FAQ: Questions You May Have about COVID-19 Vaccines

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1. **I've heard on the news that the UK is planning on delaying administration of second doses to increase the number of people getting first doses. Does MA DPH have a plan to do that in Massachusetts?**

   The US FDA has made a strong statement against that approach due to the absence of data to suggest it would be sufficiently effective. At this time, there is no plan for the US or the state to recommend delaying administration of the second dose.

2. **Is it expected that the Pfizer vaccine may prevent asymptomatic spread similar to the data that is being shown on the Moderna vaccine? Should those who received Pfizer consider being re-vaccinated?**

   While we are awaiting data, there is good reason to hope that the Pfizer vaccine might prevent spread of the SARS CoV-2 virus as the Moderna vaccine does. The two vaccines are very similar. There are no recommendations to re-vaccinate anyone currently.

3. **Are there studies looking at whether vaccinated individuals can have asymptomatic COVID and transmit the disease?**

   Yes, these studies are ongoing

4. **What is the current recommendation re: COVID vaccination for 16-17 year olds?**

   Current recommendations are to vaccinate adults and certain adolescents aged 16-17 with underlying health conditions (see CDC ACIP guidance https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html). Only the Pfizer vaccine is authorized by the FDA for persons aged 16-17.

5. **How protected are you if you have only received the initial vaccine dose?**
   Because of the very short time period between maximal immunity from the first dose and receipt of the next dose, the level of immunity that can be expected from one dose alone is not clear. Because the studies showed the 95% efficacy of preventing the disease comes after the second dose, the FDA recently issued a statement urging everyone to get the second dose on schedule if possible.

6. **Can Vitamin D reduce COVID-19 severity and transmission?**

Low levels of vitamin D have been associated with poorer outcomes in patients with COVID-19 compared to patients with normal levels of vitamin D, but supplementing with vitamin D has not been shown to improve outcomes.

7. **How can I schedule a vaccination appointment?**
   At this time, we ask healthcare workers to follow the scheduling process at their local hospital if you still need an appointment.

8. **If getting the vaccine minimizes COVID-19 symptoms, aren't we increasing the risk of asymptomatic spread?**
   We are still awaiting data that we hope will show that the vaccine also minimizes asymptomatic spread. Even if it does not, it does what is most important- reduces serious illness and death- making it important that we vaccinate as many people as possible.

9. **Will we need to have an annual COVID vaccine, similar to the flu?**
   It will take time to determine the duration of immunity from COVID-19 vaccines. Only when we start to see immunity wane in vaccinated people will we be able to determine how often, if at all, additional vaccinations might be necessary. Unlike the flu though, the virus that causes COVID-19 doesn't appear to mutate quickly enough to require a new formulation every year.

10. **If we decide to wait to get the vaccine, will it still be available?**
    While we hope that manufacturers will keep up with demand, it is hard to predict future supply.
11. **When do we expect the vaccines to get full FDA approval?**
    At this time, the companies that make the mRNA vaccines plan to file for full FDA approval in April 2021.

12. **Why is it more likely to get symptoms from the second dose of the vaccine compared to the first?**
    A simple way to look at it is that the first dose of the vaccine primes the immune system and gets it ready to respond, and the second dose is then associated with a more vigorous immune response that prepares your body to fight the virus very effectively. That stronger immune response is associated with a whole host of possible symptoms that mean it's really working.

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13. **Do we have enough vaccine in stock for the second dose of both the Pfizer and Moderna vaccines?**
    The state has assured us that they will provide us with enough vaccine, of either brand, to give second doses to all of our healthcare workers and others whom we vaccinate with the first dose.

14. **Is the 2nd dose exactly the same as the 1st dose?**
    Yes

15. **Are they doing studies to see if the vaccine is safe for kids under 16 to receive the vaccine? Also what about immunocompromised kids?**
    Yes, studies are ongoing in children ages 12 and older. Usually people who are very immunocompromised are excluded from studies, at least initially.

16. **Once I am fully vaccinated, do I need to test and/or quarantine before or after travel?**
    At this time, people who are vaccinated need to follow the same rules as people who are not vaccinated. When and if those rules change, we will be sure to share the information.

