**PRESS RELEASE**

**FNU hosts first in a series of panel discussions on COVID-19**

**Suva, Fiji.** The Fiji National University’s (FNU), College of Medicine, Nursing and Health Sciences (CMNHS) successfully hosted the first of a series of virtual panel discussions regarding COVID-19, the vaccine, the COVID test and questions related to the pandemic and prevention efforts.

Chaired by the CMNHS Associate Dean Research and Director of the Fiji Institute of Pacific Health Research (FIPHR), Dr Donald Wilson, the panellists consisted of alumna and Head of Fiji's COVID-19 Vaccine Taskforce Dr Rachel Devi, epidemiologist and paediatrician Professor Fiona Russel and CMNHS Adjunct Physician clinical microbiologist and infectious disease Professor Adam Jenney.

The panel discussion was conducted via Zoom and live-streamed on the FNU and CMNHS Facebook pages.

Questions and misconceptions by the public were sent in before the event via email and was posed to the panellists during the event for their responses, based purely on current and approved scientific evidence. The panel also answered questions that were messaged by the audience during the live session.

Below are highlights of the key issues discussed;

**Magnetic force claims**

Prof Jenney said it was important to look at what was inside the vaccine.

“It’s a really low volume but it has the constituents of any vaccine that we have – the active agent, some chemicals to make it stable – amino acids, salt, magnesium, a tiny bit of detergent to keep it all stable.”

“These are all normal constituents and I’m looking at the list and there is nothing there that is metallic.”

“No metal,” he said.

Prof Russel added the videos circulating of people placing magnets that stick onto their site of injection were ‘trickery’.

“There is nothing in there that could cause magnetic forces,” she said. “This is trickery that is going on and it’s not real. Anybody can do this and make these videos and make it look real. This is just not correct.”

Prof Russel proceeded to lick a magnet and stick it on her forehead, explaining that oil on the skin and water on the magnet or other metallic objects were some scientific factors that allowed people to do this.

“There is nothing in the vaccine that makes it magnetic,” she emphasised.

**Vaccine rollout and eligibility**

Dr Devi said the vaccination rollout first targeted front liners and the vulnerable population such as the elderly and those with underlying medical conditions like stroke, hypertension, asthma and heart diseases.

“Now, one of the things we’re doing is we’re getting closer to people and closer to the communities. So when we’re going there because of the re-strategising of our vaccination rollout,” she said.

“What we’re doing now is we’re going to be encouraging everyone who is 18 and above to get the jab.” “That’s the current rollout plans. We’re not stopping anyone who is eligible from getting vaccinated.”

She highlighted that a common question the team faced was if people with diabetes, high blood pressure, heart diseases and other illnesses were able to get vaccinated.

“I keep saying the same thing. You are the most important people that we need to protect right now.”

“I cannot overemphasise that because the more vulnerable you are, the more likely you are to have a more severe form of COVID if you are not vaccinated or fully vaccinated.”

“Fiji has one of the highest NCD rates in the world and the vulnerability of Fijians is one of the main reasons to get all the elderly people vaccinated and individuals who have diabetes, hypertension, any other heart/cardiac issues and immune-compromised individuals to get the jab and get them earlier on so they are protected.”

Pregnant and breastfeeding mothers could also get the COVID-19 vaccination.

She said the aim was to achieve herd immunity when a large portion of a community becomes immune to a disease, making the spread of disease from person to person unlikely.

“With herd immunity, we know that the concept works with all the other vaccines as well and similarly with this vaccine,” Dr Devi said. “To reach that herd immunity we definitely need that above 70% mark of vaccinations of over two doses in Fiji and basically what it means is that if 10 of us in a group and nine of us are vaccinated and one is probably a child, we’d be protecting that individual that’s there.”

“That’s the concept of herd immunity and the higher the immunity coverage we have in a country, the better it is in terms of protecting others.”

Dr Devi said there was no law that stated it was compulsory to get the COVID-19 vaccinations.

“It’s an individual’s choice,” she said. “Having said that, we are encouraging individuals and if there is any misinformation that individuals have, we’d like to clarify that so they get the right information to make an informed decision on this.”

“While it’s not mandatory, we do encourage vaccinations.”

She added that people with a history of severe allergic reaction to vaccinations may not receive the vaccine. Others who experience a severe allergic reaction when they are given the first dose of the COVID-19 vaccine will not receive the second dose.

As of June 6, the Ministry has administered 206,658 first doses and 4,599-second doses nationwide since the commencement of the vaccination effort in the country.

**Vaccine dosage and interval**

Prof Russel said the AstraZeneca vaccine was given in two dosages as per the tests conducted and World Health Organization (WHO) guidelines.

“The original studies were 12 weeks apart and the reason for that was to get a better immune response in the increased time between the two doses,” she explained.

“Now that there’s data that has come out from the UK, which has the same variant which Fiji has got, and what they’ve found is that you really need two shots to be given to get the best protection.”

“Testing also showed that there was really not much difference between giving the second dose between eight and 12 weeks and so what the UK is doing now is that they’ve reduced the intervals between doses from 12 weeks down to eight weeks and they’ve done that in the last couple of weeks because of this additional protection that’s needed with this variant.”

“This is still within the WHO guidelines.”

