

ALCC'S CO-VID19 VACCINE POLICY

Adopted from KICC GLOBAL MINISTRY

KICC's Global President, Pastor Matthew Ashimolowo, formed a Joint Committee on Vaccination and Immunization as an independent expert advisory committee comprising of medical experts and specialists on this matter. Their findings with slight modifications to fit ALCC's audience are shown throughout this document.

Introduction

Though the percentage of Americans who want to receive the COVID vaccination has grown, there is still a large number of people who don't want to participate in taking the vaccination.

The reasons are wide and varied and include medical, spiritual and emotional fears.

Vaccine Policy Statement

As a Global Ministry we believe in providing our members, and those who follow our ministry, with accurate and balanced information that will help inform their decisions on critical life matters such as vaccinations.

We firmly believe that vaccination may be the single most important health-promoting initiative available to mankind.

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.

We firmly believe that each person should make an informed decision rather than an emotional one based on myth.



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10 strong reasons for people in our community to get the vaccination :

1. COVID-19 is a serious and life-threatening disease. It is over 500 times more deadly than Influenza (flu) and the United States alone as experience the highest number of cases than any other county. Please see the link below.
2. COVID-19 can have serious long-term consequences such as chronic lung problems and heart diseases.
3. There is evidence to show that people of minority background are at a higher risk of serious illness from COVID-19, taking the vaccine will reduce this risk,
4. COVID-19 vaccination reduces your risks of severe infection and the need for admission to Intensive Care Unit.
5. Evidence is becoming available that vaccination will prevent transmission of the COVID-19 virus.
6. COVID-19 vaccine is safe and effective. It has the approval of the FDA (Food & Drug Administration)
7. The known benefits of COVID -19 vaccinations outweigh the known and potential risks.
8. The vaccine does not cause COVID-19 because they do not contain the Coronavirus.
9. Taking the vaccine will protect you and other people, especially those that are at significant risk of severe infection.
10. Be responsible and do not share false information about the vaccination. If you decide not to take the vaccine, do not discourage other people because you might be putting them at risk of significant harm from COVID-19 infections.

For current information on COVID-19 please visit CDC. Gov website:

<https://www.statista.com/topics/6084/coronavirus-covid-19-in-the-us/>



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Frequently Asked Questions

It is worthy of note that this is not an endorsement of any particular medication or vaccine, but an attempt to dispel the myths and establish the facts, and to empower people with the requisite knowledge to make informed decisions. More importantly as people of faith, we live our lives based on the timeless truth and wisdom of God's word and hope that you will allow the Spirit of God to lead and direct in this matter as in every other area of our lives.

A. Why should I consider taking the vaccine?

Taking the vaccine will ensure that if you get infected, you do not get sick and possibly die from the infection.

Getting vaccinated yourself may also protect people around you, especially, those who are at increased risk for severe illness from COVID-19 particularly the elderly, people with comorbidities or underlying health conditions such as Diabetes, High Blood pressure, Cancer which are extremely prevalent in many African American & Ethnic Minority communities.

Overall effectiveness of vaccines depends on widespread uptake of vaccinations. If a significant proportion of a population don't receive the vaccination, there remains a significant chance of having reservoirs of the infection within the population and this keeps the incidence of the disease high. It makes it more difficult to eradicate such a disease.

Vaccinations are a tested and proven method of tackling deadly infections. The global elimination of smallpox and recent global success in the prevention of polio are excellent examples that vaccines work and save lives. The recent resurgence of measles outbreaks in some parts of the world also shows what could happen when we make uninformed decisions against good judgement.

B. What are the different types of vaccination?

1) **Pfizer-BioNTech** vaccine is a two-dose vaccine that is based on genetic material called messenger ribonucleic acid (mRNA). This genetic material is what your body uses to make the Coronavirus' spike protein, which are molecules that stick out like crowns on the virus surface, hence the name "Corona" for this group of viruses.