17. **Should I take ibuprofen, acetaminophen or another oral pain reliever/fever reducer/anti-inflammatory agent prior to getting my COVID-19 vaccine?**
    We recommend that to prevent a possible interaction with the vaccine you consider avoiding pain relievers/fever reducers/anti-inflammatory agents for 12 hours prior to vaccine administration. There is no specific guidance for or against pre-treating with these types of agents when receiving a COVID-19 vaccine. The main concern is that it could negatively affect the immune response from the vaccine. In general, the evidence regarding the impact of these types of agents administered prior to vaccines on the immune response is inconsistent.

18. **Should I take ibuprofen, acetaminophen or another oral pain reliever/fever reducer/anti-inflammatory agent after getting my COVID-19 vaccine?**
    You may take an oral pain reliever/fever reducer/anti-inflammatory agent if you are experiencing post-vaccination symptoms such as fever and muscle aches. We do not recommend routine (prophylactic) administration of these types of agents for the purpose of preventing post-vaccination symptoms, since information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time. Do not take more than 3200 mg of ibuprofen or 4000 mg of acetaminophen in 24 hours.

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19. **I read that the Moderna trial looked for asymptomatic carriers whereas the Pfizer trial did not. Can you go over the asymptomatic carrier's data in the Moderna trial between the placebo and the vaccine groups?**
    The data on asymptomatic carriage is still quite limited. The Moderna trial data include a comparison of test positivity rate between the vaccine group and the placebo group at the time of their visit for the second dose. The rate of asymptomatic carriage was 0.3% in the placebo group and 0.1% in the vaccine group. We expect further information on asymptomatic carriage with both vaccines in the next few months.

20. **Are there any concerns between the vaccine's effectiveness and drinking alcohol?**
    No

21. **How long does the mRNA stay in the cell before it completely degrades? Does it only give the cell "one time" instructions to produce the replica spike protein or does the cell just continuously pump out spike proteins indefinitely?**
    It is not known exactly how long the mRNA and the protein it makes last in the body but experts estimate that the mRNA degrades in hours to days, and the protein remains for a few weeks.

22. **Is the vaccine recommended for people who have neurological problems like cerebral palsy or polio etc.?**
    Yes. Neurologic conditions are not among the reasons to avoid the vaccine.

23. **What special handling of Moderna vaccine will be required in primary care physicians' offices?**
    Before Moderna vaccine is released for primary care physicians' offices, detailed instructions on handling will be provided by the Department of Public Health. You can review the CDC guidelines on handling of the Moderna vaccine here: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/storage-summary.pdf

24. **Is there a risk that Killer T cells will damage the patient's cells that are expressing spike proteins on their surface?**
    Much of the activation of killer T cells occurs when the vaccinated cell dies naturally, releasing fragments of spike protein that the immune cells can then take up and present on their surfaces.

25. What is the timeline of data release and approval for the Oxford-AstraZeneca vaccine? How is this vaccine different from mRNA vaccines apart from the fact that it is one dose instead of two?

The US approval of the Oxford-AstraZeneca vaccine is not anticipated to be considered until the spring. It is a two-dose vaccine but it does not use mRNA technology like the currently authorized vaccines. It uses a weakened version of a common cold virus to bring the genetic material (DNA) that makes spike protein into the cell.

Vaccine Basics

26. How does the Covid-19 vaccine work?

In the mRNA vaccine, the active ingredient (the mRNA) has instructions for the cell on how to make a piece of the "spike protein" that is unique to the virus that causes COVID-19. Since only part of the protein is made, it does not do any harm to the person vaccinated. The piece of the "spike protein" prompts the immune system to produce antibodies and activate the T cells, a part of the immune system that focuses on recognizing, attacking and remembering foreign particles, to destroy infected cells. If the patient later then encounters coronavirus, the antibodies and T cells are awakened to fight the virus.

