NEW MEXICO
Department of Health
Epidemiology And Response Division

MICHELLE LUJAN GRISHAM
Governor

DR. TRACIE C. COLLINS, M.D.
Secretary-Designate

COVID-19 Vaccine FAQs

February 24, 2021

Note: These FAQs are based on the best scientific information as of the date above. The FAQs will be updated as new information becomes available.

EPIDEMIOLOGY AND RESPONSE
1190 St. Francis Drive, N1320 • Santa Fe, New Mexico • 87502-6110
(505) 827-0006 • FAX: (505) 827-2110 • www.nmhealth.org

Table of Contents

WHEN WILL THE VACCINE BE AVAILABLE AND WHAT SHOULD I DO UNTIL THEN?

How many COVID-19 vaccines are under development?

Two vaccines have completed development and been granted Emergency Use Authorization (EUA). These are the Pfizer-BioNTech COVID-19 Vaccine and the Moderna, Inc. Vaccine.

Multiple additional COVID-19 vaccines are under development. Many of these vaccines are in large-scale (Phase 3) clinical trials in the United States. During Phase 3 trials, scientists give the vaccine to thousands of people to see how many become infected, compared with volunteers who receive a placebo. These trials can determine if the vaccine is safe and protects against COVID-19.

Phase 3 trials are designed to reveal evidence of relatively rare side effects that might have been missed in earlier studies. In addition, COVID-19 vaccine manufacturers include members of different gender, age, race and ethnicity groups in Phase 3 trials to ensure vaccine effectiveness and safety across diverse populations.

How can I register to get a COVID-19 vaccine?

There are two ways to register to be vaccinated with COVID-19 vaccine. You can visit the online registration webpage at https://cvvaccine.nmhealth.org/, create your profile and enter your health and other information. You will be notified when vaccine is available for you. Users who have questions or would like support with the registration process - including New Mexicans who do not have internet access - can dial 1-855-600-3453, press option 0 for vaccine questions, and then option 4 for technical support.

Will there be enough COVID-19 vaccine for everyone?

FDA has granted Emergency Use Authorization (EUA) for the first two vaccines. However, there is limited supply. This means that not everyone will be able to be vaccinated right away, and vaccine may not be available to the general public until mid-2021. The goal is for everyone to be able to easily get a COVID-19 vaccine when large quantities are available. We expect that several thousand vaccination providers and numerous locations throughout the state will eventually be available, including doctors' offices, retail pharmacies, hospitals, community locations, and federally qualified health centers.

For more information, please visit: https://cv.nmhealth.org/covid-vaccine/

Will I be able to get the vaccine if I'm not in a priority group?

Yes. Those who are not in the initial priority groups will be able to get COVID-19 vaccine as soon as large quantities are available.

For more information, please visit: https://cv.nmhealth.org/covid-vaccine/

What can I do now to protect myself from getting COVID-19 until a vaccine is more widely available?

Cover your mouth and nose with a mask or face covering when around others. Avoid close contact with people who are sick. Stay 6 feet away from others and avoid crowds. Wash your hands often. Use hand sanitizer if soap and water are not available.

You will still need to take precautions and wear a mask even after you receive the vaccine.

What will it cost to get a COVID-19 vaccine? Is it free? What if I don't have health insurance?

The vaccine is free to all people.

Vaccination providers will be able to charge an administration fee that is reimbursed by the patient's public or private insurance company or, for uninsured patients, by the federal Health Resources and Services Administration's (HRSA) Provider Relief Fund.

The federal government is requiring vaccine providers to administer vaccine to people regardless of their insurance status or immigration status. And they must administer without charging them for the vaccine.

Has New Mexico been selected by Pfizer to be part of a vaccine pilot?