**Vaccine immunity**

Because the vaccines have been in use for less than a year, the panellists highlighted that tests were ongoing to determine the duration of immunity against COVID-19 of the AstraZeneca vaccine.

“Everybody’s keeping an eye on that because the vaccine has just been in use for about six months now since the first shot was given,” Prof Jenney said.

“All of these studies are being done and that will help us to understand whether we need to have a booster at some stage and whether that is every year or two years. So, we would have more information as time goes on.”

They added that booster shots were not uncommon in vaccinations, citing the flu and tetanus shots as examples.

**Vaccine side effects**

The panellists highlighted that people should not be alarmed as there were common side effects such as fever, joint pains, numbing, headache felt after receiving the vaccination that would subside with 24-48 hours.

“Some (side effects) linger more as each individual is different in their response but this is very closely monitored,” Dr Devi said.

She said the Ministry of Health and Medical Services (MOHMS) has a register that recorded incidences of adverse effects to the vaccine.

“Every day we make sure the team tells us if there were any adverse events. If yes, then we follow that through and investigate it.”

“We make sure we investigate it within the 24-hour period and this is where our nurses are trained, our doctors are trained in this context and that investigation happens and when needed, we rope in technical advisors from WHO.”

Prof Russel also addressed the cases of blood clotting recorded globally after taking the vaccine.

“But what we’ve seen is that even with over 200,000 first doses, there hasn’t been a case like this in Fiji in their reporting system,” she said.

“It could occur and if it does, the main thing is that people are aware of potential symptoms that could occur so they can go the health authorities quickly and get investigated quickly and there is a process in place.”

“When you we put the risk benefit in perspective of the vaccines, the benefits have to outweigh the risks and at the moment in Fiji, there is an epidemic going on. So, the benefits outweigh the risk in this situation.”

**COVID-19 tests**

Prof Jenney detailed the process of the PCR (polymerase chain reaction) tests.

“The PCR is a test whereby you can specifically identify a section of the genetic code of the virus which is unique to that virus,” he explained.

“It is a small area that latches on to the coronavirus and no other virus so if it’s not there, the test will be negative and if it is there, we are able to amplify it to a degree whereby it can be detected and be sure it is the code.

“That is what I mean by specificity because it can only identify the virus SARS-CoV-2 and the sensitivity is because through the sample amplification, it can just amplify this one specific bit of the code to be enough to detect.”

He also discussed test results that may have been false positive or false negatives.

“The false positives are important because they are worrying because you are giving someone a diagnosis when they don’t have the disease,” he said.

“In my lab, we will test it and retest and perhaps get a second swab to retest it so it will be confirmed in a couple of days or so.”

“The other thing I’d say is that the only false positives we’ve had in our lab is really from people who have got a tiny amount of probably a dead virus from an infection they had months and months ago. So they don’t have the disease and they are not spreading it and they are false positive in so much as they don’t have COVID-19 as the disease right now, but they have this tiny remanent whereby the sensitivity of the test is able to pick up these absolutely minute amounts of the genetic code and identify it.”

“As for false negatives, we know that every test has a limit and PCR is no exception. You may not be producing enough virus for it to be picked up or the swabs aren’t put in the right spot where there isn’t enough material, such as the cells that have the virus, on that swab.”

**COVID-safe measures**

The panellists highlighted that all Fijians, including those vaccinated, should continue to practice COVID-safe precautions such as wearing a mask, physical distancing, using hand sanitisers and avoiding crowded places while travelling and regularly wash their hands with soap and water.

The next panel discussion is scheduled for Monday, 14 June and will be live-streamed on the FNU and CMNHS Facebook pages.

**Ends.**

**About the Panelists:**

**Dr Rachel Devi**

Dr Devi is a public health physician who is currently Fiji’s National Advisor for Family Health, and the national co-ordinator for the current COVID-19 vaccination programme. She is passionate to see the vaccination programme succeed and hopes to address the common questions around the vaccination programme in Fiji.

**Prof Fiona Russel**

Prof Russel is a paediatrician, epidemiologist and translation researcher. She is Director of the Child and Adolescent Health PhD Program, Department of Paediatrics, The University of Melbourne, and is a member of the WHO Collaborating Centre for Child and Neonatal Health Research and Training; and Group Leader for Asia-Pacific Health research, MCRI. Her research provides evidence for policy decisions regarding immunisation and child health in low- and middle-income countries in including Fiji.

**Prof Adam Jenney**

Prof Jenney is a clinical microbiologist and infectious disease physician at the Peter Doherty Institute for Infection and Immunity, University of Melbourne, with particular interest in antimicrobial resistance (Gram negatives and positives) and antimicrobial stewardship (especially related to the ICU). More recently SARS CoV-2 diagnostics have been a major part of his day. He has had a close association with Fiji for 16 years and continues to teach and examine post-graduates for FNU. Recent projects in Fiji concern: the impact of Rotavirus vaccine; antimicrobial resistance at CWMH and Scabies in Vanua Levu. He is co-lead for the laboratory theme of the DFAT-sponsored COMBAT-AMR (Peter Doherty Insititute, Melbourne) Project.

**About the Moderator:**

**Dr Donald Wilson**

Dr Wilson is an epidemiologist and a public health physician by background. He is currently the Associate Dean Research and Director of the Fiji Institute of Pacific Health Research (FIPHR) for the College of Medicine, Nursing and Health Sciences (CMNHS) at FNU.