27. Are the COVID-19 vaccines safe?

These vaccines underwent a rigorous review by the FDA, not much different than the usual FDA approval process. During a public health crisis, the FDA can grant an Emergency Use Authorization (EUA) for treatments such as vaccines. This means that the vaccines met safety and efficacy standards based on the currently available data from more than 35,000 volunteers and it was felt the benefits of the vaccines outweighed the risks associated with them.

28. But these vaccines were developed so quickly, are we sure they are safe?

The vaccines have gone through the normal rigorous clinical trial process with added layers of safety, including use of external data monitoring committees, full data analysis by the FDA, external review by the FDA Advisory Committee (VRSPAC) and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The data we have seen is very reassuring. Neither Moderna nor Pfizer have reported any widespread or permanent serious adverse effects to vaccine recipients compared to placebo in their respective clinical trials.

The FDA issued Emergency Use Authorization for the Pfizer vaccine on December 11, 2020 and for the Moderna vaccine on December 18, 2020. The most common side effects that were reported among trial participants, according to data released to this point, include soreness around the injection site, headache and fever.

While we don't have as much long-term safety data as we would like, many participants have been followed for several months now. It is known from other vaccines that adverse events will almost always be seen within a couple of weeks after vaccination.

29. Can I get COVID-19 disease from the vaccine?
No. You cannot develop COVID-19 disease from the vaccine. Nor can you have a false positive PCR or antigen test.

30. What are the side effects of the COVID-19 vaccine?
The most commonly reported side effects are soreness at the site of the injection as well as flu like symptoms, including fatigue, body aches, chills or fevers. Side effects were most common after the second dose of the vaccine, and more likely to be experienced by younger participants in the trial. These symptoms go away within a few days after receiving the vaccine. These side effects are normal and tell us that the body is building protection against the virus.

31. Do you need to take a test before receiving the vaccine?
No. Because it is safe to receive the vaccine even if you have active or recent COVID-19, you do not need to take a test. However, if you know that you have active COVID-19, we ask that you delay your vaccination until you are released from isolation, so that you are no longer contagious to others.

32. If someone had COVID, when should they get the vaccine?
If you have COVID, we simply ask that you delay your vaccination until you are released from isolation, so that you are no longer contagious to others.

33. I had a known close contact with a COVID-19 positive individual within the last 14 days. Can I receive the vaccine if I provide a negative COVID-19 test? Alternately, how long should I wait after such an exposure before I can receive the vaccine?

It's very important you follow public heath guidance provided for quarantine. Once released from quarantine, it is fine to undergo vaccination. Since hospital employees are permitted to work even after an exposure, if you work at a hospital you may receive your vaccination at the hospital despite a recent exposure.

34. Will people who have had the vaccine and become infected with COVID become less ill with COVID? If so, will this reduce the number of people that had COVID and now struggle with long-hauler post-COVID syndrome?
Yes. Based on the clinical trial data we can expect that if people who have been vaccinated do acquire COVID-19 infection it will be less severe. The prevalence of post-COVID-19 long-hauler symptoms has not been reported in the clinical trials.

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35. Do I need to receive both doses of the vaccine to be effective?
Yes. The vaccines have only been studied for efficacy after two doses. The Pfizer vaccines should be given as two doses 21 days apart and the Moderna vaccine as two doses 28 days apart. It is important to stick to your scheduled appointments for each vaccine dose. The efficacy of one dose has not been fully studied.

36. If I test positive for COVID-19 between dose 1 and dose 2, should I still get dose 2?
Yes. We simply ask that you delay your vaccination until you are released from isolation, so that you are no longer contagious to others. Please schedule dose 2 for as soon as possible after your release from isolation.

37. Do I have to get the same vaccine (Moderna or Pfizer) for both doses?
Yes. Whichever vaccine you received for your first dose, you must receive the same brand of vaccine for your second dose. It is also important to stick to your scheduled appointments for each vaccine dose.

38. When will we know if the vaccines protect people from spreading the virus?
So far, studies show that the vaccines prevent COVID-19 illness. The Moderna trial data show a hint of decreasing asymptomatic infection, but we need more data. For this reason, even after vaccination everyone should continue to wear masks, social distance and following CDC guidelines until we have more information.

