD1222) Vaccine Against SARS-CoV-2 VOC 202012/01 (B.1.1.7)

- 2. Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant
- 3. Neutralizing Activity of BNT162b2-Elicited Serum nejm.org
- 4. Existing vaccines may protect against the Brazilian coronavirus variant
- 5. <u>Early effectiveness of COVID-19 vaccination with BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector</u> vaccine on symptomatic disease, hospitalisations and mortality in older adults in England

Is the AstraZeneca-Oxford Vaccine Effective in Persons Over Age 65 Years or with Chronic Medical Conditions?

There were initially unanswered questions regarding the vaccine's efficacy in seniors (65 years and older), as the research trials for this vaccine did not include a significant number of persons from this age group. Federal agencies in Canada therefore initially recommended this vaccine only for persons aged 18 to 64 years. As more countries were already administering this vaccine to individuals older than 65, recommendations for this age group changed with the rapid accumulation of real-world effectiveness data. Recent research studies have since confirmed that the AstraZeneca-Oxford vaccine is extremely effective in persons over the age of 65 years as well as in persons with chronic medical conditions.

- 1. <u>National Advisory Committee on Immunization (NACI): Summary of updated vaccine statement of March 16, 2021 -</u> <u>Canada.ca</u>
- 2. AZD1222 US Phase III trial met primary efficacy endpoint in preventing COVID-19 at interim analysis

VACCINE SAFETY

Can I Get or Develop COVID-19 from the COVID-19 Vaccines?

No. There are currently 4 approved COVID-19 vaccines in Canada - Pfizer-BioNTech, Moderna, AstraZeneca-Oxford and Janssen. These are all component vaccines where only parts of the virus are used to train our body's immune system. None of these vaccines contain live viruses, and therefore cannot make you sick with COVID-19.

Given that it takes at least 2-4 weeks after your vaccine dose(s) to develop adequate protection, it is still possible to become infected and develop COVID-19 just before or just after the vaccine. This is why we must continue to observe public health recommendations such as physical distancing, masking and hand hygiene, even after receiving the vaccine.

What Are All the Side Effects Associated With the COVID-19 Vaccines?

Based on clinical trials where each vaccine has been tested in tens of thousands of patients, we can get a good sense of what side effects or responses can be expected. However, when any treatment is rolled out on such a large scale across populations, there are expected to be a small number of rare side effects which may only become apparent later. Based on the trial data available for the approved vaccines, side effects that may be experienced are expected to be mild or moderate in severity, and at most for a few days. These are mostly expected responses as your immune system develops antibodies to help protect you.

The possible side effects may not occur in everyone, and can be split into two main types: local or systemic.

- Local side effects are those that are related to the injection site. The most common local side effect is discomfort or pain at the injection site, which is typically mild or moderate in severity and resolves within 1-2 days in most cases. Other less common local side effects include redness, swelling and underarm swelling, and these typically resolve within 3-5 days.
- **Systemic side effects** may include fever, headache, fatigue, muscle aches, joint pains, nausea and vomiting, or chills. These side effects occur more commonly after the second dose and typically resolve within a few days. Similar reactions may also be seen with other vaccines including the flu and shingles vaccines.

There has been a lot of concern regarding specific side effects, including:

- Anaphylaxis: please see separate question for a detailed answer regarding the COVID-19 vaccine and allergic reactions, including anaphylaxis.
- **Bell's Palsy** (facial paralysis on one side): in the Moderna trial, 4 individuals (3 in the vaccine arm, 1 in placebo) out of 30,420 developed facial weakness or paralysis. In the Pfizer trial, four (all in the vaccine arm of the trial) out of 43,448 participants developed facial paralysis, or Bell's palsy. Bell's palsy is a relatively common condition and occurs in approximately 1 out of every 10,000 persons. This is the same rate that was seen in both the Pfizer-BioNTech and Moderna vaccine research trials. As such, it is unlikely that the COVID-19 vaccines cause an increased risk of Bell's palsy above what is already seen in the general population. More information will become available as research is ongoing.
- **Fertility**: Based on our current knowledge and previous experience with mRNA technology, there is no evidence to suggest that the approved mRNA COVID-19 vaccines cause infertility.
- Fainting: there have been some rare but widely publicized reports of individuals fainting after receiving the COVID-19 vaccine. Further investigations revealed that most of these individuals fainted due to a previous underlying health condition or as part of a vasovagal response, and not due to the COVID-19 vaccine. A vasovagal response is where someone briefly becomes light-headed, pale and sweaty as their blood pressure and heart rate drop suddenly, similar to how some persons feel light-headed when they see a needle or blood.