Yes. The state participated in Pfizer's U.S. COVID-19 Immunization Pilot Program along with three other states. This helped refine plans for the delivery and distribution and administering of the company's COVID-19 vaccine candidate, once the FDA authorized its use as a safe and effective vaccine. The lessons learned from this pilot program are helping New Mexico, other states, tribal partners, and the federal government in administering the vaccine more effectively and efficiently to diverse populations and communities.

Does participation in the Pfizer pilot mean that New Mexico will be getting more vaccine than other states?

No. There is no vaccine involved in the pilot. The purpose of the pilot program is for state leaders, health care providers, and others to work together to review, test and refine plans for effective vaccine distribution and administration.

SHOULD I GET THE VACCINE?

Will I need the COVID-19 vaccine even if I'm not in a high-risk group?

Yes. While many people with COVID-19 have only a mild illness, others may get a severe case or they may even die. There is no way to know in advance how COVID-19 will affect you, even if you are not at increased risk of severe complications.

Also, if you get infected, you may spread the disease to friends, family and others around you. COVID-19 vaccination helps protect you by creating an antibody response without having to experience sickness. The sooner most people are vaccinated and protected against COVID-19 disease, the sooner New Mexicans and all Americans can get back to normal life.

I am currently infected or have been infected previously with the virus that causes COVID-19. Should I get the vaccine?

For persons with prior infection with the SARS-CoV-2 virus, data from clinical trials indicate that COVID-19 vaccines are safe. Vaccination is offered regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.

Vaccination of persons with known current infection with the virus that causes COVID-19 should be delayed until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

While there is no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the months after initial infection but may increase with time due to waning immunity. Thus, while vaccine supply remains limited, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.

For vaccinated persons who subsequently develop COVID-19, prior receipt of an mRNA COVID-19 vaccine should not affect treatment decisions (including use of monoclonal antibodies, convalescent plasma, antiviral treatment, or corticosteroid administration) or timing of such treatments.

I was recently exposed to someone with COVID-19. Should I get the vaccine?

mRNA vaccines are not currently recommended for outbreak management or for post-exposure prophylaxis. Because the median incubation period of SARS-CoV-2 is 4-5 days, it is unlikely that the first dose of COVID-19 vaccine would provide an adequate immune response within the incubation period for effective post-exposure prophylaxis. Thus, vaccination is unlikely to be effective in preventing disease following an exposure.

Persons in the community or outpatient setting who have had a known COVID-19 exposure should not seek vaccination until their quarantine period has ended to avoid potentially exposing healthcare personnel and other persons to SARS-CoV-2 during the vaccination visit.

Residents with a known COVID-19 exposure living in congregate healthcare settings (e.g., long-term care facilities), where exposure and transmission of SARS-CoV-2 can occur repeatedly for long periods of time, may be vaccinated. In these settings, healthcare personnel are already in close contact with residents (e.g., entering patient rooms for evaluation and treatment). Vaccinators should employ appropriate infection prevention and control procedures.

Residents of other congregate settings (e.g., correctional and detention facilities, homeless shelters) with a known COVID-19 exposure may also be vaccinated, in order to avoid delays and missed opportunities for vaccination given the increased risk for outbreaks in these settings. However, where feasible, precautions should be taken to limit mixing exposed individuals with other residents or staff (except those essential for the provision of vaccination services, who should employ appropriate infection and control procedures).

Persons residing in congregate settings (healthcare and non-healthcare) who have had an exposure and are awaiting results of SARS-CoV-2 testing may be vaccinated if the person does not have symptoms consistent with COVID-19.

In situations where facility-wide testing is being conducted to identify SARS-CoV-2 infections, facilities should attempt to complete facility-wide testing within a period that allows for test results to be received prior to vaccination in order to isolate those patients with SARS-CoV-2 infection. However, it is not necessary to wait for test results if this would create delays in vaccination. In such situations, persons without symptoms consistent with COVID-19 may be vaccinated. Although not contraindicated, vaccination may be deferred pending outcome of testing in persons with symptoms consistent with COVID-19. Viral testing for acute SARS-CoV-2 infection solely for the purposes of vaccine decision-making is not recommended.

