

## Cypress College Covid 19 Townhall

March 3, 2021

### FAQs on Covid and Vaccines

#### **Vaccines and Safety - Answered by Dr. Chinsio-Kwong from OCHA**

**People have been asking about the IHE pods — where they go and do they have to have an access code?** Codes were initially used for some PODs that were specific to K-12 sites. The codes were not an effective control mechanism and will not be used in the future. The recommended process is to register through the Othena app. Update: Irvine Valley College has been chosen as a Higher Education Pod which should provide more access to employees.

**What are the differences among the Moderna, Pfizer and Johnson vaccines. If I get an appointment, will I know which vaccine will be made available to me at that appointment?** When you're given an appointment through Othena, it will give you an option of what's available for appointments, and it will tell you what vaccine is available at that site. OC Health is planning to post information about Pfizer, Moderna, and Johnson & Johnson, so that people can make an informed decision. Right now, the best vaccine is the vaccine that's available to you when you're eligible.

**I've received the first Moderna shot three weeks ago and I'm scheduled for the second shot — but should I just wait for the new Johnson & Johnson vaccine instead?** The recommendation is to complete the vaccine series with the same vaccine from the first shot. It is not recommended to change to a different vaccine platform. You are considered to be fully vaccinated when it has been two weeks after your last dose of a series or 14 days following your single Johnson & Johnson dose.

**If you don't get any side effects. Is that a sign that your immune system is not working the way it should in response to the vaccine?** No. Side effects or no side effects, what we observe is that people do maintain an immune response. So, you just may be lucky and not having a reaction to the vaccine. But we, as long as the vaccine was fully injected at least half of the dose was injected into your arm it actually is considered effective.

**Is there information about a correlation to Bell's palsy, as a result of the vaccinations?** In the studies, (I believe more with Johnson & Johnson), they did see some Bell's Palsy that arise. And with vaccines in general we do see Bell's Palsy. It's more of an autoimmune and more of an immune reaction against the vaccine. It's still not a reason not to get the vaccine. You just want to monitor that and just know that it may happen.

**I've heard that there are those who are elderly or immuno-compromised who may not develop the same level of immunity as healthy folks, is that true correct?** Anytime someone has a weakened immune system — whether they're taking a medication that suppresses the immune system or because they have a condition that has a more suppressed immune system or they're just really old, much, much elderly — your immune system is not as responsive sometimes these vaccines and this question is actually asked before you get the vaccine. We still, of course, strongly recommend getting the vaccination, because they're the highest risk of having a severe illness of COVID.

**Where do people with chronic illness, a history of cancer, immune system diseases, etc. fit into the vaccination schedule?** The California Department of Public Health announced that those people with specific chronic conditions labeled by the California Department of Public Health will be eligible to start receiving a vaccine as of March 15.

**How long will the vaccines provide protection?** That's the golden question. We all want to know answer to that question. We need more studies and we need more time to see how long these vaccines will be effective. Those who were involved in the studies are still being monitored for their immunity.

**If someone gets allergy shots on a regular basis does that interfere with the vaccine?** Right now, we don't suspect that it will really affect the efficacy of the vaccine. If there is any question, the easiest course of action is to allow at least 14 days, and before after the vaccine if you really want. This is probably more relevant to a steroid injection than an allergy injection.

**Are there any categories of people with certain health problems who should not take the vaccine?** The biggest contradictions we have right now for the vaccine is if someone has a severe allergy or reaction to polyethylene glycol. If you know you have a severe allergy to that, you can consider the Johnson & Johnson vaccine. But that should be a discussion between you and your primary care physician or your allergy specialist. If you had COVID, and you were treated with a monoclonal antibody or you're treated with convalescent plasma, we want you to wait at least 90 days from your last treatment, so that the vaccine could be more effective for you.

**Regarding the Othena app, what if you need to cancel or reschedule an appointment?** You can actually cancel or re-schedule the appointment that was offered to you in the latest version of the Othena app.

**Will we have to come back and get a second shot some point down the road?** That will be determined at a later date by recommendations from the CDC.

**With the Pfizer vaccine, if you get COVID, Can you spread it?** There is still a potential for someone who's fully vaccinated to actually have COVID. What we do know is that the Pfizer, Moderna, and Johnson & Johnson vaccines is that they really reduce the severity of COVID and also reduce hospitalization and death rates. We still don't fully understand if you have been vaccinated what is that ability for you to actually transmit the virus, if you actually develop COVID. If you were fully vaccinated, and you actually develop COVID, you should follow up with your primary care physician and get evaluated. All of these vaccines are great, but even if you have a vaccine, you still need a practice the masking, the physical distance, the good hand hygiene, because there's so many different variants out there and you could still get COVID despite being fully vaccinated.

