Discussion Guide for Surgeons

Have a conversation with your patients about COVID vaccination

As surgeons, having difficult conversations with our patients is part of the job. Now we need your help in continuing an important conversation: speaking with your patients about being vaccinated against COVID (coronavirus disease).

The American College of Surgeons has considered some frequently asked questions you may be getting from your patients. We realize that due to local issues, giving a uniform answer to these questions is not entirely possible. However, we hope you use this document as a guide and verify the information on a state and local level as well as with your hospital as you prepare to Talk It Up! with your patients.

#TalkItUp | It’s very important.

**NOTE:** Review these suggested responses, but please keep in mind that all requirements and regulations should be verified on a local level with your institution.
Get Vaccinated
1. Potential vaccination questions from patients

Q: Why do you recommend that your patients get vaccinated?
A: Because it’s the safest and most effective way for patients to protect themselves from COVID infection. Wearing masks and social distancing do reduce the spread of the virus, but those methods may not protect you as well as being vaccinated. Also, vaccinated people have lower rates of severe disease and hospitalization if they still become infected.

Vaccination alone prepares your immune system to fend off the virus. Plus, vaccination is an important step to keep your immune system focused on recovering from your operation. I don’t want to worry about you recovering from surgery and also battling COVID at the same time. You may be exposed to it once you leave the hospital to recover at home. And I really don’t want to see you readmitted to the hospital with COVID during your recovery when I discharged you COVID-free to go home and get well.

Q: Do you think the COVID vaccine is safe?
A: COVID vaccines are safe and effective. In fact, I’ve been vaccinated, and my family has been too. Beginning in early 2021, the Food and Drug Administration (FDA) began reviewing and approving COVID vaccines after clinical trials concluded in tens of thousands of patients. More than 200 million people in the US and 4.5 billion worldwide have been safely vaccinated as of February 8, 2022. All COVID-19 vaccines have met rigorous standards and continue to undergo intensive monitoring to ensure continued safety.

Sources: https://usafacts.org/visualizations/covid-vaccine-tracker-states/  
https://covid19.who.int [select “vaccination” in the drop down menu]

Q: What are the different types of vaccines? Are there age requirements?
A: The FDA has approved three COVID vaccines in the US for adults and one vaccine for children over age 5. Booster vaccines are also being recommended as immunity fades over time and new variants continue to be a cause for concern. The CDC recommends a second (mRNA) booster for certain individuals, such as people over 50 or for those with compromised immune systems. People should wait at least four months between booster shots.

Source: https://www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html

The CDC has updated its recommendations for COVID vaccines with a preference for mRNA (Pfizer-BioNTech or Moderna) vaccines. Also, the FDA now limits the Janssen (Johnson & Johnson) vaccine to only certain individuals. Learn more about the updated guidance on the use of the Janssen COVID-19 vaccine on the CDC website.

Visit www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
In terms of age requirements and timing, here are recommendations from the CDC:

**When Are You Up to Date?**

You are up to date with your COVID-19 vaccines when you have followed the current recommendations listed below. The recommendations will be different depending on your age, your health status, what vaccine you first received, and when you first got vaccinated.

Learn about the specific COVID-19 vaccine recommendations for people who are moderately or severely immunocompromised.