I had COVID-19 and received passive antibody therapy. Should I get the vaccine?

Currently, there are no data on the safety and efficacy of mRNA COVID-19 vaccines in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. Based on the estimated half-life of such therapies as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days, as a precautionary measure until additional information becomes available, to avoid potential interference of the antibody therapy with vaccine-induced immune responses. This recommendation applies to persons who receive passive antibody therapy before receiving any vaccine doses as well as those who receive passive antibody therapy after the first dose but before the second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy. If a person receives both doses within the 90 days following receipt of the antibody therapy and according to the authorized vaccination schedule, no repeat vaccination is required.

For persons receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of mRNA COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response. Thus, there is no recommended minimum interval between other antibody therapies (i.e., those that are not specific to COVID-19 treatment) and mRNA COVID-19 vaccination.

I have an underlying condition that is considered high risk for severe COVID-19 disease. Should I get the vaccine?

The COVID-19 vaccines may be administered to persons with underlying medical conditions who have no contraindications to vaccination. Clinical trials have shown similar safety in persons with underlying conditions compared to persons without underlying conditions. A conversation between you and your healthcare provider may assist with the decision to get the vaccine but is not required.

I am pregnant or lactating. Should I get the vaccine?

There are few data on the safety of COVID-19 vaccines in pregnant people. Studies in pregnant people are planned and the vaccine manufacturers are following outcomes in people in the clinical trials who became pregnant. Based on the current knowledge, experts believe that the vaccines are unlikely to be a risk to the pregnant person or fetus. However, the potential risks of the vaccine to the pregnant person and the fetus are unknown because they have not been studied in pregnant people. If a pregnant persons is part of the populations eligible for vaccine in the current phase (i.e. based on their occupation), they may choose to be vaccinated. A conversation between the pregnant person and their healthcare provider may assist with the decision to get the vaccine but is not required.

There are no data on the safety of COVID-19 vaccines in lactating people or the effects of the vaccines on breastfed infants or milk production/excretion. The vaccines are not thought to be a risk to the breastfeeding infant. A lactating person who is part of a group recommended to receive a vaccine (e.g., healthcare personnel) may choose to be vaccinated.

There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after mRNA COVID-19 vaccination.

I have a history of dermal filler use. Can I get vaccinated?

Infrequently, persons who have received dermal fillers may develop swelling at or near the site of filler injection (usually face or lips) following administration of a dose of an mRNA COVID-19 vaccine. This appears to be temporary and can resolve with medical treatment, including corticoid steroid therapy. mRNA COVID-19 vaccines may be administered to persons who have received injectable dermal fillers who have no contraindications to vaccination. No additional precautions are needed. However, these persons should be advised to contact their healthcare provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination.

I need to get tested for tuberculosis (TB) infection using an immune-based test. Can I get vaccinated?

The mRNA COVID-19 vaccine should not be delayed because of testing for TB infection. Testing for TB infection with immune methods, either the tuberculin skin test (TST) or an interferon gamma release assay (IGRA), can be done before or during the same encounter as the mRNA COVID-19 vaccination. When testing with TST or IGRA cannot be done at the same time as the mRNA COVID-19 vaccination, these tests should be delayed ≥ 4 weeks after the completion of the mRNA COVID-19 vaccination but generally should not be cancelled.

The decision as to whether a TST or IGRA that is being done for medical diagnosis of latent TB infection (for example, during a contact investigation after exposure to contagious TB disease) should be delayed for 4 weeks after completion of COVID-19 mRNA vaccination is at the discretion of the responsible medical provider and local TB program overseeing the contact investigation. Medical providers or local TB programs may not wish to delay testing for persons at high risk for progression to TB disease. However, patients who have a negative result in this context should be considered for retesting ≥ 4 weeks after the completion of mRNA COVID-19 vaccination.