It is injected into a muscle (usually in the upper arm). You will receive 2 injections, 3 weeks apart. This vaccine is currently approved in the United States for administration.

2) **Oxford-AstraZeneca** vaccine is a two-dose vaccine that is based on genetic material (this time deoxyribonucleic acid or DNA) that makes the spike protein. This Coronavirus DNA is inserted in a non-pathogenic virus (modified Chimpanzee adenovirus) for delivery into your body. Your body then uses this information to make the virus spike protein.



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It is injected into a muscle (usually in the upper arm). You will receive 2 injections. The second injection can be given between 4 and 12 weeks after the first injection.

3) **Moderna vaccine** is a two-dose vaccine that is based on mRNA that codes for the Corona virus spike protein, similar to the Pfizer-BioNTech vaccine. This vaccine is currently approved in the United States for administration.

It is injected into a muscle (usually in the upper arm). You will receive 2 injections.

Currently, mRNA vaccines are the easiest to be modified to target new variants.

4) **Johnson & Johnson** vaccine is a single dose vaccine that is based on a DNA of the spike protein, presented by a modified human adenovirus virus-vectored technology, similar to the Astra-Zeneca vaccine. This vaccine is currently approved for administration.

5) **Novavax** vaccine is a two-dose subunit vaccine that is based on the Coronavirus Spike protein, formulated in an ingredient known as an adjuvant that hypes the immune response to the vaccine protein.

C. Can I take a combination of these vaccines?

There is currently no data on whether it is safe or effective to receive one type of vaccine for 1st dose and another type for the 2nd dose

D. Who should not get vaccinated?

If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction - even if it was not severe - to any ingredient in an mRNA COVID-19 vaccine, you should not get an mRNA COVID-19 vaccine. *

If you have had a severe allergic reaction to any vaccines previously, you need to discuss with your doctor before taking any of the vaccines.

If you have known allergies, it is important that you check the ingredients of the vaccine and consult with your doctor on what your best options are.

*An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as hives, swelling, or wheezing (respiratory distress). This includes allergic reactions to polyethylene glycol (PEG) and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.



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E. Is the vaccine safe for pregnant women or breastfeeding mothers?

Almost all the vaccines that currently have emergency use authorization have been trialed in adults 16 years and older and did not deliberately include pregnant women and breastfeeding mothers. There is however no data that shows that these vaccines can have any negative effects on pregnant women and breastfeeding mothers. The decision to vaccinate therefore should be taken in consultation with your doctor, after an assessment to ensure that the potential gains will far outweigh the potential risks.

F. What are the pro's and con's for taking the vaccination?

Pros

Protects against severe disease symptoms such as shortness of breath and complications.

Lessens the impact of the infection for those who catch it.

Helps develop 'Herd Immunity'- the more people that take the vaccination the more the population is protected from the virus.

Reduces the incidence rate that is the rate of newer cases developing and spreading. Helps minimize the financial impact as time off work or business can have significant financial impact on families.

Cons

Immediate and short-term side effects that last a few hours to a few days. Some of these side effects can interfere with your daily activities for a few days. These reactions are common with all vaccines and not just the one for COVID-19.

G. What are the Long-term Side effects?

No long-term data yet available.

However, every pharmaceutical product including vaccines is on long term safety monitoring, this is also the case with all COVID-19 vaccines.



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H. What are the myths concerning taking the vaccination?

Myth #1: They are trying to reduce the world population, with Africans being the main target population.

Based on historical unethical clinical trials done amongst certain population groups, there has been significant distrust among many racialized communities. The COVID-19 situation is however unique, as this is a global pandemic that has taken many lives around the globe not respecting the color of their skin or their socioeconomic standing. The only standing this pandemic seems to respect is a well optimized immune system and a well-prepared immune system- which is where vaccines play a role, in preparing our immune systems to fight the virus. If there is a plan to reduce the African population, a virulent virus that does not check the country of origin before infection is a very ineffective and inefficient way to go about it.

