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The 6 biggest Covid-related myths we've seen, busted

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There are a lot of myths and misconceptions circulating about the progress of the pandemic and the vaccine rollout—and these can have very real implications for the United States' recovery.

The latest Kaiser Family Foundation (KFF) [data](#) show 54% of U.S. adults either believe or are unsure about at least one of five Covid-19 myths, including that the vaccine causes infertility, the vaccine contains the live virus, or the vaccine can cause Covid-19. The data found Republicans, and young adults ages 18-49 are among the most likely to believe or to be unsure of the truthfulness of at least one myth—and they are also among the most likely to say they will "definitely not get" the vaccine or want to "wait and see" before they get the vaccine.

Is America's coronavirus future 'good,' 'bad,' or 'ugly'? It's all three.

The data, which is based on KFF interviews with more than 11,000 adults across the United States, demonstrates how susceptible the nation's most hesitant populations are to misleading or incorrect information. And the media—whether you label it as right-wing media, left-wing media, social media, or mainstream media—has, unfortunately,

contributed to these myths, doing the public a disservice by overstating some risks and misunderstanding others.

In our day-to-day work, researching the pandemic's impact on the U.S. health care system, we've come across several media headlines that perpetuate misconceptions and fuel myths around the Covid-19 vaccine and our nation's response. Below, we break down six of the biggest myths we've seen in order to set the record straight.

This Thursday on Stay Up to Date: Vaccination success stories

Myth 1: The Covid-19 vaccines are not effective because more than 9,000 people who've been vaccinated are still testing positive for the virus.

Busted. The reporting around so-called "breakthrough" Covid-19 cases is admittedly frustrating because the headlines are scaring people into thinking the vaccines do not work as expected when, in truth, they're proving to work almost exactly as the trials predicted they would.

No one—including the drug manufacturers and FDA—has said the vaccines were 100% effective. Despite the fact that there has been very public debate over the efficacy numbers of the different vaccines, people still somehow expect that being vaccinated eliminates the risk of getting Covid-19. It does not.

What is important to know is that of the 9,245 breakthrough cases reported to CDC, very few people (<9%) have been hospitalized and even fewer (<1%) have died from Covid-19. This means the pandemic's impact on the health system should ease as more people get vaccinated and the number of people developing severe cases of Covid-19 declines.

But, yes, about as many vaccinated people are getting mild to moderate cases of Covid-19 as we'd expect based on the clinical trials. We are learning that some people who are immunocompromised from medications or existing conditions are not developing full antibodies from the vaccines, but that also makes rational, scientific sense.

All of this is why public health officials have continued to cite the importance of public health measures such as physical social distancing or masking in crowded locations, even if you're are fully vaccinated.

Myth 2: It's very concerning that 8% of people who got a first shot of Pfizer or Moderna didn't show up on time for shot number two.

Busted. While headlines like "Millions Are Skipping Their Second Doses of Covid Vaccines" are not technically false, they are extremely misleading. These articles leave people with the impression that an 8% nonadherence rate is a big deal, but this is actually data that we should be celebrating. Ask any primary care physician—it's really hard to close care gaps and coordinate care so that patients get their needed screenings and vaccinations when they are supposed to. Therefore, instead of bemoaning the 8% who haven't returned yet for dose number two, we should be asking what we've done right to achieve a 92% compliance rate and share those lessons learned with primary care providers nationwide.

Your top resources for Covid-19 readiness

It's also worth noting that one dose, while not ideal, still offers meaningful protection and yields a significant reduction in severe Covid-19 cases and death. All of this isn't to

say we think it's OK that some people are not showing up for round two. We obviously want as many as people as possible to get their second doses, especially as it appears likely we will need regular immunization from Covid-19, just like an annual flu shot. But in terms of concerns that this adherence rate significantly impedes our path to herd immunity, we think the bigger obstacle lies in the percentage of people still hesitant to get any Covid-19 vaccine.

Myth 3: The new variants are more virulent among younger populations because a higher percentage of hospitalized patients are under age 50 than at any point in the pandemic.

Busted. The latest [CDC data](#) does show that cases among younger adults now account for the largest number of hospital beds, followed closely by those ages 50 to 64. This isn't necessarily a bad thing. And it doesn't necessarily mean the new variants circulating around the country are more lethal. For one, while we have seen an uptick in hospitalizations among younger adults, we haven't seen a noticeable rise in [mortality rates](#), particularly among those ages 45 and under.

The facts actually reinforce the notion that the vaccines are working. Since so many seniors have already been vaccinated, we'd expect their rates of infection and hospitalization to be significantly lower than they were pre-vaccination—and we're seeing this in the data. Relatedly, since a smaller proportion of young adults have been vaccinated, it makes logical sense that the virus will find more hosts among the younger crowds—many of whom are less likely to social distance now that states and localities are allowing people to re-enter schools, sporting events, and workplaces.

Truth be told, there is still some worry that certain variants are more deadly than the original strain. But we just don't know yet for sure. [Early data](#) from the United Kingdom

suggested the B.1.1.7 variant may be associated with an increased risk of death when compared with other variants. But other studies have found no evidence connecting the B.1.1.7 variant to more severe or deadly Covid-19 cases. We've seen similarly mixed reports on other variants originating from Brazil.

