

10 Myths About The COVID-19 Vaccine That Aren't True | Henry Ford LiveWell

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10 Myths About The COVID-19 Vaccine That Aren't True

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Almost a year after [COVID-19](#) was first seen in humans, [vaccines](#) to protect us from the virus are here. (Pfizer and Moderna vaccines will be the first approved by the Food and Drug Administration, but more are surely coming.) Scientists and researchers worked quickly and thoroughly to find effective, safe vaccines that could be given to the public in record time.

As supplies are initially limited, not everyone can receive the vaccine right now. Frontline healthcare workers who are caring for COVID-19 patients are among the first to be vaccinated. But once vaccines are available in widespread quantities—which could be by Spring 2021—a large

percentage of the public can be vaccinated. That's a critical piece of the puzzle to ensure [COVID-19](#) will no longer be a pandemic that threatens the lives of those in our community and around the world.

But as happens with everything that's new, rumors have been circulating about these vaccines. To set the record straight, [Dennis Cunningham, M.D.](#), medical director of infection control and prevention with Henry Ford Health System, debunks 10 vaccine [myths](#).

1. Myth: The vaccines aren't safe because they were developed quickly. This is FALSE.

"The COVID-19 vaccines themselves were developed quickly, but the clinical trials, which examine safety and efficacy, weren't rushed at all," says Dr. Cunningham. "Safety was not compromised in any way. What happened quickly was finding the vaccine to test. In the 1980s, it took scientists so long to do this, but thanks to scientific advances we've made over the years, we can find viruses so quickly." Also, he adds, COVID-19 is similar to other coronaviruses we've seen in humans, like MERS and SARS, so there was previous research that could be used to speed up the process.

2. Myth: The vaccines can lead to long-term effects. This is FALSE.

"With vaccines, if there is going to be a complication or side effect (like an allergic reaction, for example) it will occur within minutes to hours of receiving the vaccine," says Dr. Cunningham. "If we're not seeing serious side effects now, we can pretty much know it will be safe down the road."

3. Myth: You can get COVID-19 from the vaccines. This is FALSE.

"There's no live virus in the vaccines, so they can't infect you," says Dr. Cunningham. "Basically, the vaccines make our bodies produce one single protein from the virus—the protein that infects our cells. By making that protein, we prevent infection. You might have side effects like headaches or chills, but that's because your body is creating an immune response, not because you have an infection."

4. Myth: I've already had COVID-19, so I don't need to get vaccinated. This is FALSE.

The Center for Disease Control (CDC) recommends that those who have had COVID-19 get the vaccine. "There is preliminary evidence that the vaccine will give you better protection than having had the virus," says Dr. Cunningham. "Plus, it's sometimes hard to know whether you actually had [COVID-19](#). People who had COVID-19 in the early days, before we had laboratory testing available, were being diagnosed based upon symptoms and not a test. Also, some of the tests aren't always 100% accurate."

5. Myth: People with underlying conditions shouldn't get vaccinated. This is FALSE.

People who have underlying conditions—like [diabetes](#) and [heart disease](#), for example—are at a high risk for getting complications from COVID-19, so it's even more reason why they should receive the vaccine, says Dr. Cunningham. Talk with your doctor who is helping you manage the condition if you have concerns.

6. Myth: People with suppressed immune systems shouldn't get vaccinated. This is FALSE.

People with suppressed immune systems (like from [cancer](#) treatments or autoimmune diseases) should definitely get the vaccine. "The vaccine will not hurt you since it doesn't contain a live virus," says Dr. Cunningham. "Those with suppressed immune systems will still get protection from COVID-19, just not as much protection as those with healthy immune systems." Again, talk with your doctor if you have specific concerns.

7. Myth: The COVID-19 vaccines will alter your DNA. This is FALSE.

"The Pfizer and Moderna vaccines use messenger RNA (mRNA) to protect us from COVID-19, and I think that is where this rumor comes from," says Dr. Cunningham. "mRNA basically gives our cells the blueprints for the factories that will build the protein to protect us from COVID-19. People get scared that mRNA will cause the virus to go into our DNA and mutate us, but it does not even go into the center part of the cell where we have our DNA."

8. Myth: If you get vaccinated, it could make you infertile. This is FALSE.

“There is absolutely no data from the clinical trials or any theoretical reason as to why the vaccines could cause infertility,” says Dr. Cunningham. “In fact, we know that pregnant women with COVID-19 infections could have a miscarriage or go into premature labor, which is all the more reason to get the vaccine.”

9. Myth: If I’m pregnant or breastfeeding, I definitely shouldn’t get vaccinated. This is FALSE.

“The CDC believes it is fine for pregnant women to get the vaccine,” says Dr. Cunningham. “If you’re pregnant and in a group that should be urgently vaccinated, like a healthcare worker, you should get vaccinated. If you’re concerned about the risks versus the benefits, talk to your doctor. But we know pregnant women who contract viruses can have complications or pass diseases to their babies, and the same goes for breastfeeding. Since the vaccine is not a live virus, you can’t pass anything to the baby.”

10. Myth: Once I get vaccinated, I don’t have to wear masks or practice social distancing. This is FALSE.

“You absolutely still have to [wear masks](#) and social distance,” says Dr. Cunningham. “If you’re walking around in public, how do you know who is vaccinated? And no vaccine is 100% effective. These vaccines are 95% effective, which is an incredibly high percentage, but that means there will still be 5% of people who won’t be protected. Get a vaccine, wear your mask and then a few months later, when we know that everyone has been vaccinated, we can go back to life the way it was.”

Dr. Cunningham is optimistic that this virus will go away for good. “The COVID-19 vaccines are way more effective than [flu](#) vaccines,” he says. “Every year the flu changes, which is why they don’t work as well as we’d like. The good news about COVID-19 is that it’s main protein that infects our cells is the same in every mutation of COVID-19. The protein doesn’t change, so whatever mutation of COVID-19 you have, the vaccine will work.”

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