

AAOS SUPPORTS COVID-19 VACCINATION - FREQUENTLY ASKED QUESTIONS

GENERAL

- The [press release](#) states that there is no high-quality evidence that shows a direct link between a vaccination and short-or-long-term shoulder conditions; however, we've seen research from the Annals of Internal Medicine that contradicts this (<https://pubmed.ncbi.nlm.nih.gov/32568572/>). Did the Academy consider this research prior to issuing this endorsement?

Yes, the Academy did review this research. The study authors estimated that the possible risk of bursitis was “an additional 7.78 cases of bursitis for every one million persons vaccinated with IIV”. That is a 0.000007778% chance of possibly developing diagnosable bursitis 48 hours after vaccination, for whatever reason. When new symptoms arise, a contemporary event may be blamed. Temporal relationship does not imply causation, particularly among common events such as shoulder pain and immunizations.

Common shoulder problems might arise, or come to attention, coincident with annual vaccination. These associations between immunization and shoulder pathology are extremely likely to occur coincidentally, even if they are perceived as causal. It can be estimated that nearly six million people that are vaccinated each year already have detectable rotator cuff tendinopathy, a substantial percentage of whom have not yet noticed symptoms. People whose rotator cuff tendinopathy starts to be symptomatic within a few months of vaccination are at risk of misperceiving that the symptoms and the vaccination are related.

- Does the [AAOS position statement](#) reflect evidence about the COVID-19 vaccine?

The safety follow-up for COVID-19 vaccines is essentially the same as it is for all vaccine trials. The expectation for the adult phase 3 trials is two years of safety follow-up - longer than for most vaccines during development. It is impossible to know the very long-term safety profile of vaccines that have only been in humans for about six months.

That said, no vaccines licensed have been found to have an unexpected long-term safety problem, that was found only years or decades after introduction.

To read the AAOS' position statement in-depth, visit the following resource:

<https://www.aaos.org/globalassets/about/position-statements/1190-rotator-cuff-tendinopathy-and-glenohumeral-arthritis-are-unlikely-to-be-caused-by-vaccine-administration---revised-2020.pdf>.

- Do you expect the AAOS to have a position statement or Clinical Practice Guideline (CPG) specifically about the COVID-19 vaccine in the future?

With regard to the COVID-19 vaccine(s), as high-quality evidence emerges, AAOS will examine these studies using its stringent process which evaluates study design, randomization, control measures, risks and other elements and update its guidance and quality tools, as appropriate.

- Does the AAOS have any concerns about the limited information available on future COVID-19 vaccine distribution?

As with other healthcare-related organizations, the Academy continues to monitor the situation regarding the distribution of the vaccine, particularly as it relates the effect on our members and other key stakeholders. Our intent is to keep our members aware of the latest evidence-based information as it pertains to the musculoskeletal system, in order for them to make the best, most informed decisions possible.

- **What processes are in place to ensure COVID-19 vaccine safety and effectiveness, specific to musculoskeletal health care?**

The unprecedented speed of the vaccine development has been built upon prior research conducted in previous coronaviruses as well as vaccine approaches for other novel viruses. Rigorous standards for safety were set forth by the FDA in June 2020, and all vaccine candidates must meet safety and effectiveness standards.

As it relates to musculoskeletal health and AAOS' evidence-based programs for current orthopaedic diagnostic, treatment, and postoperative procedures, the AAOS Patient Safety Committee is continuously monitoring novel evidence on vaccine safety and effectiveness, as it relates to musculoskeletal health.

- **With regard to musculoskeletal health, has the AAOS' Patient Safety Committee (PSC) seen a difference between mRNA vaccines and more traditional ones?**

There is no evidence to suggest increased risk of harm with mRNA vaccines, versus traditional vaccines. All vaccines, including mRNA vaccines are held to the same [FDA safety standards](#).

VACCINATIONS & THE AAOS ANNUAL MEETING

- **If the Academy is in support of widespread COVID-19 vaccination adoption, what will it require of its members and 2021 Annual Meeting attendees?**

We are working very closely with San Diego Convention Center and vendor partners to ensure a safe meeting environment for all AAOS 2021 Annual Meeting attendees. As it is still early in the process of vaccine distribution, the Academy is reviewing all information but at this time, has not yet made a determination regarding vaccination requirements for attendees and staff at the AAOS 2021 Annual Meeting taking place in late August 2021.

- **If I've already had COVID-19 or received monoclonal antibodies, will the AAOS require that I still get the vaccine before coming to the 2021 Annual Meeting in San Diego?**

See above.

PATIENT EDUCATION

- **How can I best prepare to address patient questions about COVID-19 vaccines?**

COVID-19 vaccines are new and questions from patients should be expected. Physicians are one of the most trusted sources of information for their patients on vaccines. Providing a strong recommendation is critical for vaccine acceptance. You can share the importance of vaccines in protecting individual patient health as well as the health of loved ones or even discuss your personal plans as a health care professional to get vaccinated.

The CDC has outlined answers to [common patient vaccine questions](#) and tips for how you can answer them as their trusted health care provider. The AMA also created an [FAQ](#) to help assist with patient questions.

- **I've elected not to get the COVID-19 vaccination so what should I tell my patients?**

Weighing the risks and benefits of getting vaccinated is important. While data are currently lacking specific to the COVID-19 vaccine in orthopaedic patients, it is reasonable to anticipate that vaccination will offer benefits.

We should state what we know and what we do not know. We should not overemphasize “potentials” – neither potential risks nor potential benefits – and encourage patients to make their own personal, informed decision. The AMA also created an [FAQ](#) specific to healthcare providers and physicians to centrally inform and educate.

MISCELLANEOUS

- **The COVID-19 vaccine progress has fallen short in my town. Can the AAOS offer any support or help my practice better advocate for our staff?**

At this time, we are following the situation closely, but given the local dynamics of vaccine distribution, we encourage our members to reach out to leaders in their local communities and medical/healthcare institutions with questions and concerns.

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