References

- 1. NACI Recommendations on the Use of COVID-19 Vaccines
- 2. Pfizer-BioNTech NEJM clinical trial
- 3. <u>Moderna NEJM clinical trial</u>

Should We Be Concerned About Long Term Side Effects with These COVID-19 Vaccines?

There is no current evidence that the approved vaccines cause long-term side effects. In the clinical trials, the participants were followed for upto 2 months after receiving the COVID-19 vaccines and the majority of side effects, if any, occur within the first six weeks. Follow-up studies will monitor for any long term or additional side effects as the vaccines are rolled out on a much larger scale in real-world settings. mRNA and viral-vector vaccines have been used for many years with excellent safety profiles and no significant long-term side effects to-date.

1. <u>Vaccine Adverse Events: Separating Myth from Reality - American Family Physician</u>

What Are the Ingredients of the COVID-19 Vaccines?

The ingredients of each COVID-19 are listed in the <u>vaccine comparison table</u> above. The Pfizer-BioNTech and Moderna COVID-19 vaccines include mRNA, fats, salts, sugar and water. The AstraZeneca-Oxford/Covishield and Janssen vaccines contain a tiny amount of adenovirus, polysorbate 80 and miniscule amounts of ethanol.

- mRNA is not the actual virus. It is a synthetically produced set of instructions to help your body recognize parts of the virus so that you can build antibodies and develop immunity against it.
- Fats help the mRNA to enter your cells. These are confirmed non-animal (plant or synthetic) fats that protect the mRNA so it doesn't get broken down before it enters the cell and releases the mRNA.
- Salts help match the vaccine to your own body's salt balance and composition.
- Sugar keeps the vaccine stable while it is stored in the freezer.
- Water is used for the injection.
- The tiny amount of adenovirus, which cannot replicate in the body, is used to deliver part of the virus that causes COVID-19.
- Polysorbate 80 is a synthetic compound that is used in food, cosmetics and medications as a stabilizer.
- Ethanol, present in miniscule amounts less than that found in sliced bread or a banana, is used as a stabilizer.

There is no aluminum, mercury, animal-derived ingredients or fetal tissues within these vaccines.

References

- 1. <u>Pfizer-BioNTech COVID-19 vaccine: What you should know</u>
- 2. <u>Regulatory approval of Pfizer/BioNTech vaccine for COVID-19</u>

Which Specific Ingredient(s) in the COVID-19 Vaccines are Allergenic?

Since the rollout of the COVID-19 vaccines in North America, there have been some cases of anaphylaxis (a serious, life-threatening allergic reaction) associated with both the Pfizer-BioNTech and Moderna vaccines. A majority of these were seen in individuals with a previous history of severe allergies. This reaction may be due to the active mRNA part of the vaccine or the stabilizing

components of the vaccine, such as polyethylene glycol (PEG) or lipids. PEG is a fat commonly used in other vaccines and is widely used in cosmetics, medications (e.g. cough syrups, laxatives) and food. There may be additional components within the vaccines that may cause allergic reactions and this may not be known until one receives the vaccine. For this reason, **people with allergies to any of the ingredients of the COVID-19 vaccines should not receive them**.

Severe allergic reactions are quite rare (approximately 1 in 100,000), and when they do occur, most of them take place within 15 minutes of vaccination. For this reason, all patients are monitored for at least 15 minutes after receiving the vaccine and immunization clinics are well equipped to be able to safely treat any individual experiencing an allergic reaction.

References

- 1. <u>Anaphylaxis to the first COVID-19 vaccine: is polyethylene glycol (PEG) the culprit?</u>
- 2. <u>Pfizer-BioNTech COVID-19 vaccine: Health Canada recommendations for people with serious allergies Recalls and safety alerts</u>
- 3. Maintaining Safety with SARS-CoV-2 Vaccines | NEJM nejm.org

Do the COVID-19 Vaccines Affect Our DNA?

