Microscopic Colitis Foundation

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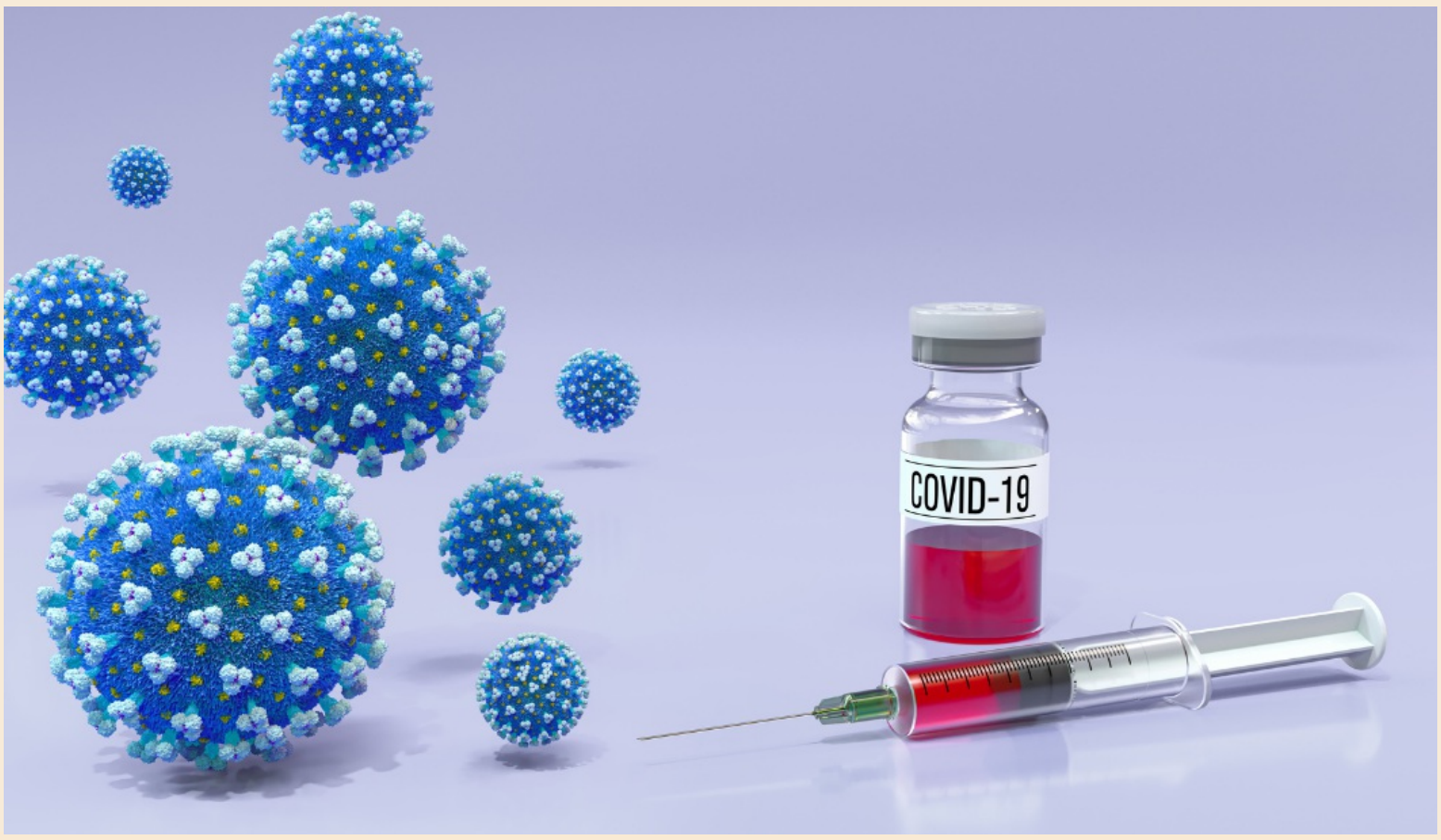

Should I Get the Vaccine?

There seem to be a lot of questions and concerns on the minds of many people, regarding a decision on whether or not to get vaccinated against COVID-19. And while everyone seems to have an opinion, ultimately, whether or not to get vaccinated is a very personal decision. Most of us can think of many reasons why we shouldn't, not the least of which is our food sensitivities, and our immune system issues associated with our microscopic colitis (MC). And those who thrive on controversial subjects, can list numerous additional reasons why getting any of the vaccines may be a risky choice. And they are correct, of course, because virtually anything and everything we do carries some degree of risk for us, in one way or another. But then, doing nothing in certain situations is also sometimes a risky choice. So how can we possibly make a logical decision in the face of all this controversy and chaos?

Many online resources present a negative picture.

Some people point to an online article by Dr. Mercola, for example. The article paints a vivid picture of risk, highlighted by many valid-sounding reasons why not only are the vaccines risky, but he even denigrates the business practices of at least one of the companies that developed one of the vaccines. On the surface, at least, this appears to be a rather common, cheap tactic used in unscrupulous criticism. If you can't find enough to criticize in what someone does or says, attack their character.

Dr. Mercola claims, as one example, that there's a threat of "sudden death" due to an mRNA vaccine. Maybe he's correct. He points out that as of February 12, 2021, according to the Vaccine Adverse Event Reporting System (VAERS), there were 799 deaths reported within the U.S., and one-third of them (266) occurred within 48 hours of vaccination. Furthermore, 21% of them were cardiac-related.

Unfortunately, one of the sad facts of life is that older people die every day.