<table>
<thead>
<tr>
<th>Ages Recommended</th>
<th>Ages Recommended</th>
<th>Ages Recommended</th>
<th>Johnson &amp; Johnson’s Janssen</th>
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<tbody>
<tr>
<td>5–11 years old</td>
<td>12+ years old</td>
<td>18+ years old</td>
<td>On May 5, 2022, the U.S. Food and Drug Administration announced that it has “limited the authorized use of the Janssen COVID-19 Vaccine to individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and to individuals 18 years of age and older who elect to receive the Janssen COVID-19 Vaccine because they would otherwise not receive a COVID-19 vaccine.”</td>
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<tr>
<td>Primary Series</td>
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<td>2 doses</td>
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<td>2 weeks after final dose in primary series</td>
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For those who received the Janssen vaccine before this announcement, the recommended booster schedule appears here.
<table>
<thead>
<tr>
<th>Booster Dose</th>
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| • One recommend at least 5 months after the final dose in the primary series  
  – Pfizer-BioNTech COVID-19 vaccine for children ages 5-11. | • One recommend at least 5 months after the final dose in the primary series  
  – Pfizer-BioNTech COVID-19 vaccine for teens ages 12-17 years  
  – Either Pfizer-BioNTech or Moderna COVID-19 vaccines for people ages 18+ years  
  • Adults ages 50+ can choose to receive a second booster at least 4 months after their first booster | • One recommend at least 5 months after the final dose in the primary series  
  – Either Pfizer-BioNTech or Moderna COVID-19 vaccines  
  • Adults ages 50+ can choose to receive a second booster at least 4 months after their first booster | • One recommend at least 2 months after the first dose of a J&J/Janssen COVID-19 vaccine  
  – Either Pfizer-BioNTech or Moderna COVID-19 vaccines  
  • Anyone who received a J&J/Janssen COVID-19 vaccine for both their first dose and booster may receive a second booster at least 4 months after their first booster  
  – Either Pfizer-BioNTech or Moderna COVID-19 vaccines  
  • Adults ages 50+ can choose to receive a second booster at least 4 months after their first booster, regardless of what type of booster they received |

<table>
<thead>
<tr>
<th>Up to Date</th>
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<tr>
<td>2 weeks after getting the primary series since a booster is not recommended for this age group at this time</td>
<td>Immediately after getting first booster(^2)</td>
<td>Immediately after getting first booster(^2)</td>
<td>Immediately after getting first booster(^2)</td>
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\(^1\)Talk to your healthcare or vaccine provider about the timing for the second shot in your primary series.

- **People ages 12 through 64 years, and especially males ages 12 through 39 years**, may consider getting the second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) 8 weeks after the first dose. A longer time between the first and second doses may increase how much protection the vaccines offer, and further minimize the already rare risk of heart problems, including myocarditis and pericarditis.

- **People ages 5 through 11 years, people ages 65 years and older, people more likely to become very sick from COVID-19, or anyone wanting protection due to high levels of community transmission** should get the second dose of Pfizer-BioNTech COVID-19 vaccine 3 weeks (or 21 days) after the first dose, or the second dose of Moderna COVID-19 vaccine 4 weeks (or 28 days) after the first dose.

\(^2\) If you have completed your primary series—but are not yet eligible for a booster dose—you are also considered up to date. Stay up to date by getting a booster when you are eligible. The [CDC now recommends a second (mRNA) booster](https://www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html) for certain individuals, such as people over 50 or for those with compromised immune systems. People should wait at least four months between booster shots.

Vaccination Outside the United States

If you received COVID-19 vaccines outside the United States, whether you are up to date depends on which COVID-19 vaccine (and how many doses) you received. Learn more about when people vaccinated outside the United States are considered fully vaccinated.

1. If you had a severe allergic reaction after a previous dose or if you have a known (diagnosed) allergy to a COVID-19 vaccine ingredient, you should not get that vaccine. If you have been instructed not to get one type of COVID-19 vaccine, you may still be able to get another type.

2. CDC has updated its recommendations for COVID-19 vaccines with a preference for mRNA (Pfizer-BioNTech or Moderna) vaccines. Learn more about the updated guidance on the use of Janssen (Johnson & Johnson) COVID-19 vaccine.

3. You should get your second shot as close to the recommended 3-week or 4-week interval as possible. You should not get the second dose early.

4. As with vaccines for other diseases, people who are up to date on their COVID-19 vaccines are optimally protected. Learn more about staying up to date on your COVID-19 vaccines.

Reprinted from: CDC.gov

Sources: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

Q: I’m healthy and in good shape. Since I rarely get sick, why do I need to get vaccinated?

A: Even in young and healthy people, the symptoms of COVID can be severe or long lasting. Vaccination ensures you are less likely to suffer from severe illness and hospitalization due to COVID. Plus, being vaccinated helps those around you by reducing the spread of COVID-19 within your household, your workplace, and your community. This point is especially important if you live with vulnerable family or friends with weakened immune systems or other medical conditions who are not as healthy as you.

There’s evidence that if vaccinated patients do get a COVID infection, the vaccine protects them from long-haul COVID symptoms over time. Vaccinated people go on to experience better health once they recover from their infection. Not only is COVID vaccination critical to protect against serious COVID-19 infection and hospitalization, it protects you from long-haul COVID symptoms.