The Pfizer and Moderna COVID-19 vaccines are mRNA vaccines. These vaccines work by entering our cells and releasing mRNA, which contains the recipe to produce part of the coronavirus' surface spike protein. Our immune system recognizes these newly made proteins (that have no potential to cause illness themselves) as foreign, and then trains our "fighter cells" or antibodies to attack the virus if we encounter it in the future. Once our cells have finished using the mRNA's instructions, the mRNA disintegrates.

This mRNA technology has been successfully used for several years in the treatment of cancers and other infectious diseases with no significant long-term safety concerns to-date. It is important to recognize that mRNA does not enter the nucleus of our cells, where our DNA is stored so there is no risk to our DNA from these mRNA vaccines.

- 1. <u>CDC mRNA Vaccines</u>
- 2. Public Health Ontario mRNA Vaccines

Is the Vaccine Safe for Pregnant or Breastfeeding Women?

Most pregnant women with COVID-19 have mild to moderate symptoms, however 8-11% will require admission to hospital. This is much higher than non-pregnant women in the same age group and for this reason, they have been deemed a priority vaccination group in some regions.

Vaccines in general are safe and effective when given to pregnant women. At present, there are no red flags or theoretical harms associated with receiving the approved vaccines during pregnancy or while breastfeeding.

There were no safety concerns with the Moderna COVID-19 vaccine before or during pregnancy in animal research studies. However, given that the human clinical trials for the approved vaccines did not include pregnant women, the potential risks of vaccination to a pregnant or breastfeeding woman and the unborn or newborn baby remain unknown. Research is ongoing regarding the safety and effectiveness of the COVID-19 vaccines in these groups.

Pregnant or breastfeeding women should speak with their healthcare providers about whether they should receive the COVID-19 vaccine based on their individual risk factors and medical conditions. If the benefits outweigh the risks, they may receive the COVID-19 vaccine.

If you are planning a pregnancy, it is recommended to complete the entire COVID-19 vaccination series (where possible) for maximum protection prior to becoming pregnant.

References

- 1. NACI Recommendations on the use of COVID-19 vaccines
- 2. SOGC statement COVID-19 Vaccination in Pregnancy
- 3. CDC COVID-19 Vaccine Considerations for People Who Are Pregnant

Should I Take Any Medications Before My Vaccine to Avoid Feeling Any Side Effects?

The short-term effects experienced after the COVID-19 vaccine varies from person to person, from not feeling anything at all to having a sore arm, feeling tired, body aches, feverish or nauseous. These are expected signs that signal that your immune system is working, typically do not require any treatment, last at most a couple of days and can be more significant after the second dose.

It is not recommended to pre-medicate or take any medications such as painkillers or fever-reducing medicines such as Acetaminophen (Tylenol) or Ibuprofen (Advil) immediately before your COVID-19 vaccine, as it is unclear how this may affect the effectiveness of your vaccine. Similarly, you should not

take any antihistamines or anti-allergy medications prior to your vaccine either, as it may mask early signs of an allergic reaction to the vaccine. It is okay however, to take these medications once you have already been vaccinated and if you experience significant symptoms that require medication.

References

1. CDC Interim Clinical Considerations for Use of COVID-19 Vaccines

Who is More Likely to Experience Side Effects or Responses After the Vaccine?

It can vary with regard to who experiences these effects and to what severity. The majority of persons will feel either nothing at all or very mild, short-lived symptoms that will resolve within a few days. Others may feel a bit more unwell, more commonly after the second dose, and these are also only for a short period of time. Early reports suggest that younger patients and women may experience these effects more than others, perhaps due to having different or stronger immune system responses.

References

- First Month of COVID-19 Vaccine Safety Monitoring United States, December 14, 2020–January 13, 2021 | MMWR
- 2. Sex Differences in Immune Responses to Viral Infection

How are Effects or Responses After the COVID-9 Vaccines Being Monitored, and How Can I Report Them?

There is an established safety net government program called the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS), that continuously monitors for short and long-term effects of all vaccines. If you experience a significant or unexpected effect after your vaccine, please contact your doctor, nurse or pharmacist to complete an Adverse Events Following Immunization (AEFI) form, which will then be sent to your local health unit.

