

Texas Nurses Association on COVID Vaccinations: “We can get needles in arms in 100,000 people soon!”

Austin - “What we know right now is that about seven days after you get both doses of the vaccine, you should be immunized,” said Kanaka Sathasivan, MPH – Director of Communications for the Texas Nurses Association (TNA). “And 95% efficacy was seen in the trials.”

Sathasivan was answering questions about the COVID-19 vaccine rollout during a virtual town hall hosted by TNA. Netcasting at noon on Friday, Jan. 8th via Facebook Live, other panelists including the nurse advocacy group’s CEO Cindy Zolnierek, PhD, RN, CAE; and its Director of Practice Serena Bumpus, DNP, RN, NEA-BC.

“It seems to be about 50% reported efficacy,” Kanaka continued, answering a question about how much immunity was present after the first dose. “So that doesn’t always translate to one individual person’s immunity in the trials. But let me clear up the difference between ‘efficacy’ and ‘effectiveness.’ Efficacy is what we see in the trials - the percentage of people who got sick who didn’t have the vaccine. Effectiveness is what we’re going to see in the real world, and we’re not going to see that for several months.”

The COVID-19 vaccination program rolled out in Texas last December 14th. Currently, there are two vaccines, made by Pfizer, Inc. or Moderna Therapeutics. The state has allocated 1,159,325 first-round doses of the Covid vaccines, distributed to approximately 214 counties. 365,625 Pfizer doses have gone to the Federal Reserve program. Those doses are earmarked for registered long-term care facilities, administered to residents and staff by commercial pharmacies like Walgreen’s or CVS.

“We’ve gotten quite a few doses,” said Bumpus. “We’re still working on those who are in that Phase 1A allocation, which is health care workers. The state has announced we can begin working on 1B if we have vaccinated all the health care workers who wish to be vaccinated at this time.”

She indicated the CDC have stated that though “millions” have received their first doses since they were shipped December 14th, “only 21 people” have noted any allergic reactions. The CDC advises against taking the second dose if no allergic reactions have occurred.

Astrazeneca and Novavax have both been developing their own vaccines. Late December, the former received British Emergency Use Authorization, with an expectation to get the same designation in the US within the next three to six months. Novavax’s formula, meantime, has entered Phase Three in their US clinical trials. The pharmaceutical firm is expected to join Astrazeneca, Pfizer, and Moderna in vaccine production in the next three to six months, as well.

The Expert Vaccine Allocation Panel met during January’s first month, to discuss Week Five distribution. It was decided to give priority to the majority of the 200,000 COVID-19 vaccine doses for “large providers,” claiming they could vaccinate “up to 1000 people” daily.

“That means that we would get needles in arms for over 100,000 people in a very quick and short period of time,” said Bumpus.

Smaller rural providers who haven’t received the vaccines are getting pushed to the front of the line. Hard-hit large urban areas currently surging the hardest are serving as vaccine hubs for uninoculated health care workers, the 65-and-older population, and those 16-and-older “who have one of the lesser co-morbidities.” Scheduled appointments are required in order to maintain a controlled environment. Information on where to get the shots is forthcoming. Bumpus said all data she provided excludes the second doses.

“It’s estimated that at about seven days after you receive that second dose,” she said, “you should be considered vaccinated and have some level of immunity to Covid.

“So we are starting to see the light at the end of a very long tunnel,” she concluded. “But we are moving forward.” She underlined the importance of continuing to educate the public on the vaccine’s importance. And other medical professionals.

“There are many healthcare workers that have opted to wait and see with the vaccine,” she sighed. “I understand that. It’s new, and people are still learning.” Towards that end, she encouraged viewers to utilize resources at the TNA website, for “credible and accurate” information.

“I, myself, have received the vaccine already,” she said. “I received my first dose on December 30th. My second one is due January 26th. My side effects were very, very mild. I had a sore arm, but it was tolerable for the first 24 hours. But I didn’t have any other side effects after that.

“My husband, who’s a paramedic, got his vaccination a few days before I did. His arm was a little more tender than mine, and he was a little more fatigued, a little more rundown. So each of us are going to experience different side effects, just based on how our bodies respond to the vaccine.

“As I was volunteering and helping with a mass vaccination clinic a few weeks ago, what I shared with some of those individuals is that it’s similar to when our kids are vaccinated. When we take them to the pediatrician to get vaccines, the office will tell them you need to take ibuprofen or Tylenol because they might expect a fever and to feel kinda crummy. That’s the same thing with this Covid vaccine. We’re introducing something new, and we’re giving ourselves a booster shot. So we, too, might feel crummy. I didn’t purposely did not take Tylenol or ibuprofen after my first dose, because I truly wanted to see how I was going to react. I wanted to accurately report any symptoms I may have had as a result. Luckily, I didn’t have any! I will let you know what happens with the second one, for those of you who may still be on the fence.”

There have been reports of mild temporary side effects -- such as nausea or mild diarrhea -- with the Pfizer vaccine. Meantime, news items surfaced late Monday that California had shelved Moderna shots from a lot of more than 330,000 doses after several patients had been treated for severe allergic reactions.

