

September 10, 2021

To Our Valued Patients and the Residents of Huron and Perth Counties,

As most of you will have heard, the provincial government recently announced that it will be implementing new requirements for proof of vaccination against COVID-19 in certain settings. Additionally, many employers have already instituted mandatory vaccination policies in the workplace. As a result, we, your family doctors and primary care providers, have started to receive requests for documentation of medical exemption to immunization against COVID-19.

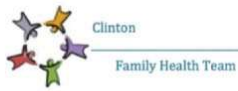
We would like to make clear that, although there may be many reasons people may choose not to get vaccinated, as physicians we can only provide documentation with regards to established medical contraindications. Currently there are only two circumstances that may warrant a medical exemption to immunization with an mRNA COVID-19 vaccine:

- 1) A proven and documented severe allergic reaction to a previously administered COVID vaccine or any of the ingredients contained within it. Please note that even when an allergy is present, the vaccine can often be safely administered in a controlled setting such as a specialized allergy clinic. As such, a medical exemption may require consultation with an allergist to confirm whether or not the vaccine can be given.
- 2) A medically confirmed diagnosis of pericarditis or myocarditis (both extremely rare) following administration of a first dose of a COVID vaccine. In this case, it is currently recommended that further immunization be delayed until more data is available.

As a result, and in accordance with guidance from the College of Physicians and Surgeons of Ontario, medical exemptions to vaccination for other reasons will not be provided. Huron Perth Public Health is in agreement with this decision.

We understand that many of you still have concerns or questions about the Pfizer and Moderna vaccines that are currently available, or about symptoms you experienced after a first dose, and we continue to be happy to talk through your concerns or questions with you. We also know that there is a lot of misinformation circulating about these vaccines and it can be difficult to determine what information is true. Below you will find some common myths about COVID-19 immunizations, and our response to them.

As your family doctors and primary care providers we have stood by you through this pandemic. Over the years we have had the privilege of being part of some of the most important moments in your lives, and throughout we have sought to use our knowledge and training to keep you and your families healthy. We know that vaccination against COVID-19 is not only key to keeping you protected from the potentially devastating effects of a COVID-19 infection, but a primary tool to avoiding further lockdowns, to keeping our children in school, and hopefully to being able to return to some sense of normalcy. We encourage you to book an appointment if you would like to discuss your concerns about receiving a COVID-19 vaccine, and hope that you will trust the information that we provide.

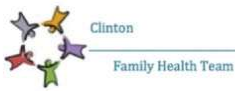


Sincerely,

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Common Myths Circulating About COVID-19 Vaccinations

Myth #1: COVID-19 Vaccines alter your DNA

Fact: COVID-19 Vaccines DO NOT alter your DNA. They produce immunity by providing your body with a blueprint (mRNA) to manufacture its own protein. This protein is similar to one found on the virus that causes COVID-19. Once this protein is produced, your body is able to identify it as “foreign” and produces antibodies to fight it. Those antibodies are what fight against the SARS-CoV2 virus if you are ever exposed to it. The mRNA contained in the vaccine is quickly broken down by your body and “disappears” once its job is done. It has no capacity to enter the nucleus of the cell where your DNA is kept and protected.

Myth #2: COVID-19 Vaccines have been associated with infertility

FACT: Our infectious disease and immunology experts have been monitoring ALL adverse outcomes since mass vaccinations began in December 2020. There has been NO identified link between vaccination against COVID-19 and infertility. The Society of Obstetricians and Gynecologists of Canada has issued the following statement: “There is absolutely no evidence, and no theoretic reason, to suspect that the COVID-19 vaccine could impair male or female fertility. These rumors are unfounded and harmful.” Specifically, there has been no documented immune response against the syncytin-1 protein of the placenta as claimed by many online sources.

Myth #3: My chances of getting COVID are pretty low

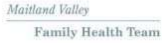
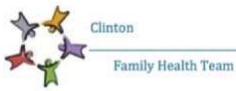
FACT: Our top scientists are estimating that in Ontario 80-90% of those who are unvaccinated will contract COVID-19 in the next 6-12 months due to the high infection rate and easy transmission of the delta variant. Furthermore, we now know that the Delta strain is 2-3 times more likely to result in hospital or ICU admission.

