



Frequently Asked Questions Update – Covid-19 Delta and a Christian Response

The InterChurch Bioethics Council and Assoc Prof Lance Jennings (retired Clinical Virologist at the Canterbury DHB and parishioner at Nelson Cathedral)

Into the second year of the COVID19 pandemic the SARS-CoV-2 virus remains a threat to public health in New Zealand. As the SARS-CoV-2 virus circulates in different regions of the world, it evolves and changes. Changes in some of the emerging variants mean the virus is more easily transmitted from one person to another person and can evade our immune system more successfully.

Depending on their characteristics, the World Health Organization designates new forms of SARS-CoV-2 as either variants of interest (VOI) or variants of concern (VOC). There are currently 4 VOC's (Alpha, Beta, Gamma and Delta) and five VOI's (Eta, Iota, Kappa, Lambda and Mu) in circulation globally. Of these, Alpha, Beta and Delta have had the most impact globally in terms of transmissibility and evasion of our immune system. Delta is now rapidly replacing the other variants and becoming the dominant variant globally.

The Delta Variant: by Associate Prof Lance Jennings

Delta variant infections are associated with:
a shorter time to the development of first symptoms;
the generation of more viral particles (a higher 'viral load');
longer duration of virus shedding; and
possibly more severe COVID-19 disease.

The Delta variant is spreading much more easily than the virus New Zealand experienced early in 2020. On average, in a household or among other contacts, one person infected with the Delta variant may infect up to 6 other people. Without isolation, this means one person can infect up to six others, who each go on to infect six others and so on. One case becomes 6, then 36, then 216. That is, in three rounds of infection one case becomes 216 cases. This compares to the original variant where one person could infect up to 3 other people, with one case of infection becoming 27 cases in three rounds of infection (1, 3, 9, 27). The greater challenge to contain the Delta variant's spread, has led to it being referred to as a 'game changer.'

		1 st round of infection	2 nd round of infection	3 rd round of infection
Delta strain of SARS-CoV-2	1	6	36	216
Original strain of SARS-CoV-2	1	3	9	27
Influenza	1	2	4	8

How do we know the Pfizer vaccine is safe?

Over 5.4 billion doses of COVID-19 vaccine have been administered globally. A large proportion of these are mRNA vaccines including the Pfizer vaccine.

New Zealand is part of a collaborative known as “the Global Vaccine Data Network”. The Global Vaccine Data Network collects data and monitors vaccine safety in over 17 countries. This monitoring allows the detection of even extremely rare vaccine side effects.

In addition, NZ Medsafe closely monitors safety data on the Pfizer vaccine globally and produces a weekly report. Nationally, any adverse events occurring after immunization are reported to the Centre for Adverse Reactions Monitoring (CARM). Reports of adverse events following vaccination can be submitted by anyone and summaries are publicly available (<https://nzphvc.otago.ac.nz/reporting/>). This intense level of safety monitoring shows that the benefits of vaccination with the Pfizer vaccine outweigh the risk of any side effect, the majority of which are mild and short lived.

Is the vaccine safe for pregnant women and children?

Yes, the Pfizer vaccine is safe if you are pregnant or trying to get pregnant.

Women who are pregnant are at an increased risk of complications following SARS-CoV-2 infection and more severe COVID-19 disease. For this reason, pregnant women, at any stage in pregnancy, are a priority group to receive COVID-19 vaccine. Women who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after receiving the vaccine, as the vaccine does not affect fertility. The mRNA of the vaccine does not enter the nucleus of any cells following vaccination. Vaccination during pregnancy may provide some protection to your unborn baby as infants can receive protective antibodies to the virus through cord blood and breast milk. There is no evidence of increased risk of miscarriage or birth defects with COVID-19 vaccine.

Covid vaccines have undergone the same extensive independent testing that all new medications must undergo. The one major difference is that this has happened much faster than normal due to focused international scientific effort, funding, and cooperation which have sped up the process. These medications are not “experimental”. All these vaccines are proven to be safe and reduce infections rates, viral spread, and the severity of disease and hospitalisation.

Why I should vaccinate if I am healthy: (Assoc Prof Lance Jennings)

While the majority of SARS-CoV-2 infections are mild or without any symptoms, in about 20% of people infected, COVID-19 disease can be severe, resulting in hospitalisation, intensive care support and possibly death. By receiving two doses of the Pfizer vaccine, Delta variant infection is reduced by about 88%, while protection against severe disease, and hospitalisation is reduced by about 96%. As those at greatest risk of developing COVID-19 disease following infection, the elderly and those with underlying medical conditions are vaccinated, the risk of susceptible younger age groups being infected increases. Not getting vaccinated puts you at much higher risk of severe COVID-19 disease, being seriously sick for a

long period of time and possibly ending up with lasting damage or 'long COVID'. It is currently impossible to predict if you will develop a mild or more serious disease if you become infected. Vaccination, even if you are young and healthy provides the best individual protection against COVID-19. Further, when New Zealand opens its borders to the rest of the world, travel may be restricted to those who have received a COVID-19 vaccine and have a "vaccine passport".

To discern the best information, we need to distinguish between peer-reviewed research and people making unsubstantiated claims.