Will screening testing (e.g., congregate care settings) be continued for people who have received the vaccine?

Yes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

Does the Governor or the New Mexico Department of Health intend or have plans to make the COVID-19 vaccine mandatory?

No.

WILL THE VACCINE BE SAFE?

How will I know that the COVID-19 vaccine is safe?

Clinical trials involving many thousands of participants are used to investigate possible COVID-19 vaccines. These studies generate scientific data and other information that the Food and Drug Administration (FDA) uses to determine vaccine safety and effectiveness.

After the FDA makes its determination, an independent group of scientific experts – the Advisory Committee on Immunization Practices (ACIP) – reviews available data before making vaccine recommendations to the CDC.

Both of these processes have been completed for two different vaccines:

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna, Inc. Vaccine

That means that the scientific data from the research on each of these vaccines has been reviewed by two independent teams of experts.
Even after this approval, vaccine safety monitoring systems watch for adverse events (possible side effects). If an unexpected adverse event is observed, experts quickly study it further to assess whether it was caused by the vaccine and whether it is a true safety concern.

You can read more about the many strategies for ensuring the safety of COVID-19 vaccines in the United States at the CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html

For every vaccine approved for use by the FDA and ACIP, the site provides information on safety, effectiveness, recommended populations to receive the vaccine, and side effects, if any.

How do I know which sources of COVID-19 vaccine information are accurate?

The CDC offers this guide to check sources, including websites, that contain information about COVID-19 vaccines.
https://www.cdc.gov/vaccines/vac-gen/evalwebs.htm

Do the COVID-19 mRNA vaccines contain any heavy metals (e.g. mercury), preservatives, and/or animal byproducts?

No. Both the Pfizer-BioNTech and Moderna vaccines contain mRNA, lipids (type of fat), salts, sugars, and buffers.

Is it safe to go to a facility to get a COVID-19 vaccine or any other vaccine?

Yes. Providers who will be giving vaccines are practicing measures to prevent the spread of COVID-19 in their facilities.

Will the COVID-19 vaccine make me test positive?

No. Neither the recently authorized and recommended vaccines nor the vaccines currently in clinical trials in the United States will cause you to test positive on viral tests, which are used to see if you have current infection.

If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests and should be confirmed by a viral test. These antibody tests indicate you had a previous infection and/or that you may have some level of protection against the virus.

Will the COVID-19 vaccine give me COVID-19?

No. None of the COVID-19 vaccines contain the live virus that causes COVID-19. The goal for each vaccine is to teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms such as fever. These symptoms are normal and are a sign that the body is building immunity.

Will the mRNA vaccines alter my DNA?

No. Messenger ribonucleic acid, also known as mRNA, is most easily described as instructions for how to make a protein or even a small piece of a protein. mRNA is not able to alter or modify a person's genetic makeup (DNA). The mRNA from a COVID-19 vaccine cannot enter the nucleus of the cell which contains DNA. This means that the mRNA does not affect or interact with our DNA in any way. Instead, COVID-19 vaccines that use mRNA work with the body's natural defenses to safely develop protection (immunity) to disease.

WHAT TO EXPECT WHEN YOU RECEIVE VACCINE?

How many shots of COVID-19 vaccine will be needed?

Two vaccines have been granted an Emergency Use Authorization (EUA). The first is the Pfizer-BioNTech COVID-19 Vaccine. It requires TWO shots: a first shot, followed by a second shot no sooner than 21 days later.

The second vaccine is from Moderna, Inc. It requires TWO shots: an initial shot, followed by a second shot no sooner than 28 days later.

Regardless of which vaccine you receive, the second dose should be from the same manufacturer. However, in exceptional situations in which the first dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either vaccine product are recommended at this time. Recommendations may be updated as further information becomes available or other vaccine types (e.g., viral vector, protein subunit vaccines) are authorized.

Do I have to get the second shot? How will I remember?

