

The following is a Q & A with questions from Mary Waldeck and responses by the Rhode Island Department of Health:

**1) Has RIDOH reached out to any individuals and/or families who were injured and/or deceased after their medical procedure of Covid-19 injection? How will RIDOH and the State of Rhode Island help these Rhode Islanders?**

Any reports of adverse events from vaccination are managed by CDC's Vaccine Adverse Events Reporting System (VAERS). After a provider or a patient submits a report, CDC analyzes the information to see if there are any safety concerns. It is important to understand that a report to VAERS does not automatically mean that the vaccine caused an adverse event. The individual events recorded in VAERS range from arm pain to being hit by a car. The CDC reviews each event and looks for any trends that need to be further investigated to determine if they are, in fact, related to the vaccine. If new risks are found to be vaccine-related, vaccination may be paused until it is determined what risk factors makes a person more susceptible to an adverse reaction. This is what happened earlier in the year when the use of J&J vaccine was temporarily suspended. The purpose of VAERS is to ensure vaccines already being administered are safe and effective and to help develop safer and more effective vaccines in the future.

We want to highlight, the risk of serious adverse events due to COVID-19 vaccine is rare. The majority (82%) of people who have reported adverse events have reported mild side-effects including tiredness, headache, and/or pain at the injection site. RIDOH is aware that 17 people referenced in VAERS died after receiving COVID-19 vaccination; however, correlation does not equal causation. RIDOH has reviewed each of the 17 cases, and, as documented by the caring provider, vaccination did not lead to any cases of death in Rhode Island. In addition, RIDOH is not aware of any cases of hospitalization due solely to the COVID-19 vaccine. It is also important to note that hospitalizations due to reasons other than COVID-19 vaccination can still be reported in VAERS.

Additionally, we know that the mRNA vaccines can cause myocarditis/pericarditis. Studies have demonstrated rates of 40.6 cases per million second doses of mRNA COVID-19 vaccines administered to males, age 12–29 years, and 2.4 per million second doses administered to males younger than 30. Reporting rates among females in these age groups were 4.2 and 1.0 per million second doses, respectively. See: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm> [gcc02.safelinks.protection.outlook.com]. This is a known risk and people are counseled about it before they consent to getting the vaccine. Many people may have myocarditis/pericarditis for reasons other than COVID-19 vaccination. (VAERS does not report the reason why the individual experienced myocarditis/pericarditis.)

**2) Why is the CDC and RIDOH not recognizing that fact that many RI'ers may already be immune to the SARSCov2 virus due to previous infection? Can the RIDOH please provide any and all data that show/prove vaccine induced immunity is more robust and lasts longer than immunity acquired from natural Covid-19 infection? There is a growing body of research and science that shows immunity from natural infection is very robust and may last years. I reached out to RIDOH Chief of Immunization, Dr. Lisa Gargano, multiple times asking for data, studies, science that shows immunity from vaccination offers more protection against Covid than immunity from infection. To date, Dr. Gargano( nor RIDOH) has not provided any data:**

Reinfection with SARS-CoV-2 (the virus that causes COVID-19) is well documented. We acknowledge there is limited evidence concerning the protection afforded by vaccination versus natural infection

against reinfection with SARS-CoV-2. However, a recent CDC study did look at this. Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 increased odds of reinfection compared with being fully vaccinated. The conclusion of this study by the CDC was that all eligible persons should be offered COVID-19 vaccine, even those with previous SARS-CoV-2 infection. This is the current recommendation by the CDC and suggests that natural immunity is not enough. See: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm> [gcc02.safelinks.protection.outlook.com]