Rely on official websites to give good information. Some suggested sources include:

- [Unite against COVID-19 \(covid19.govt.nz\)](https://www.covid19.govt.nz/)
- InterChurch Bioethics Council <http://www.interchurchbioethics.org.nz/wp-content/uploads/2021/03/ICBC-FAQs-covid-vaccine-.pdf>
- <http://www.stuff.co.nz/national/health/coronavirus/126309551/it-is-safe-it-is-effective-it-will-help-you--3600-kiwi-doctors-sign-letter-backing-covid19-vaccine?cid=app-android>
- Christian Medical Fellowship NZ <https://www.cmf.nz/covid19>
- <https://biologos.org/resources>
- <http://www.nzcis.org/uncategorized/vaccination-communion-and-sacrifice/>
- For the latest data on covid 19 vaccination, go to <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data>

Fearfully and Wonderfully Made

As we journey through this new Covid world it is often hard to navigate all the information that is out there and decide what is correct and what is not, alongside with how we respond as Christians to all the different issues and points of view.

Among the information in the public square, there are comments that rightfully identify that we are, to quote the Psalms, "Fearfully and wonderfully made" (Psalm 139:14), and our immune system is a marvellous example of that. But we also realise that we are mortal, and our bodies fail us and are subject to disease. There are places in the world where there is no access to modern medicine and so the only option is to pray. But we are not in that position – yes, we need to pray for God's healing – and accept that one of the ways that God provides an answer to this prayer is to utilise the God-given ability for science and medicine to help when our bodies fail or disease strikes This is not a lack of trust but is being thankful for what God has provided.

The history of healthcare owes an enormous amount to the role of the church in caring for the needy and relieving the pain and suffering of people with illness and disease in body, mind and spirit. Throughout history and into today, such caring is done by Christians at much personal risk to themselves as they care for others. Today many Christian scientists, doctors, nurses, health-professionals, psychologists, counsellors, and social workers feel called by God to minister through the expertise of their profession.

We also need to be careful not to confuse any feelings about Covid vaccination with the practice of vaccination in general or our feelings about other vaccines. As stated in a resource on the NZ Christian Medical Fellowship website: *“Most Christians accept that, historically, vaccination has transformed whole societies for the better. A world in which diseases like smallpox, polio, measles, rubella, and rabies have either been eradicated or controlled is preferable to a world in which diseases like these are rampant. Christians rejoice as they recognize God working through the creativity of scientists and the expertise of the medical profession”* (Understanding Covid Vaccination see <https://www.cmf.nz/covid19>)

Love your neighbour as yourself

We are fortunate, in our Western world that we have huge technological resources that make our lives better. But just as Abraham was blessed to be a blessing to the world (Gen 12:1-3), so we would suggest, it is our task to share the blessing of medical research we have with those who do not have these resources. This is what is meant by distributive justice – we are called to share our resources, so that we act as God’s agents for good in a broken world.

In the New Testament, there is the emphasis on love. In the words of Jesus, “Love your neighbour as yourself” (Matthew 22:35-40; Mark 12:28-34; Luke 10:25-28; John 15:12, 17). Christianity has never been about an individual ethic, but about community and loving others as God loves us. This can be clearly seen in Luke’s Gospel which emphasises the inclusion of the poor, the oppressed, women, and foreigners. The Parable of the Good Samaritan (Luke 10) also talks about using our resources for the benefit of the others and bearing that cost. We could also add “when you do this to the least of these you do it to me” (Matthew 25). The biblical position is clear, we are called to share our resources and that can be extended to medicine and vaccines so that those in need can avoid suffering.

In promoting vaccine for personal and communal protection, we are acting in line with the commands of Jesus to love our neighbour. As we have recently seen in NZ, only around 3% of current cases have been in those who are vaccinated, 97% of cases are unvaccinated. This is especially significant with the increase in covid cases among children, so that adults can protect children by getting vaccinated.

Furthermore, it is right that we offer vaccine to others, especially those overseas. We can also look to the parable of the talents (Matthew 25) - we are called to use the gifts that God has given us. As the ones who have so much and have the skills to help, we are called to use those gifts and we can do so to assist those who have little, and I think we can extend that to providing medicine to prevent infection and death. Programmes such as “Get One, Buy One” supported by the Anglican Missions Board therefore give a valid way for us all to contribute to the benefit of others in need. This is not passing on our discarded medicine but is enabling all, who would like that choice, to benefit from tested and authorised vaccines to avoid the suffering that covid infection can lead too.

So, how can Christians and church communities help protect people during the Covid pandemic?

- share truth rather than misinformation, be fully informed and share factual, evidence-based information with others so that Covid vaccination is fully understood by all.

- promote justice by using our unique influence for many parts of our New Zealand society, reaching corners of our communities where other communications may not reach, promoting vaccine equity and access for everyone.
- be witnesses of care for others in our communities by considering the importance of the life-saving benefit to all by being vaccinated against Covid, openly discussing ethical questions being asked, and assisting health officials during this pandemic.

In summary, we are incredibly fortunate to live in a country where Covid-19 has not taken hold. May we encourage you to take the opportunities to share that blessing by protecting yourself and others through vaccination and enabling those in greater need to receive that blessing as well. We also recognise there are a range of views on this topic, and we all have freedom of choice to be vaccinated or not and the right to not be judged for that choice. How we live as God's people while holding our difference is also important, so that the church is a place where we can model love for one another, even if we disagree. Our common aim is the safety and protection of all.