Other research shows that COVID infection raises a person’s risk for heart and vascular problems for up to a year after diagnosis. And it held true for people young or old. COVID infection made them more likely to experience a stroke, heart attack, or heart failure among other conditions.

Sources: https://blogs.va.gov/VAntage/86991/covid-19-vaccine-im-young-healthy-need-vaccine/
https://ukhsa.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=fe4f10cd3cd509fe045ad4f72ae0dff
https://www.nature.com/articles/d41586-022-00403-0
Q: How long does immunity last with vaccination? Is a booster shot really necessary?
A: Immunity is still being studied to determine how long a COVID vaccine protects you. However, it is known that immunity decreases over time. Pfizer and Moderna vaccines are given in 2 doses (called the primary series) and so far, have been shown to provide immunity for at least 5 months. After that period, a booster shot is strongly recommended.

Those who received the Johnson & Johnson’s Janssen COVID vaccine in the recommended single primary dose, should get a booster shot at least 2 months after getting their first shot.

Due to these reductions in protection over time, the CDC currently recommends that everyone ages 12 years and older get a booster shot after completing their primary vaccination series.

Q: Can a vaccinated patient with no symptoms still spread COVID-19?
A: Yes, they can. But, experts agree—vaccination is the best way to slow infection and reduce transmission of COVID. Those with a variant infection can spread the virus to others, even if they are vaccinated or don’t have symptoms, according to the CDC. However, vaccines still remain the best tool to prevent severe illness, slow transmission of COVID and its variants, and reduce the likelihood of new variants emerging.

Q: If I recover from COVID do I still need to get vaccinated?
A: Yes, you should get vaccinated even if you already had COVID. Evidence shows that if vaccinated, you have better protection from a second infection. Vaccination provides a strong boost in antibodies for people who have recovered from COVID and reduces your likelihood of getting it again.

In fact, there’s evidence that unvaccinated adults are more likely to get reinfected with COVID again compared with vaccinated adults who have recovered from it. And it can happen repeatedly. Reinfection can happen every 16-17 months on average for non-vaccinated persons, and as quickly as 3 months after initial infection for some people.

If you were treated for COVID with monoclonal antibodies or convalescent plasma, the CDC recommend you wait 90 days before getting a COVID vaccine. Check with your physician on how to best time your vaccine based on this recommendation.

Sources: https://www.medpagetoday.com/infectiousdisease/covid19vaccine/97234

Q: How likely am I to have a severe reaction to the vaccine?
A: Although some people have had allergic reactions, serious side effects from COVID vaccines are rare. The federal government is now monitoring adverse reactions to the COVID vaccine, which remain uncommon. Anyone who experiences one should contact their health provider so their situation can be reported.

In fact, reactions to the vaccine are far less common and far less severe than are reactions to being infected with the actual virus.

There is a compound, polyethylene glycols (PEGs), used to make the vaccine that can cause an allergic reaction, but it is uncommon. If you had a known reaction to it in the past, or are concerned about it now, we can arrange to perform an allergy test in advance to ensure you’re not going to have a reaction to it before you’re vaccinated.
According to the CDC, “Vaccine ingredients vary by manufacturer. None of the vaccines contain eggs, gelatin, latex, or preservatives. All COVID-19 vaccines are free from metals such as iron, nickel, cobalt, lithium, and rare earth alloys. They are also free from manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.”
Sources: https://vaers.hhs.gov
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8270228/
Frequently Asked Questions about COVID-19 Vaccination | CDC

Q: How soon before surgery should I get vaccinated?
A: You should wait until you receive full immunity after receiving your vaccine dosage before you have surgery. This timeline depends on your vaccine type. Let me go over the different types of vaccinations available at our medical center and draw you a timeline of when you should have the shot(s) and when we can schedule your operation. My office can also schedule vaccinations for you if you’re interested.

Q: Am I likely to get COVID-19 after I’m vaccinated? Do variants affect this?
A: No vaccine is 100% effective so this type of “breakthrough case” is possible, but less likely. Vaccines have also been effective against COVID variants, but infections are still possible as many people across the US are still not vaccinated.