39. How long does it take after receiving the vaccine for my body to create an immune response?
After receiving the vaccine, it can take up to 2 weeks for the body to recreate an immune response. Therefore, you will be maximally protected about 2 weeks after the second dose. It is important to continue to wear a mask and practice social distancing, even if you have received the vaccine.

40. NCDHHS Director made a statement that the vaccine may only provide immunity for two months Is there any truth to that?
We are still awaiting data on the duration of immunity following vaccination.

41. Is the vaccine really helpful? I heard that you can develop immunity by getting COVID-19, so why do I need to get my immunity through a vaccine?

While some patients with COVID-19 have mild disease, others can become seriously ill. Those who develop mild disease may unknowingly pass it to someone who will develop severe disease. To date, COVID-19 has been responsible for more than 300,000 deaths in the United States. There is also much that we do not know about immunity developed after an infection, including how long it lasts, which means you could potentially be infected again. Given this, a vaccine is the safer choice for developing immunity.

Pfizer vs. Moderna

42. What is the difference between the Pfizer and Moderna vaccines?

The Pfizer and Moderna vaccines are both mRNA vaccines that target the spike protein of the SARS CoV-2 virus and have demonstrated efficacy and safety. At present, there are no data that suggest that either of the vaccines is safer or more effective than the other. The Phase 3 studies for both vaccines are almost identically effective (around 95%) and neither of them reported any serious adverse reactions more common than were seen in the placebo recipients. They both leverage the genetic code of the virus to activate the immune system. Unlike other vaccines, neither of these vaccines use any actual virus particles. Both involve receiving two doses of the vaccine, either three weeks (Pfizer) or four weeks (Moderna) apart.

43. Do both brands of vaccine carry the same precaution/allergy statements?

Yes. Both are contraindicated in persons with history of severe allergic reaction (e.g. anaphylaxis) to any component of the vaccine (see Q18 for list of vaccine components), in persons with a history of immediate allergic reaction to any mRNA vaccine, and in history of immediate allergic reaction to polysorbate. If you have had an immediate allergic reaction to polyethylene glycol (PEG, a component of the vaccines) or polysorbate (chemically related to PEG), the CDC recommends an evaluation by an allergist/immunologist to determine if you can receive the vaccine safely. CDC considers a history of immediate allergic reaction to another vaccine or injectable therapy, or a history of anaphylaxis due to any cause to be a precaution but not a contraindication to vaccination. People who have these reactions should be observed for 30 minutes (rather than 15) after each dose of vaccine. Allergic reactions (including severe allergic reactions) not related to vaccines or injectable therapies (e.g., food, pet, venom, environmental or latex allergies; oral medications [including the oral equivalents of injectable medications]) are not a contraindication or precaution to vaccination with mRNA COVID-19 vaccines. For more information, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

44. What are the ingredients in the vaccine so I can determine if I have any know allergies?

The **Pfizer BioNTech COVID-19 vaccine** includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate) (ALC-0315), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159) , 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

The **Moderna COVID-19 vaccine** includes the following ingredients: mRNA, lipids (SM-102, polyethylene (PEG) 2000-DMG, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), cholesterol), tromethamine (Tris buffer), sodium acetate, sucrose (sugar).

Because allergies vary from person to person, there is not one ingredient that has been identified as the cause for the reported allergic reactions associated with the vaccine. That being said, we know that common allergens (i.e., nuts, fish, eggs, venoms such as from a bee sting, etc.) that many people have are **NOT** listed in the ingredients for the vaccine by the manufacturer. The vaccine and its vial do not contain Latex so it can be administered to individuals with a history of Latex allergy. Because of its similarity to the vaccine ingredient polyethylene glycol, people who are allergic to polysorbate should not receive mRNA vaccines. A person who had a past history of an immediate allergic reaction to polyethylene glycol or polysorbate should be evaluated by an allergist/immunologist to determine if they can receive the vaccine safely.