References

1. <u>Reporting Adverse Events Following Immunization (AEFI) in Canada</u>

If I Experience a Serious, Adverse Reaction to the COVID-19 Vaccine, Am I Entitled to Any Benefits, Support or Compensation?

Serious adverse reactions are extremely rare and occur less than 1 in a million times. Public Health Agency of Canada (PHAC) has implemented a pan-Canadian no-fault vaccine injury support program,

such that anybody who develops or experiences this rare event is well supported. Such national vaccine injury support programs already exist in over 20 countries, including all other G7 countries.

References

1. Government of Canada Announces pan-Canadian Vaccine Injury Support Program

Is it Safe to Take the COVID-19 Vaccine Around the Same Time as Another Vaccine?

Current recommendations are that you can take a COVID-19 vaccine dose at least **2 weeks** after having received any other vaccine, and you must not take another vaccine for at least **4 weeks** after receiving each COVID-19 vaccine dose. This is to ensure that your immune system is not overwhelmed and so that if there are any significant side-effects, it is clear which vaccine is responsible.

- 1. Recommendations on the use of COVID-19 vaccines
- 2. CDC Interim Clinical Considerations for Use of COVID-19 Vaccines

RELIGIOUS

If COVID-19 and All Causes of Death Come from Allah, How Do We as Muslims Trust Man-made Things Like Vaccines?

When it comes to our worldly existence, Allah (SWT) has asked us to search for our needs on this earth. It is our belief that decree and destiny is from the Almighty and His decision is final. But, we have been given willpower and choices which allow us to seek out khair and good and at the same time, protect ourselves from harm. Imam Ibn al-Qayyim (Rahimullah) says we have to live in this world with balance. We cannot fully rely upon the sabab (means) and we cannot fully rely only on Allah (SWT) without doing any actions. We have to strike that balance.

Narrated Abu Huraira (R. A.): The Prophet علي said, "There is no disease that Allah has created, except that He also has created its treatment." (Sahih al-Bukhari : Vol. 7, Book 71, Hadith 582). Amr bin Shu'ayb reports......the Prophet علي said: "Whoever practices medicine (by giving out medical advice) yet medicine is not known from him, then he is a guarantor." (Narrated by Abu Dawood and An- Nasaa'i).

This means that we should take medications and treatments that we know are beneficial through experience, scientific evidence and education. However, we must turn to Allah the Almighty and pray for the shifa and healing to work. We therefore strike the balance by adopting the means and connecting with the Almighty for trust and strength at the same time.

Are There Animal Products or Haram Ingredients in the COVID-19 Vaccines and Are They Islamically Permissible?

The Pfizer-BioNTech, Moderna and AstraZeneca-Oxford/Covishield COVID-19 vaccines **DO NOT** contain any animal products (including pork) or *Haram* ingredients of significance.

Multiple Islamic *fiqh* authorities, *fatwa*-issuing bodies and Muslim medical associations, including the Muslim Medical Association of Canada and the Canadian Council of Imams, have taken the position that **these vaccines are permissible and** *Halal*.

Vaccines are medicines that prevent illness and save lives, making them congruent with the main objectives of the Islamic *Sharia*. Canadian Muslims should therefore consider it a duty and obligation to protect themselves, their families and their community. The vaccines are already being

recommended by the Ministry of *Hajj* and *Umrah*, and will likely become a requirement in the near future.

References

- 1. STATEMENT REGARDING COVID-19 VACCINES
- 2. THE MODERNA COVID-19 VACCINE, NEW VIRUS VARIANTS AND SCAM VACCINE SELLERS
- 3. THE ASTRAZENECA-OXFORD & COVISHIELD COVID-19 VACCINES

Does Receiving a Vaccine While Fasting Break the Fast? Should I Delay an Appointment to Take the Vaccine Until I Find an Appointment That Will Be After Iftar?

No, taking the vaccine while fasting does not break the fast. If you feel well, there is no medical or spiritual reason to delay a vaccine appointment while fasting.

References

- 1. <u>Covid-19 vaccination during Ramadan</u>
- 2. Saudi Arabia's grand mufti ahead of Ramadan: COVID-19 vaccine does not invalidate fast

If I Feel Unwell After the COVID-19 Vaccine, Can I Break My Fast?