Myth 4: The Johnson & Johnson (J&J) vaccine poses a significant and worrisome risk of blood clots in women ages 18 to 48.

Busted: Yes, there is a risk of cerebral venous sinus thrombosis (CVST) among women ages 18 to 48, but it's a very small risk that was grossly overhyped by the media.

Immediately after FDA's announcement, we poured over news articles and posed our own questions about the decision. But one thing we've consistently noticed, even after FDA completed its safety review, is the articles we read left out important contextual information about the risk and how it compares to the risk millions of Americans take consuming over-the-counter medications on a daily basis. So, let's put this into context.

NIH Director Francis Collins, during an appearance on NBC's Meet the Press, noted that the data showed the blood clot incidence is rare: 13 cases out of 8 million doses. That is a very tiny risk. In fact, getting the J&J vaccine as a woman aged 18 to 48 is less risky than taking aspirin. Yes, you read the right: the risk of experiencing a major intestinal bleed after taking aspirin is 1 in 500, but we don't see media headlines about that risk, and we don't see people forgoing aspirin when they have a headache.

Toolkit: Covid-19 vaccine communications readiness assessment

As Collins said, "We Americans aren't very good at risk calculation"—and if you do not spend your day reading and writing about vaccine and prescription drug efficiency data then it becomes much harder to read between the headlines. But just remember, you are

less likely to get a blood clot as a woman from J&J than you are to get struck by lightning. If anything, we should take comfort in the fact that federal regulators and drug manufacturers are taking rare reactions so seriously that they would even consider pausing to re-examine the safety data.

Myth 5: The solution to improving vaccination rates is combatting misinformation among hesitant populations.

Busted. Let us be clear. There is no single solution to improving vaccination rates in the United States. A quick scan of news headlines today would leave you with the false impression that vaccine hesitancy is the only barrier to Covid-19 vaccinations in the United States. It's certainly an important barrier, which we'll get to in just a moment, but it is not the *only* barrier.

While the U.S. now has a steady supply of vaccines, at-risk and vulnerable populations in many parts of the country are still struggling with access be it from digital literacy or language barriers or from logistical challenges like a lack of transportation or difficulty getting time off from work. These barriers are particularly prevalent in rural areas and among Black and Latino/a communities. Providers and public health officials who have connections to these communities can help bridge the gap and ensure people who want the vaccine are able to access it.

Vaccine hesitancy is similarly driven by a host of factors. Across the country, groups that are demonstrating the greatest hesitancy toward Covid-19 vaccines are young adults ages 18 to 29, Blacks and Hispanics, Independents and Republicans, and those who live in rural areas. We know that among the Black population there is historical mistrust in the medical industry and that immigration concerns have made many Hispanics hesitant to interact with health care or programs that are viewed as government-run.

The data also shows Republicans are less trusting of the government's role in the vaccine development and distribution process.

The key takeaway here is the factors impacting unvaccinated groups are extremely diverse. Reaching each of these populations will require a tailored approach. For example, the solution to addressing transportation barriers is not the same as one to address mistrust in the government. But one place to start is by identifying trusted sources within each community who can shed light on ways to close logistical gaps or to share their "why I got vaccinated" story. A trusted primary care provider can be part of that solution. It's also important to meet groups where they are. For some, this may mean involving a trusted primary care provider, for others, particularly the younger generation, widespread, multi-channel social media campaigns may be more effective.

Myth 6. As long as we focus on administering vaccines in the United States, Covid-19 surges and vaccination access in the rest of the world won't threaten our ability to achieve herd immunity.

Busted. The logic here is flawed. Previously, we've been looking at recovery through a national lens, but April's surges in Michigan, New Jersey, Brazil, and India brought to light the fact that the future of the pandemic depends much more on local variation and global herd immunity. The April surges in the United States suggest regional outbreaks are likely to persist throughout 2021—and they are likely to occur in places where there is high vaccine hesitancy/resistance and low herd immunity. So even if the United States one day achieves 70-80% vaccination, a rural town that has a lower vaccination rate will still be at risk of Covid-19 outbreaks.

But there's a bigger picture. We have already seen variants that emerged in other countries make their way to the United States, and by hoarding an excess of vaccines we're essentially prolonging the pandemic around the world, allowing more time for the virus to spread and vaccine-resistant variants to evolve. If there's one thing the pandemic made clear, it's that we live in an increasingly connected world, where a virus that emerges in one part of the globe can quickly take hold in another. Therefore, it is in our national interest to share the vaccine with the world, especially now that U.S. supply is beginning to outpace demand.

But politics and policy collide here. On the one hand, U.S. leaders will have a difficult time releasing vaccines to the rest of the world while Americans remain unvaccinated, especially as some health experts are urging extending vaccine eligibility to younger people. On the other, it's certainly not in the developed world's interests to stand by while the virus rages in developing nations. It's a tricky balancing act, and there's no cost-free solution for politicians and policymakers. We all need recognize that.

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Join Christopher Kerns and Brandi Greenberg on Thursday, May 13 at 3 p.m. ET as they mythbust erroneous but common misconceptions about national and global vaccine efforts.