**As we start thinking about returning to campus, even if our employees are vaccinated, many of our students may not be. How protected are our employees who will be coming in contact with students who may not be vaccinated and what should we be concerned about?** The biggest thing, as I said earlier, is vaccination is only one portion of protecting yourself. If you follow all the guidelines of wearing a mask, keeping your physical distance, good hand hygiene, and having good ventilation, the possibility of you getting COVID is really low.

**Will steroids and a nasal allergy spray interfere with the vaccine?** Nasal allergy sprays will not be as systemic as something that's injected. It's high-dose injected steroids, or the oral steroids, that we worry

about. There are some patients who have to take regular steroids on a daily basis. They should just continue on and go by the guidance of their specialist or their primary care physician.

**By definition a vaccine stimulates immune response. What happens if the cells don't stop producing at the three weeks is there this uncontrolled generation?** Your body has no immunity to the virus unless you've recovered from COVID. The vaccine introduces a new protein to your body's immune system and your immune system will respond to it. Once the vaccine is in is injected, it gets into your cells and it's only job is to replicate that specific protein piece of the protein in your body. The vaccine has been given to over, 26 million people and uncontrolled replication has never occurred.

**I heard that students are hesitant because they were told they can become sterile. Is there any truth to that?** Absolutely no truth to that. It does nothing to ovaries or sperm production, it has no impact on sexual health at all. It's a systemic immune effect but not any effect on reproduction.

**Related to availability of the vaccine for higher education versus K-12, do you know essentially when is this going to be available for us?** In terms of the availability, you're able to go on and register through, Othena or other avenues because there are different points of distribution. The federal government is supplying CVS, Rite Aid, and Walgreens; you can go there today and register on all those sites. You can call your insurance provider and seek scheduling and how to get your appointment because Tier 1B is now open. And if you reside in another county go through that county, too.

**Why are we encouraging students, faculty and staff to get a vaccine that is not a cure for COVID-19, and not a guarantee that it will keep you from infecting others?** The virus can't replicate if the virus doesn't have a host to replicate itself. It dies out. Essentially no variants get formed. So, the fewer people that could host the virus, the better. The number of people who are vaccinated along with those who have recovered decreases the overall numbers of people who can get the the virus and then pass it on.

**Will Cypress College be a vaccine site?** There are actually only two vaccines sites in Orange County currently that are up and ready to receive vaccine it's Irvine Valley College and Saddleback. We've applied to be a vaccine site — which realistically means Johnson & Johnson when/if that rolls out in April.

**There seems to be a decent likelihood that we will reach herd immunity prior to the start of the fall semester. Are we moving forward as though this is not a possibility would we still need to keep the majority of classes and employees off campus, even if we reach the point that OC and California have reached herd immunity prior to the start of the term?** The way this has been evolving, I can't predict exactly what's going to happen in fall. We are definitely seeing the impact of individuals using mitigation. Our infectivity rate is around 3.7%, which is in the orange-tier-range. Projecting out for fall, those numbers could look better, even better than that if everybody mitigates and gets vaccinated and recovers.

**I believe there are people who have taken the vaccine and ended up with GI issues and even ended up with hospitalization because of severe GI bleeding.** There is some nausea and perhaps vomiting post vaccine; but I've heard of no bleeding per se. The question is really an individual situation with a lot of unknown factors so the specifics should be addressed with a primary care physician.

## **Safe Return to Campus – Answered by Dr. Schilling**

**What will my role be in determining what classes are going to be taught in person?** We have formed three work groups. Dr. Douglas will be leading the academic instructional work group, which is most of the deans. The deans should be consulting with department coordinators and this should have already started. The purpose is to identify which classes, could conceivably come back. Those of you who have requested that you want to come back on campus, those of you who feel that your courses have really suffered and you need to be back on campus — we're going to take an inventory of all of those classes and determine which ones we can bring back safely and those that we may not be able to. The first thing that has to happen is really understanding the scope of the courses that need to come back. We really want to hear from all the faculty who are feeling strongly about returning. We also need to hear from the faculty who are feeling strongly about not returning and why. Craig Goralski will be leading the faculty group. The last work group is student services and Paul de Dios is leading that work group.

We would like to start identifying, for lack of a better word, Team A, Team B, Team C — what we're looking to do is to have some rotations so nobody would be on campus five days a week. We would figure out the rotation so that we would have a crew of people on campus, every day, but it wouldn't be the same people every day. We would still utilize some of the technology through Cranium Cafe, for example. That is how we're planning on proceeding, and we really want those of you who are going to be involved in this and coming up with your own great ideas of how we can really address the students' needs as well as making sure that we are having appropriate rotations. We want to make sure that we think through everything as it relates to instruction, and, of course, making sure that our first priority is keeping everyone safe.