The same batch of vaccines are used for everyone sequentially. The currently authorized COVID-19 vaccines are given to everyone who is considered eligible based on universal criteria and there are no segregated vaccination centers which would suggest that particular demographics are differentially targeted.

Myth #2: What is “Luciferase”? Has it gone anything to do with Lucifer (devil) and is it a component of the COVID-19 vaccine?

Luciferase is derived from the Latin word Lucifer, which means light-bearer. It is an enzyme that glows when oxidized and it occurs naturally in fireflies; it's what makes them glow. It has no religious connotations and no spiritual connections with the devil. Scientists take advantage of this unique light to study how immune cells or antibodies control viral infections in the lab. The genetic information that instructs the cells from fireflies to emit this light is put into a virus and when the virus has infected cells in the lab, the infected cells will produce the yellow-greenish light. This approach has been used by scientists over the years to test different drugs and immune components in the lab as well as in cancer research. None of this has been put in any of the COVID-19 vaccines.

Lucifer, the devil, is a spirit and is in no way connected to this enzyme.

Myth #3: Hydroxychloroquine can be used as a preventative measure and for treating patients with COVID-19.

Evidence in medicine is built scientifically based on initial observation and graduating to overwhelming evidence that has reproduced success across a wider scale. While certain individual cases have been reported of good response to treatment, Hydroxychloroquine has not been approved or recommended as a preventive or therapeutic tool against COVID-19.



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Myth #4: Why did it take such a short time to make the vaccine, when general medical ethics and WHO guidelines say it should take at least 5 - 10 years to develop a vaccine?

A good way to also look at this is: Why should it take so long to approve a medication or vaccine that could do good and save lives? It is to demonstrate efficacy [*this medication will do what we say it will do well*] and safety profile [*ensuring that side effects are known, and that the potential benefits outweigh the potential risks*]. In a pandemic, stakeholders are encouraged to work together, ramp up capacity and shorten development time. Scientific advancements have also made it possible to develop new therapies and test faster. However, safety testing is an ongoing conversation, and even when a clinical trial is successfully completed, ongoing safety monitoring continues while in use (a system called pharmacovigilance). While early clinical trials, leveraging new technology have helped verify efficacy, health professionals worldwide are encouraged to be part of a global pharmacovigilance team, identifying and reporting any adverse reactions to an approved therapy. This happens for as long as the vaccine is in use.

RNA based treatments already exist. There was already background technology examining the use of mRNA in vaccines. It was not used because there was no way of delivering it into the body effectively as a vaccine. The pandemic shortened the time usually taken for bureaucracy around the formation and licensing of medicinal products from 5-10 years to 10 months in some of these vaccines. The time period between the trial phases (1-3 in this case) were also shortened as there was worldwide collaboration instead of the usual competition that generated the kind of huge numbers that need to be studied during each phase of trial before releasing it for public use in phase 3. Phase 4 is ongoing for all medicinal products and adverse data is collected using the yellow card reporting system.

Myth #5: If it takes more than a year to develop a vaccine, then they had already prepared for the pandemic therefore is there another agenda behind vaccination?

COVID-19 virus belongs to a group of well-studied viruses Corona (crown-shaped) - family of viruses. Based on the general knowledge of this family, new knowledge on this specific new family member, and new technologies in genetic mapping, researchers were better prepared to explore all therapeutic options including prevention (vaccines) and treatment (medications).

We have had coronavirus outbreaks before, SARS (2002) and MERS (2012), research has been ongoing since then and hence it has allowed quicker application and implementation of the scientific lessons from these 19 years of research.

Myth #6: Given that the virus is mutating, and new strains are being found, will this vaccine work for other variants?

This is a valid concern and individual manufacturers would need to publish their study data on effectiveness with various known variants. Many experts believe this would be a seasonal



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virus and further vaccine development that will protect not against ALL variants, but against the MOST deadly variants. This is an ongoing development in the medical community.