There is good evidence that vaccines do lower a person’s chances of severe illness that leads to hospitalization and death if you get a breakthrough infection. A CDC report indicates that during the Omicron variant surge, COVID incidence in Los Angeles County was 3.6 times more likely to occur. Also, hospitalizations were 23 times more likely among unvaccinated people than among vaccinated people with a booster shot, and 2.0 and 5.3 times more likely, respectively, among those fully vaccinated persons without a booster. During both the Delta and Omicron surges, incidence and hospitalization rates were highest among unvaccinated persons and lowest among vaccinated persons with a booster.

It has been reported that since vaccinations and boosters became available most COVID deaths in the US have been among unvaccinated persons. Staying up to date with vaccinations and boosters is highly recommended.
https://www.cdc.gov/mmwr/volumes/71/wr/mm7105e1.htm
https://time.com/6138566/pandemic-of-unvaccinated/
https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm
2. Hospital policy questions

NOTE: COVID testing requirements before an elective procedure can be different in each state or hospital. Check with your hospital administration or state department of public health for up-to-date guidance.

Q: Do I need a COVID test before an elective procedure?
A: The policy about pre-surgery testing at our hospital is:

NOTE: Hospital guidelines are primary for this discussion and will likely draw from state guidelines. For an example of one state’s guidance, visit the Illinois Department of Health website.

Q: Due to COVID restrictions, are family/friends allowed to accompany me to the hospital the day of surgery? And if I am admitted for an overnight stay, can they visit me in my hospital room?
A: Our hospital policy about family and friends being on site to support you is as follows:

In general, these are things recommended by experts that you should also think about:
- Visits should be scheduled to allow enough time for your visitors to be screened for the virus if required during the time they come here. They may also be asked to spend time being educated about COVID.
- Your visitors should consider any risks to their own health if they come to the hospital. Visitors who are at high risk for severe illness from COVID, such as older adults and those with underlying medical conditions, should consider staying home. Ask them to call or video chat with you instead.

Q: Do I need a COVID-19 test if I go to the emergency room?
A: Many hospitals are testing for COVID upon patient arrival. Our hospital practice is:
CONVERSATION STARTER

**Surgeon:** Surgeons know how important it is to wear masks to stop the spread of infection. I wear one every time I’m in the operating room to protect myself and my patients.

### 3. About masks

Q: Should vaccinated and unvaccinated people wear masks in public?
A: Guidance on mask wearing is locally determined. Local guidelines may vary; be sure to check guidelines for your city, county, or state on mask wearing.

Keep in mind that there is strong scientific evidence that mask wearing does cut down on the transmission of the virus so use caution before you abandon your practice of wearing a mask in public places—indoor or outdoor.

In fact, in February 2022 the [CDC released findings](https://www.cdc.gov/coronavirus/2019-ncov/index.html) that showed people who always wear a mask in public were less likely to test positive for COVID than those who do not wear masks.

As long as the virus is still being transmitted, the risk of new COVID-19 variants emerging remains a strong possibility. Mask wearing can help cut down on transmission even if local restrictions have been lifted.

The CDC has also noted that “fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease, or not fully vaccinated.”

Q: What’s the best type of mask to use?
A: Not all masks offer the same level of protection from COVID. The CDC recently issued [research](https://www.cdc.gov/coronavirus/2019-ncov/index.html) results on three types of masks that offer different levels of protection. All three masks lowered the risk of testing positive for COVID and were more effective than not wearing any mask at all.

- Wearing a respirator mask (N95 or KN95) = 83% lower odds of infection
- Wearing a medical procedure mask (ie: a surgical or disposable mask) = 63% lower odds of infection
- Wearing a cloth mask = 56% lower odds of infection

Other suggestions

- Wear a mask that fits properly (snugly around the nose and chin with no large gaps around the sides of the face).
- If you choose a cloth mask, choose one made of breathable tightly woven fabric (such as cotton). Look for fabrics that do not let light pass through when held up to a light source.
- For non-cloth masks choose one with 2 to 4 layers.


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Find a vaccination location near you.

Visit: [vaccines.gov](https://www.vaccines.gov)
Or call: **1-800-232-0233**

*This document draws from data and reports available as of 5/20/22.*