**Regarding plexiglass barriers, has there been a thought towards these being more sturdy to address active-shooter concerns?** They are very different installations very different materials. There are other safety measures that we do have in place for active shooter. In terms of our safety protocol, we are looking at placing those types of barriers in certain spaces that have the front-facing counters.

**I am in need of more definite answers as to when we will be back on campus. My childcare is asking for registration in mid-April for summer and fall and I'm afraid if I wait too long, I won't have the childcare I need.** We are working actively to be able to identify exactly what these rotating shifts would be so that you can plan for your child care on the days that you were here. Obviously, people are still working five days a week, but it will be a combination of remote and on campus and most people will still be working somewhat remotely.

**Why are we encouraging faculty and staff to get vaccinated this spring, if we aren't going to open up in general for fall?** We will be opening in-person classes on a limited basis for fall and we do hope to have all of our services open in-person for students on a daily basis based on a rotation of employees. From a community perspective, the sooner people get vaccinated, the sooner that the spread goes down so being vaccinated is all part of fighting this virus.

**Why are we at least not allowing some courses that have multiple sections to have more sections face to face or hybrid, while still providing other sections remote or online?** We are considering that model, but are going to prioritize in-person classes based on a need based criteria. We should be creative in our thinking as to how we bring more sections back and consider how we could be teaching in a hybrid modality so that we can we can offer as many in-person classes as possible — with that high

touch experience where students are meeting you and seeing you and interacting with their peers. But still, utilizing the online technology.

**What is the benchmark for the number of cases or deaths in our area to allow us to go back and teach courses in person?** The benchmarks are changing a little bit as we move from red tier to orange tier. Given that things keep changing our approach is to prepare for the highest tier of protection while still working to get classes back on campus in a safe way.

**Will the college consider allowing adjunct faculty and counselors who work 1, 2, or 3 days a week to work a hybrid schedule, part of the time on campus part of the time from home?** Yes. That has to be discussed again with your immediate supervisor, but I think everyone should expect that they will be working some kind of hybrid schedule on campus and off campus.

**If we have for a lecture course a 45-seat room that can hold 45 students and every desk has a barrier and students wear masks, can we have that class on campus?** We probably would not put 45 people in a classroom that seated 45 people. However, if we know that class is a priority we can consider if we have larger classrooms available. These are the kinds of requests that need to come forward so that we can do an inventory and determine whether or not we can accommodate that.

**If we reach these benchmarks do our plans in terms of opening up the campus change in any way? Is there a path to be 100% in-person in the fall?** We are being conservative. Your input, in terms of how many of you are expressing the need to be back and the need for your students to have you back, is going to help us clarify and drive the answers to that. We know for sure that we're not going to be at 100% and I think that everyone needs to be reconciled with that. On the opposite side, some people are concerned unnecessarily about coming back — and so that's what we're trying to find that balance to. We are working to address your concerns and make sure that we're staying on top of the science as best as possible while continuing to serve our students. We want to be able to serve our students to the greatest capacity while making sure that we keep people safe. The hope is that as we slowly open up in fall that we can really open up in spring. One other mitigating factor is our desire to get our schedule in the hands of our students and our faculty and our counselors. It's disruptive to change the whole schedule after we've already publicized it. So, though we may reach herd immunity, we have a deadline by which we want to make sure that we have our schedule prepared so that everyone can plan appropriately.

**Are we being overly cautious with the class schedule?** One thing that we have learned this last year, unfortunately, is to hope for the best and prepare for the worst. We all remember it was just a short year ago when we were shutting down. On March 13, we thought it would be maybe a month and we would be back. And guess what? We're still not back. So, I think we need to exercise caution not to be overly conservative, but to be realistic in terms of planning and so people can plan. One of the things I've noticed with other colleges is they're opening and then the next week they're shutting and then they're opening and they're shutting. That that really creates so much stress on both employees but especially our students. So we want to be really clear in what we're going to offer and what we're not going to offer. And then again, as we said planning for spring when we can open wider doors and that is the hope.

**What efforts have taken place in terms of building ventilation?** One of the features of any HVAC system is that the air dampers or economizers can be opened fully to bring as much fresh air as possible.

In addition, we're switching our filters for the building to ones that are used in some laboratory spaces and some medical facilities. That's being installed all throughout the campus.

**Are there plans to survey students?** The college surveys students on a regular basis. There are plans to touch base with students to make sure they feel comfortable and we know what their needs are as well.