Yes, you should get the second shot. For vaccines in development that require a two-dose series, the second shot is needed to give maximum immunity.

Your health care provider will give you a COVID-19 vaccination card with the due date for your second dose. For those who enroll in the CDC's v-safe program, you will receive a text message reminder for your second dose. The New Mexico Department of Health uses the New Mexico Statewide Immunization Information System (NMSIIS) to collect information on vaccine doses given within the state. NMSIIS has a feature that your provider may use to send a reminder message on when to get a second dose. Your provider may also use their own reminder system to send you a notice for your second shot.

Can I get my second dose of vaccine earlier or later than the recommended date?

You should not be scheduled to receive the second dose earlier or later than the recommended date (3 weeks apart for Pfizer vaccine and 1 month apart for Moderna vaccine).
The second dose should be administered as close to the recommended interval as possible. However, second doses administered within a grace period of four days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period do not need to be repeated.
If it is not feasible to adhere to the recommended interval, the second dose of Pfizer and Moderna COVID-19 vaccines may be scheduled up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

Do I need to wear a mask when I receive the COVID-19 vaccine?

Yes. CDC recommends that during the pandemic people wear a mask that covers their nose and mouth when in contact with others outside your household, when in healthcare facilities, and when receiving any vaccine, including a COVID-19 vaccine. Wearing a mask helps protect health care workers who are giving the shot as well as other patients.

When can I stop wearing a mask and social distancing after I have been vaccinated?

There is not enough information currently available to say that it's safe to stop wearing a mask after getting the vaccine. A mask protects you, and it also protects your family, friends and community. You should continue to wear a mask, practice social distancing, and wash your hands regularly when around people outside your household.

How can I expect to feel after I get the vaccine?

The approved COVID-19 vaccines are designed to get your body to have an immune response. When this happens, you may feel this response happening. Common feelings include pain and swelling on the arm that you got the shot. You may also experience fever, chills, tiredness, and headache.

To reduce pain and discomfort where you got the shot, you can apply a clean, cool, wet washcloth over the area. You can also use or exercise your arm. You may also want to talk to your healthcare provider about taking an over-the counter medicine for pain or discomfort.

If the redness or tenderness where you got the shot increases after 24 hours or your side effects are worrying you or do not seem to be going away after a few days, contact your healthcare provider.

If you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.

This CDC website gives information about what you can expect after getting a COVID-19 vaccine:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

How do I report if I have a problem or bad reaction after getting a COVID-19 vaccine?

CDC and FDA encourage the public to report possible bad reactions , called adverse events, to the Vaccine Adverse Event Reporting System (VAERS). This national system collects these data to look for adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns of occurrence. Learn about the difference between a vaccine side effect and an adverse event. Reports to VAERS help CDC monitor the safety of vaccines. Safety is a top priority.

Alternatively, you may call the Coronavirus Hotline 1-855-600-3453 and press Option 1 to speak with Poison Control who can collect the adverse event information and submit it to the CDC VAERS.

Healthcare providers will be required to report certain adverse events following vaccination to VAERS. Healthcare providers also have to adhere to any revised safety reporting requirements according to FDA's conditions of authorized use throughout the duration of any Emergency Use Authorization; these requirements would be posted on FDA's website.

CDC has implemented a new smartphone-based tool called **v-safe** to check-in on people's health after they receive a COVID-19 vaccine. When you receive your vaccine, you should also receive a **v-safe** information sheet telling you how to enroll in **v-safe**. If you enroll, you will receive regular text messages directing you to surveys where you can report any problems or adverse reactions you have after receiving a COVID-19 vaccine. Please visit V-safe After Vaccination Health Checker | CDC to register and use v-safe after vaccination.

If I develop symptoms after vaccination, should I self-isolate and get tested for COVID-19?

Individuals who develop symptoms after vaccination may be unsure if their symptoms are related to vaccination or if they are infected with SARS-CoV-2 virus. The following approach should be utilized to determine next steps when post-vaccination symptoms occur and get better within three days of vaccination.