45. If we have both vaccines, would employees be able to choose Moderna vs. Pfizer?

Data show no difference in safety of efficacy between the Moderna and Pfizer vaccines. We recommend you receive the vaccine you are offered.

46. Looks like Pfizer vaccine is only 74.4 percent effective in Asian while the Moderna one is 100 percent effective. Are we considering this when we vaccinate our colleagues?

Both the Pfizer and Moderna vaccines demonstrated efficacy in diverse populations, including Asian individuals. Some groups were small and it is important not to over-interpret subgroup analysis. We recommend and are confident in the safety and efficacy of both the Pfizer and Moderna vaccines.

47. I'm most concerned about any long-term effects of either vaccine for myself and my family. We just don't know long-term effect, right?

The vaccines have gone through the normal clinical trial process with added layers of safety, including use of external data monitoring committees, full data analysis by the FDA, external

review by the FDA Advisory Committee and the CDC ACIP. The safety data we have seen are very reassuring. Neither Moderna nor Pfizer have reported any widespread or permanent serious effects to the vaccine recipients compared to placebo in the respective clinical trial.

The FDA issued emergency use authorization for the Pfizer vaccine on December 11, 2020 and the Moderna vaccine on December 18,2020. This was following a thorough safety review by the

FDA and an external expert advisory panel. While we don't have as much long-term safety data as we would like, many participants have been followed for several months now. It is known from other vaccines that adverse events will almost always be seen within a couple of weeks after vaccination.

48. I will not be available for my second dose of the Pfizer vaccine on day 21. Should I still receive my first dose today? Can I receive my second dose of Pfizer vaccine early or late?

No. Because the clinical trials achieved approximately 95% efficacy for both vaccines using a strict schedule, we strongly advise you to return for your second dose of vaccine on day 21 for the Pfizer vaccine and day 28 for the Moderna vaccine. We cannot assure the same level of protection if you deviate from that schedule. It is important that you keep the appointment and arrive on time to ensure that we will see you promptly. If you can't keep your appointment, please let us know by email at vaccine@tuftsmedicalcenter.org.

49. Do we have any information on the efficacy of the vaccine on the new more contagious variant?

The new variant from the UK has a modification in the spike protein and it is hypothesized that this mutation could make it adhere to the ACE2 receptors in the cells of the respiratory lining more easily and thus it could be more infectious, although this has not been proven. The science suggests that both vaccines – Moderna and Pfizer - should work just as well on this new variant. It is important to know that viruses mutate all of the time, so this is not particularly surprising.

Vaccine Use in Special Populations

50. Can I get the COVID-19 vaccine if I have an immunocompromising condition (such as HIV, cancer, organ or bone marrow transplant, etc.?)

Yes. Data are not currently available to determine vaccine efficacy in people who have an immunocompromising condition such as HIV, have undergone transplantation, have other immunocompromising conditions or are taking immunosuppressive medication. However, this

group of people might be at increased risk for severe COVID-19. Therefore, immunocompromised individuals can still receive COVID-19 vaccination. Immunocompromised persons, including individuals receiving immunosuppressant therapy, might have a diminished immune response to the COVID-19 vaccines. We do not expect a difference in safety. People who are vaccinated should continue to follow all current guidance to protect themselves against COVID-19 such as wearing masks, practicing social distancing and frequent hand hygiene, and speak with their doctor for specific guidance. For more information, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

51. Can I get the COVID-19 vaccine if I have an autoimmune disease or are on biologics?

Yes. Patients who have underlying autoimmune disease or are on biologics may still receive COVID-19 vaccination. Data area not currently available to determine vaccine efficacy in these groups but we would not expect a difference in safety. These patients may have a diminished immune response to the vaccines. People who are vaccinated should continue to follow all current guidance to protect themselves against COVID-19 and speak with their doctor for specific guidance. For more information, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

52. Can I get the COVID-19 vaccine if I have severe allergies to other vaccines or injectable medications?

Yes. The Centers for Disease Control considers a history of severe allergic reaction (e.g., anaphylaxis and or required EpiPen and/or hospitalization) to any other vaccine or injectable therapy (e.g., intramuscular intravenous, or subcutaneous) as a precaution but not a contraindication to vaccination. People who have had anaphylactic reactions to any substance should be observed for 30 minutes (rather than the usual 15) after each dose of vaccine.