Myth #4: Vaccination does not prevent transmission of the virus

FACT: We know that transmission of the virus from those who are vaccinated is still possible, but it is significantly lower than if you are not vaccinated. The virus needs to make enough copies of itself to be passed to another person and that number is much lower in vaccinated people.

Myth #5: The mRNA vaccines were developed too quickly and we don’t know all the long-term side effects of them

FACT: mRNA technology has been used in other areas of medicine (like cancer treatments) for over 10 years. These vaccines were produced faster than previous vaccines not because of skipped steps, but because of unprecedented levels of collaboration and funding from around the world. To date, over 50 Million doses of COVID-19 vaccines have been administered in Canada and over 5 Billion globally. When you consider that adverse events to vaccination are most likely to happen within 6 weeks of vaccination, that’s A LOT of data on side effects!



Myth #6: mRNA vaccines have not been shown to be safe in pregnancy or breastfeeding

FACT: Although pregnant and breast-feeding women were not included in the Phase III trials of either the Moderna or Pfizer vaccines, real-world safety data for hundreds of thousands of pregnant individuals that have received COVID-19 vaccines is now available and has not revealed any safety concerns. Recent data has confirmed that mRNA from the vaccines does not cross into breast milk, but the antibodies that are produced from vaccination do. This is a good thing because it means that a breastfeeding infant gets some protection against COVID-19 from mom.

Myth #7: These vaccines were produced using embryonic cells. As such, as a person of faith, I cannot receive one without violating beliefs around abortion or the use of certain animal tissues.

FACT: Neither the Pfizer nor the Moderna vaccine were developed using cells from aborted fetuses. The Catholic Church acknowledges that in some of their final testing processes “unethically derived cell lines” were used, but that either vaccine “can be morally acceptable for Catholics to receive since the connection to abortion is extremely remote”.

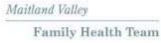
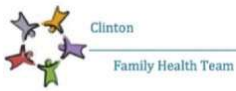
<https://www.cccb.ca/wp-content/uploads/2021/03/CLARIFICATION-CCCB-Statement-on-COVID-19-Vaccine-Choice-9-March-2021-EN.pdf> The vaccines also do not contain any pork products. Other religious organizations that have encouraged vaccination against COVID-19 include The Muslim American Society, the Canadian Muslim COVID-19 Task Force, the World Jewish Congress and World Council of Churches, and the Orthodox Union and Rabbinical Council of America.

Myth #8: Kids don’t need to be vaccinated as COVID-19 is not that harmful to them.

FACT: With the spread of the Delta variant, children are at increased risk of contracting COVID-19. As of right now, it does not appear that Delta makes kids sicker than any other strain of the virus. However, being vaccinated against COVID-19 does help prevent children from spreading the virus to other family members who may be more vulnerable to this disease. Furthermore, according to current guidelines in most public health jurisdictions, any vaccinated child who is identified as a high risk contact for COVID-19 will not need to self-isolate and will be allowed to remain in school as long as they do not have symptoms of COVID-19. For reliable information on COVID-19 Vaccination in children please see <https://kidshealthfirst.ca> .

Myth #9: My risk of negative outcomes from COVID-19 is so low it is not worth getting vaccinated.

FACT: While mortality from COVID-19 may be low, we are continuing to learn about other long term effects from the virus, known as “long COVID”, which can affect people of all ages that experience COVID-19, and can develop even following only mild illness. The symptoms of “long COVID” can include extreme tiredness, difficulty with memory and concentration, shortness of breath, chest pain and joint pain. These symptoms can last several months and may significantly impair your ability to function or work.



Myth #10: It is better to get natural immunity to COVID-19 through catching the disease than through a vaccine.

FACT: Though having COVID-19 and recovering from it will confer immunity, it comes with a potential big cost: the risk of death or severe disease from the virus and potential long-term effects of “long COVID”. The immunity from the m-RNA vaccines has been shown to consistently protect against severe disease, hospitalization and death from the COVID-19 virus even with the new Delta variant. We also know that immunity, whether through vaccination or natural infection, slowly wanes over time and that it is very possible to get COVID-19 more than once. As such, booster doses for immunization may be recommended in the future.