As with any illness, if your symptoms are severe and you are fearful of worsening health, you may break the fast and not fast until you are better, take any medications as required, and make up any missed fasts later. If you are able to tolerate the symptoms until your fast has been completed, please drink ample fluids and take medications as required so that you feel better quickly *InshaAllah*.

References

1. <u>Covid-19 vaccination during Ramadan</u>

Will COVID-19 Vaccines be Mandatory for Hajj or Umrah?

The Saudi Arabian Ministry of Health (MOH) currently requires pilgrims wishing to obtain an Entry Visa for *Hajj* and *Umrah* to receive several vaccines, depending on the traveller's country of origin. Canadians are currently required to provide evidence of recent vaccination against meningococcal meningitis.

On January 6, 2021, the Ministry of Hajj and Umrah recommended Muslims planning to perform

Umrah to receive the COVID-19 vaccines beforehand. In early March 2021, it was announced that complete COVID-19 vaccination (i.e. with both doses, as required) will be mandatory for Hajj this year. More information is expected in the coming months, as different vaccines are being rolled out across the world on different timeframes.

References

- 1. Hajj and Umrah Health Requirements | The Embassy of The Kingdom of Saudi Arabia
- 2. MoH considering making coronavirus vaccination mandatory for Hajj permit

Why are Muslim Organizations Getting Involved in Vaccine Promotion?

The Canadian Muslim COVID-19 Task Force (CMCTF) is comprised of Muslim medical, spiritual and community organizations from coast to coast. The Muslim Medical Association of Canada (MMAC) is the steering medical organization of this task force and is comprised of practising Canadian Muslim physicians that work to promote healthy communities at a regional, national and international level.

For decades, Muslim physicians and governments, both in Canada and abroad, have actively promoted vaccinations as effective measures in preventing illness and death from preventable diseases. Increasing misinformation, mistrust, concerns regarding Islamic permissibility and geopolitical tensions have contributed towards lower vaccination rates within Muslim communities. Canadian Muslim physicians and Imams are also receiving lots of questions about COVID-19 vaccines from community members.

As a safe and effective measure that can help reduce the burden of illness and lives lost due to COVID-19 during this pandemic, this is of particular importance given that for a number of reasons, many Canadian Muslims are at higher risk of becoming infected with and experiencing complications of COVID-19. The CMCTF therefore aims to address any barriers which may needlessly hinder uptake of the COVID-19 vaccines within these communities.

This task force's positions regarding the COVID-19 vaccines are based on the guidance and recommendations of Health Canada, the National Advisory Committee on Immunization (NACI), Canadian Muslim physicians from the Muslim Medical Association of Canada (MMAC) and religious leaders from the Canadian Council of Imams (CCI).

- 1. Religious affiliation and immunization coverage in 15 countries in Sub-Saharan Africa
- 2. Outbreak of vaccine-preventable diseases in Muslim majority countries

How Will Decisions be Made Regarding COVID-19 Vaccines for Canadian Muslims?

Health Canada is an independent, reputable and trustworthy regulatory body that looks at the scientific evidence before deciding whether to approve or reject a new medicine. COVID-19 vaccines will only be approved if they are safe, effective, of good quality and the benefit to Canadians outweighs any risks. The short term and long term benefits and risks are weighed against each other, and compared to the risks of not approving or delaying the roll-out of these vaccines. In addition, this task force's recommendations will take into account the manufacturing process and ingredients of the vaccines with regard to permissibility, with guidance from Canadian Muslim health, religious and community advisory groups and fataawa from North American *fiqh* bodies. As Canadian Muslims, we will also have the benefit of learning from our British and American Muslim COVID-19 task force partners, where the roll-out of the vaccines was earlier and on a larger scale.

Does the Canadian Muslim COVID-19 Task Force (CMCTF) or the Muslim Medical Association of Canada (MMAC) Receive Compensation for Vaccine Endorsement or any Compensation from Pharmaceutical Companies?

No. The CMCTF and the MMAC have not ever received financial compensation from pharmaceutical companies for any of their initiatives. Nor will we accept any other incentive for any of our position statements on vaccines, including the COVID-19 vaccines. Our position is based on the best available evidence (at the time of writing) and the wellbeing of our patients and community *InshaAllah*.