Allergic reactions (including severe allergic reactions) not related to vaccines or injectable therapies (e.g., food, pet, venom, environmental or latex allergies; oral medications [including the oral equivalents of injectable medications] are not a contraindication or precaution to vaccination with mRNA COVID-19 vaccines. For more information, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

53. Can I get the COVID-19 vaccine if I am pregnant?

Yes. Because of the risks of severe COVID-19 in pregnant women, The Society for Maternal-Fetal Medicine and The American College of Obstetricians and Gynecologists strongly recommends that pregnant individuals have access to COVID-19 vaccines and that each person have a discussion with their healthcare professional about their own personal choice.

The Pfizer and Moderna vaccines were tested in a total of over 35,000 people, and there were no serious or permanent side effects. However, since it was not tested in pregnant women there are no clear recommendations for vaccination in pregnancy. This is the usual process for studying a new drug and is not due to any particular concern with this vaccine. We do not have data on whether the vaccine works as well in pregnancy as it did in non-pregnant individuals. We do not have data on whether there are unique downsides in pregnancy, like different side effects or an increased risk of miscarriage or fetal abnormalities.

That being said, COVID-19 patients who are pregnant are 5 times more likely to end up in the intensive care unit (ICU) or on a ventilator than COVID patients who are not pregnant. Additionally, preterm birth may be more common for pregnant women with severe COVID, but other obstetric complications such as stillbirth do not appear to be increased. For a detailed decision-making tool, click here.

54. Does the COVID vaccine have any effect on fertility?

No. There is no evidence or scientific concern that the vaccine could impact fertility.

55. Can I receive the vaccine if I am breastfeeding?

Yes. The Society for Maternal-Fetal Medicine reports that there is no reason to believe that the vaccine affects the safety of breastmilk. When we have an infection or get a vaccine, our bodies make antibodies to fight the infection. Antibodies formed from vaccines given during pregnancy do pass into the breastmilk and then to the baby to help prevent infections. Since the vaccine does not contain the virus, there is no risk of breastmilk containing the virus. For a detailed decision-making tool, click here.

56. Is there any contraindication with my oral medications (anti-anxiety/ depression/ home medications and antibiotics)?

No. At this time, there are no known reactions or interactions between oral medications and the vaccines.

57. Can I get the COVID 19 vaccine if I had a monoclonal COVID 19 antibody and or convalescent plasma?

Yes. There are no data on the safety or efficacy of mRNA COVID-19 vaccines in people who have received monoclonal antibodies or convalescent plasma to treat COVID-19. Because these products might affect the efficacy of the vaccine, it is recommended that you wait 90 days after

receiving them before being vaccinated. For more information, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

58. 32. Can I get the COVID-19 vaccine if I have Hepatitis B?

Yes

59. Can I get the COVID-19 vaccine if I have Hepatitis C?

Yes

60. Can you share risks associated with taking the vaccine for people that take anti-coagulants (blood thinners?) I have seen unreliable internet chat about this.

The only risk known to be associated with blood thinners is the small risk of bleeding at the injection site. However, this is not a contraindication to receiving the vaccine.

61. I have heard that some people who received either the Pfizer or Moderna vaccine developed Bell's palsy afterward. Should I be concerned?

Bell's palsy is a rare weakness of the muscles on one side of the face and is usually temporary. This condition occurred in a few people who received vaccine during clinical trials. This is about the same number of people who would be expected to develop Bell's palsy in the general population who have not received the vaccine. Therefore, at this time, there does not appear to be a relationship between receiving the vaccine and the subsequent development of Bell's palsy. A group of experts from the American Academy of Otolaryngology advised that people should not be discouraged from receiving this critical vaccine due to a concern about developing Bell's palsy. People who have a history of Bell's palsy should discuss the risk with their doctor.

62. If an employee is a verified non responder to the Hepatitis B vaccine, is there any evidence that they would be a non-responder to the Covid vaccine?