We're talking about senior citizens here. And statistically, senior citizens die every day, of natural causes. In fact, according to the Centers for Disease Control and Prevention (CDC), in 2018 (the last year for which statistics are available), almost 40,000 people (39,935) over the age of 65 died. Of course they didn't all die from natural causes, but most of them did. That's approximately 110 people per day, or 220 in 48 hours, very close to the 266 deaths that Dr Mercola blames on the vaccine. Dr. Mercola cites deaths due to cardiovascular events. And yes indeed, cardiovascular issues are a major cause of death due to natural causes. But even if the cited association of death with the vaccination for these few individuals is legitimate, it was almost surely associated with the fact that cardiac issues are one of the primary risks of mortality associated with this virus, in the first place. A quantity of only 266 individuals is certainly not a surprisingly high number, when compared with the over 530,000 deaths that have already been attributed to the virus in the U.S., and millions, worldwide, at this point. Statistically, it's a rather insignificant number.

Let's consider the math involved.

At this point, over 50 million people in the U. S. have received at least one vaccination, and over 25 million are fully vaccinated. If we assume the VAERS numbers to be correct, then 799 divided by 25 million is 0.00003196. That's 3 per 100,000, a statistically very small number. On the other hand, considering that over 500,000 people have died from the virus in the U. S., that's 0.5 million divided by 25 million, or 0.02 (or 2 %). 0.02 divided by 0.00003196 gives 625.78223. So we're over 625 times more likely to die from the virus, than from adverse reactions to the vaccine. Of course you can get the same result if you divide 799 by 500,000 —625.78223. Obviously, these numbers are only rough approximations, but with overwhelming odds such as that, choosing to get the vaccine, especially with the more contagious variants popping up everywhere, appears to be a no-brainer.

Are the mRNA vaccines gene therapy? No!

Some opponents of the mRNA vaccines (or any vaccines) claim that these injections are “gene therapy” rather than vaccines. Are they correct? Let's analyze this claim in some detail. According to the U.S. National Library of Medicine, gene therapy is designed to insert genetic material made of DNA into a cell’s chromosomes in order to correct a defective gene or to add a desired trait. But the DNA on its own can’t insert into the cells’ chromosomes and become functional. It needs a carrier, referred to as a vector, that has been genetically engineered to do this.

Why are viruses commonly used as vectors? Because viruses are so good at infecting cells and creating changes in our genetics. In fact, the human genome contains many genetic changes that have been caused by various viruses that our ancestors have been exposed to during our evolution, and that process will continue for as long as our species manages to survive. To put this into proper perspective, the bottom line here is that viruses are changing our genetics on a

regular basis.

But mRNA isn't capable of doing that. The mRNA in the vaccines is not converted by the body into DNA, because the enzymes that would be needed to do that are not present. Additionally, mRNA material is relatively fragile, and it will survive only about 72 hours in cells before it begins to degrade. Therefore, the vaccines are not capable of making any permanent changes to our genes (Gavi, 2020, December 15), (Centers for Disease Control and Prevention, 2021, March 4)[1, 2]

The virus is currently dictating our daily schedules.
We're receiving all sorts of conflicting information that doesn't help us in making a logical decision for our own personal situation. One week the CDC claims that something is true, and next week they make a conflicting claim. One week the World Health Organization (WHO) says to do this, and next week they say to do that. But with COVID-19 and its SARS-CoV-2 family of variants continuing to dictate our day-to-day behavior, can we afford not to get vaccinated? Not just older people are dying — people of all ages are dying from this family of viruses.

Hopefully, this informal analysis clarifies the risk/reward ratio somewhat, and will make our decision easier. That said, the decision of whether or not to get the vaccine remains an individual choice, based on our own special circumstances.

References:

1. Gavi. (2020, December 15). Will an mRNA vaccine alter my DNA? Retrieved from https://www.gavi.org/vaccineswork/will-mrna-vaccine-alter-my-dna2

2. Centers for Disease Control and Prevention. (2021, March 4). Understanding mRNA COVID-19 vaccines. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

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A Couple of Noteworthy COVID-19 News Items

If I have already had the virus, should I get vaccinated?
Although it's uncommon to have a COVID-19 reinfection within 90 days, it is indeed safe (and recommended) to get vaccinated. Testing for the virus prior to a vaccination is unnecessary. Note that statistics indicate that those who have already had the virus often have a strong action to the first vaccine dose. So it follows that if you have a strong reaction to the first dose of the vaccine, you may have had an asymptomatic or unrecognized case of COVID in the past.

If I currently have COVID 19, should I get vaccinated?
Current recommendations advise waiting until after recovery and out

of quarantine before being vaccinated. If you have been given a COVID monoclonal antibody or convalescent serum, postponing vaccination for at least 90 days is recommended. Otherwise the treatment you have received might interfere with the vaccine immune response.

What if I believe I have been exposed to the virus and I'm currently in quarantine?
Patients who are in quarantine should wait until their quarantine is over before getting a vaccination.

COVID 19 may cause autoimmune issues.
Researchers have discovered evidence that COVID 19 may cause the body to attack its own tissues (Goodman, 2021, February 02)[1]. The results are still preliminary, but this line of research may lead to an explanation of why so many patients experience the syndrome known as Long COVID after recovering from their initial case of COVID 19. This discovery also raises the question of whether other viruses might cause the production of autoantibodies. Obviously, additional research is needed.

References:

1. Goodman, B. (2021, February 02). COVID-19 virus may prompt body to attack itself. Retrieved from https://www.medscape.com/viewarticle/945130?src=mkm_covid_update_210202_MSCPEDIT&uac=95382HN&impID=3168937&faf=1