Presence of ANY symptom after vaccination	Suggested approach
Injection site pain, swelling, and/or redness	These symptoms are consistent with COVID-19 vaccination. **Self-isolation is not recommended.**
Cough, shortness of breath, runny nose, sore throat, and/or loss of taste or smell	These symptoms are unlikely to be from COVID-19 vaccination. **Self-isolate immediately and get tested for COVID-19*.**
Fever (100.0°F or higher), fatigue, headache, chills, myalgia, and/or arthralgia	These symptoms are consistent with post-vaccination, SARS-CoV-2 infection, or another infectious pathogen. **Self-isolate until all of the following conditions have been met:** • Feel well enough to perform normal activities, **AND** • Fever has resolved, **AND** • No additional symptoms are experienced (i.e., do **not** have other signs of COVID-19 including cough, shortness of breath, sore throat, and/or change in smell or taste) **Self-isolate** and get tested for COVID-19* if symptoms are not improving or persist for more than three days.

*Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should **not** be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

If I have received the vaccine, do I have to quarantine after close contact with someone who has tested positive for the virus that causes COVID-19?

Partially Vaccinated Persons

If you have partially received the COVID-19 vaccine, and you had a close contact with someone who tests positive for COVID-19 and the contact occurred during that person's infectious period, then **quarantine is required.**

Fully Vaccinated Inpatients, Residents and Staff in Long-Term Care Settings

Fully vaccinated inpatients, as well as residents and staff in long-term care settings should continue to quarantine following exposure to someone who has tested positive for the virus that causes COVID-19. This is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

Fully Vaccinated Persons

If you are fully vaccinated against COVID-19 and you had a close contact with someone who tests positive for COVID-19 and the contact occurred during that person's infectious period, then **quarantine is not required if you meet the following criteria:**

- Are fully vaccinated (ie., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following the receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

If you do not meet all 3 of the above criteria, then quarantine is required.

I received the vaccine and then tested positive for the virus that causes COVID-19. Is it a false positive result?

No. It typically takes a few weeks for the body to build immunity after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection. If you test positive for COVID-19 by a viral test after you have received vaccine, immediately self-isolate until you meet the criteria to discontinue isolation. If you still need to get the second dose, please plan to get it after you have recovered.

If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests and should be confirmed by a viral

test. These antibody tests indicate you had a previous infection and that you may have some level of protection against the virus.

How long will the protection from the COVID-19 vaccine last?

We won't know how long immunity lasts until we have a vaccine and more data on how well it works.

What percentage of the population needs to get vaccinated to have herd immunity to COVID-19?

Experts do not know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. Herd immunity is a term used to describe when enough people have protection—either from previous infection or vaccination—that it is unlikely a virus or bacteria can spread and cause disease. Everyone within the community is protected even if some people don't have any protection themselves. To achieve this, it is critical that we get as many people as possible to get the vaccine. The best way to ensure that you are protected from COVID-19 is to vaccinate yourself. Herd immunity, even if it is achieved, may not protect you.

I received the vaccine and need to get another non-COVID-19 vaccine(s). When can I receive that non-COVID-19 vaccine(s)?

Due to the lack of data on safety and efficacy of the COVID-19 vaccine administered simultaneously with other vaccines, CDC recommends that the COVID-19 vaccine be administered alone with a minimum interval of 14 days before and after administration of any other vaccines. However, mRNA COVID-19 and other non-COVID-19 vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine co-administration (e.g., tetanus toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers or delays to mRNA COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations prior to/upon admission or onboarding). If mRNA COVID-19 vaccine is administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

Do I need to get a booster dose after completing the two-dose vaccination series?

The need for and timing of boosted doses for mRNA COVID-19 vaccines has not been established. No additional doses beyond the two-dose primary series are recommended at this time.