No. We have no data to tell us whether a non-responder to the Hepatitis B vaccine will be a non-responder to the COVID-19 vaccines. For Hepatitis B, post-vaccination antibody levels can be used to determine immunity, whereas there is no such antibody test for COVID-19. However, based on the clinical trials, we expect a 95% efficacy rate.

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Post-Vaccine Info

63. What medications can I take for injection site pain, headache, or achiness after I receive the vaccine?

Take acetaminophen or ibuprofen as needed for fever, aches, or headache after vaccination.

64. Feeling a lot of fatigue with the vaccine. It has been five days now. Does anyone else feel like this?

Up to 68 percent of vaccine recipients reported fatigue in the clinical trials. Most reports of fatigue last 1-3 days following the vaccine but some were reported to last a bit longer.

65. I had a reaction after the vaccine that was not really allergic in nature (such as flushing, fainting, rapid heart rate, elevated blood pressure). Should I get the second dose?

Yes. It is safe to get the second dose if you had a non-allergic reaction after the first dose.

66. What is the risk of Guillain Barre syndrome after the mRNA vaccine?

Neither COVID-19 disease nor the COVID-19 vaccines have been associated with Guillain Barre Syndrome at a rate that is higher than the baseline population rate of this condition.

67. If I feel sick after receiving the vaccine, do I stay home?

If you have any of the following symptoms, you should stay out of work and call the number for your organization listed below.

- Fever of 100.4°F (38°C) or higher
- Fever, chills, fatigue, muscle pain, headache and/or pain in the joints **AND** close contact with a confirmed case of COVID-19 in the 14 days before the symptoms started
- Fever, chills, fatigue, muscle pain, headache and/or pain in the joints **lasting more than 3 days**

Symptoms that are NOT likely due to vaccination and could indicate COVID-19 or another infection are:

- Cough, sore throat, shortness of breath, loss of taste or smell and/or runny nose

Contact numbers: Please call your local hospital.

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68. Are we allowed to travel internationally after receiving the vaccine?

There are no differences in travel guidelines or restrictions based on vaccine status. Please check the latest travel guidelines from the state.

69. When do you think the staff infection numbers will decline due to the vaccination?

We hope that staff COVID infection numbers will decrease soon and encourage everyone to mask whenever in the presence of people with whom you don't live, maintain at least 6 feet of physical distance from others, follow hygiene protocols and not come to work when ill. Estimates are that 60-70% of the population will need to be immune following vaccination or infection to reach herd immunity when the SARS CoV-2 virus will stop spreading.

70. Do you think quarantine requirements will be changing based on vaccination status?

At this time, the CDC and MA DPH recommend quarantine for all close contacts, defined as exposure within 6 feet of a confirmed or clinically diagnosed COVID-19 case for at least 15 minutes (cumulative over 24 hours) while the case was symptomatic or within the 48 hours before symptom onset (outside of a health care setting, PPE is not taken into consideration) or direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed on) while not wearing recommended PPE. It is possible that this will change at a future time when more of the population has been vaccinated.

71. Is there a way to measure individual immune response after getting vaccinated?

No. There is no effective way to measure immune response. The vaccine induces both antibody and T-cell responses. Neither are easily measured. We do not recommend seeking testing for antibodies to COVID-19 since the antibody tests currently on the market do not measure for the antibodies that neutralize the virus.

72. How is herd immunity determined? Is there a test positivity rate or some other metric that would determine herd immunity?

Current estimates are that we need to get 60 to 70 percent of the population immune to the virus through a combination of vaccination and infection before we can reach herd immunity. How close we are to herd immunity will be difficult to measure because we do not yet know how long immunity lasts from natural disease or vaccination. We can expect to see deaths decrease first before the infection rates decrease.

FAQ: Questions You May Have about COVID-19 Vaccines

Vaccine Distribution

73. What does the vaccination process look like?

When you receive your first dose you will be scheduled for a date/time to receive the second dose. Getting the vaccine, including registering, scheduling the second appointment, receiving the shot and being monitored for 15 minutes, takes approximately 20-30 minutes total (plan on hanging around an extra 15 minutes if you have a history of severe allergic reactions). Neither employees nor their health insurance will be billed for the vaccine.