Also, vaccines induce other arms of the immune system, apart from antibodies, which are also thought to help in reducing the severity of the disease. The available evidence at the moment is that most of the vaccine will be effective against severe COVID-19, reducing the need for hospitalization and risk of death.

Myth #7: The vaccine has the mark of the beast and will be used to track people.

There is no proven scientific basis to this assertion. This is also not based on scriptures. Many governments of the world already have highly sophisticated surveillance systems that allow for efficient tracking.

Myth #8: That vaccination protects you against being infected by the virus.

This is not wholly true, as all the available vaccines only protect you from getting COVID-19 symptoms and death. You can therefore still get infected and transmit the disease to others after vaccination, so it is important to keep observing the standard preventive protocols even after vaccination.

Myth #9: That you will test positive for COVID-19 after taking the vaccine.

There have been reported cases of positive tests in vaccinated individuals – individuals yet to complete their vaccine doses, or individuals exposed before their immune system developed a robust response to the vaccine. COVID-19 infection tests look for either virus antigen or nucleic acids and therefore require the virus itself to be present in your body. You may however be positive on an antibody test, because your body will make antibodies against the vaccine after the shot.

Myth #10: That I do not need the vaccine after I test positive.

After testing positive and recovering from the infection, you may still need vaccination since you can be re-infected. It is not clear for how long being naturally exposed will protect you, but it may not be immediately necessary to have the vaccine for up to about 3 months. After this time, it will be necessary to take the vaccine.

I. What are some of the side-effects of taking the vaccination?

You may have some side effects including: - injection site pain, swelling & redness, fatigue, headache, muscle & joint pain, chills, fever, nausea, malaise and swollen lymph nodes. Different persons may suffer some but not all of these side effects, and these are usually more pronounced after a second shot. These are however normal signs that your body is building



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the necessary protection and will resolve within hours to a few days. These same effects are also commonly seen with many other vaccines.

Inform healthcare staff before you are vaccinated if you have ever had any serious allergic reaction to any vaccine. Serious allergic reactions are rare. If you do have a reaction to the vaccine, it usually happens in minutes. Staff giving the vaccine are trained to deal with allergic reactions and treat them immediately.

J. What can I do about the side-effects?

For common side effects such as headache, fever and joint pains, pain relievers such as ibuprofen or acetaminophen can be used to relieve your discomfort. It is however advisable to speak to your doctor for further advise, especially if you have other symptoms.

K. What if I don't take the vaccination?

Taking the vaccine is not mandatory, but it protects you and those around you from getting the infection and suffering the disease symptoms.

L. What are the holistic steps that can aid the prevention of COVID-19?

-Prevent contracting COVID-19 by wearing an appropriate face mask when in the midst of others.

-Maintain a safe distance between yourself and others (at least 2 meters) and avoid crowded places.

-Effective handwashing with soap and water and use of alcohol-based sanitizers will break the cycle of contact-based transmission.

-Eat healthy foods and ensure adequate intake of vitamins and minerals, especially vitamins C, D and zinc, to keep your immune system working optimally.

-Where available, take the COVID-19 vaccine to protect yourself from falling sick

-Exercise regularly and hydrate by taking water regularly to ensure sound health and an optimally working immune system.

-Staying away from other persons when you feel unwell with any of the classic symptoms is important to prevent spreading the infection



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M.Are there any spiritual reasons for not taking the vaccine?

There should be no spiritual reasons why you should not take the vaccines. If anyone insists that this scientific breakthrough has the tendency to do any harm, then you can stand on Mark 16:18: "... it shall not harm them ..."

Further Reading

Visit the CDC site for further reading

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

For additional information on general COVID-19 myth busters, visit the WHO website

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters?gclid=Cj0KCQiApY6BBhCsARIsAOI_GjapzE4ZeKv7Ay2WoRzW3S6okiC42qWl2bVO-GjutNIILs_-7NeLn8aAtqIEALw_wcB

Please feel free to discuss any questions or concerns you may have about vaccines with any one of our Medical Team.