Due to the potential side effects of the vaccine (including headache, fever, and injection site pain), we suggest employees consider scheduling a vaccination time when you have a day or two off after receiving the vaccine to monitor these symptoms. This is particularly important after the second dose.

Those who are vaccinated will still be required to wear masks, socially distance and continue proper hand hygiene.

74. Who will receive the vaccine and when?

Wellforce is working across its system to ensure that the vaccine is distributed quickly, appropriately and equitably based on guidance from both the CDC and Massachusetts Department of Public Health. Employees in high-risk areas have begun to receive the vaccine at all Wellforce hospitals and Home Health Foundation. Appointments will be opened to others in the coming days and weeks. All patient facing employees will be vaccinated no later than the end of January.

The CDC Advisory Committee on Immunization Practices released these recommendations on December 22, 2020 to recommend the following prioritization:

- **Phase 1A**: High-risk health care workers AND adults living in long-term care facilities.
- **Phase 1B**: Essential workers, such as first responders; persons aged 75 years and older.
- **Phase 1C**: Adults aged 65 and over; persons aged 16-64 years with high-risk medical conditions; essential workers not covered in Phase 1B.
- **Phase 2**: All persons aged 16 years or older not previously recommended for vaccination.

75. How will people in phase 1 B and C get the vaccine? For example, if our parents are over 80... Will it be available at CVS?

The planning for this is already underway. Partnerships with pharmacies are part of the plan. The first order of business is the vaccination of people in long-term care facilities. There is a lot going on at the state and federal level. At Tufts MC, we are also looking at how we will roll out the next phase of the vaccination process to the public.

76. Will Wellforce require employees to get a COVID-19 vaccine?

We will not require employees to receive a COVID-19 vaccine. However, the clinical leaders of Wellforce HIGHLY recommend that every health care worker who is identified as an appropriate candidate to receive the vaccine does so.

77. I need to receive other vaccinations. How should they be timed based on when I receive the COVID-19 vaccine?

Given the lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines, the CDC states that the COVID-19 vaccine series should be administered alone, with a minimum of 14 days before or after administration of any other vaccines. However, if mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

78. Do I need to wear a mask and avoid close contact with others if I have received 2 doses of the vaccine?

Yes. While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using **all the tools** available to us to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, and staying at least 6 feet away from others.

FDA Process

79. What does the FDA approval/authorization process entail?

Pharmaceutical companies with a vaccine candidate conduct clinical trials with volunteers to test the safety and efficacy of the vaccine candidate. Both Pfizer and Moderna reached pre-specified endpoints in their Phase 3 vaccine trials and submitted requests for Emergency Use Authorization (EUA) of their respective COVID-19 vaccines. The FDA then conducted its own analysis of the companies' data.

The next step in the process is for the Vaccines and Related Biological Products Advisory Committee (VRBPAC) to hold a public, live-streamed hearing to discuss the safety and efficacy data associated with the Phase 3 clinical trial. This committee is made up of 17 external experts, including Tufts Children's Hospital Chief of Pediatric Infectious Disease Dr. Cody Meissner. Collectively, they made a recommendation to the FDA regarding issuing an EUA. VRBPAC voted to recommend authorization for both the Pfizer and Moderna vaccines, and the FDA agreed and issued an EUA for both.

80. What is the difference between FDA approval and an EUA?

The FDA provides independent scientific review of medical products like drugs and vaccines. In most cases, these medical products undergo a rigorous approval process that uses clinical data and other information to prove that the medical product is both safe and effective for the intended use and that it can be made according to federal quality standards. During public health crises like the COVID-19 pandemic, the FDA may grant an Emergency Use Authorization or EUA. This means that the vaccine meets safety and efficacy standards based on currently available data, and that data shows the benefits outweighing the risks. EUAs are effective until an emergency declaration ends. The rigorous review process is not very different from the traditional FDA approval process.