

COVID-19 Vaccine FAQs

August 3, 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.

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

How many COVID-19 vaccines are under development?

Three vaccines have completed development and been granted Emergency Use Authorization (EUA). These are the Pfizer-BioNTech COVID-19 Vaccine, the Moderna, Inc. Vaccine, and the Johnson & Johnson/Janssen 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 three vaccines. The Pfizer vaccine has additionally been authorized to be given to people 12 years and older. There is enough supply for New Mexicans aged 12 years and older to schedule their own vaccination appointments.

For more information, or to register for a vaccination appointment, 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. As of May 12, 2021, anyone aged 12 years and older is eligible for vaccine. To register for vaccination, please visit <https://cvvaccine.nmhealth.org/>. If you do not have internet access or would like help registering, call 1-855-600-3453, press option 0 for vaccine questions, and then option 4 for tech support.

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

What can I do now to protect myself from getting COVID-19 until I get vaccinated?

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.

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.

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.

For vaccinated persons who subsequently develop COVID-19, prior receipt of a 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?

COVID-19 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 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 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 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?

Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. If you are pregnant or breastfeeding, you can receive any of the currently authorized COVID-19 vaccines. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19.

Based on how the COVID-19 vaccines work in the body, experts believe they are unlikely to pose a specific risk for people who are pregnant or lactating. However, there are limited data on the safety of COVID-19 vaccines in pregnant or lactating people. Studies in this population are underway or planned, and the vaccine manufacturers are following outcomes in people in the clinical trials who became pregnant. A conversation between the pregnant person and their healthcare provider may assist with the decision to get the vaccine but is not required.

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 COVID-19 vaccination.

I received a COVID-19 vaccine that is not yet authorized in the United States. Should I get re-vaccinated?

Some people may have received a COVID-19 vaccine that is not currently authorized in the United States (such as vaccine trial participants or people who got vaccinated in another country). Data are limited on the safety or efficacy of receiving an FDA-authorized COVID-19 vaccine (Pfizer, Moderna, or Johnson & Johnson/Janssen) after receipt of a non-FDA-authorized COVID-19 vaccine. However, in some circumstances people who received a COVID-19 vaccine not currently authorized in the United States may be offered re-vaccination with an FDA-authorized vaccine:

- People who completed a COVID-19 vaccination series with a vaccine that has not yet been authorized by the FDA, but has been authorized for emergency use by the World Health Organization (WHO) **do not** need additional doses with an FDA-authorized vaccine.
- People who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.

- People who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by the FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.

The minimum interval between the last dose of a non-FDA-authorized vaccine and an FDA-authorized COVID-19 vaccine is 28 days.

I have a history of fainting after vaccination. Can I get vaccinated?

Fainting (also called syncope) can occur after any injection, including injections of placebos during clinical trials. People with a history of fainting after vaccination should notify the person giving them the vaccine so they can provide a chair or safe place to prevent fall injuries. All people are recommended to be observed following COVID-19 vaccination for at least 15 minutes, during which they should be sitting or lying down. Minors aged 12-17 years old are recommended to be observed for 15 minutes after vaccination if a parent or guardian is present, or 30 minutes if a parent or guardian is not present.

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 a COVID-19 vaccine. This appears to be temporary and can resolve with medical treatment, including corticoid steroid therapy. 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 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 COVID-19 vaccination. When testing with TST or IGRA cannot be done at the same time as the COVID-19 vaccination, these tests should be delayed ≥ 4 weeks after the completion of the 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 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 COVID-19 vaccination.

I need to get a mammogram. Can I get vaccinated?

Most routine medical procedures or screenings can still be performed before or after getting a COVID-19 vaccine. However, people who have gotten a COVID-19 vaccine can experience swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that the body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram. Some experts recommend getting a mammogram before the COVID-19 vaccine or waiting four to six weeks after the vaccine, if possible and when it does not unduly delay care. If you are due for a mammogram and you have recently been vaccinated for COVID-19, CDC currently recommends discussing with your healthcare provider about how long to wait after vaccination to get a mammogram.

Can people who previously had Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) get a COVID-19 vaccine?

MIS-C and MIS-A are severe hyperinflammatory syndromes occurring 2-6 weeks after acute COVID-19 infection. People with MIS-C or MIS-A have high antibody titers to SARS-CoV-2 (the virus that causes COVID-19), but it is unknown if that correlates with protection against reinfection, or how long protective antibody levels last. People with a history of MIS-C or MIS-A may choose to be vaccinated, but may consider delaying vaccination until they have recovered from illness and for 90 days after the date of diagnosis of MIS-C/MIS-A. Patients who have had MIS-C/MIS-A are encouraged to discuss COVID-19 vaccination with their healthcare provider.

Do minors aged 12-17 years need parent or guardian consent to be vaccinated?

Yes. Individual vaccine sites may have paper or electronic consent forms for parents or guardians to sign ahead of time, or parents/guardians may choose to accompany the child to the vaccination event.

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

No. However, some workplaces, businesses, or private entities may require their employees to be vaccinated.

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 three different vaccines:

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna, Inc. Vaccine
- Johnson & Johnson/Janssen 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 vaccines contain any heavy metals (e.g. mercury), preservatives, and/or animal byproducts?

No.

Were the COVID-19 vaccines made in fetal cell lines?

The mRNA vaccines (those by Pfizer and Moderna) do not contain fetal cells.

The Johnson & Johnson/Janssen COVID-19 vaccine needs special cells in which to grow the vaccine virus and make the vaccine. These cells were originally isolated from fetal tissue of a fetus that was aborted in 1985. This cell line, called the PER.C6 cell line, has been maintained in the laboratory ever since, and no fetal tissue has been added since the cell line was originally created.

In December 2020, the Vatican advised that a vaccine that is produced with these cells is “morally acceptable,” because of the “remote” connection of today’s cell lines to their origin in 1985, and the “grave danger” presented by “the pandemic spread of the SARS-CoV-2 virus that causes COVID-19.”

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.

How do the Pfizer and Moderna mRNA vaccines work?

mRNA vaccines contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make

copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build immune cells that will remember how to fight the virus that causes COVID-19 if we are infected in the future.

How does the Johnson & Johnson/Janssen vaccine work?

The Johnson & Johnson/Janssen vaccine is a vector vaccine. Vector vaccines contain a weakened version of a live virus—a different virus than the one that causes COVID-19—that has genetic material from the virus that causes COVID-19 inserted in it (this is called a viral vector). Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build immune cells that will remember how to fight that virus if we are infected in the future.

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.

Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?

Yes. If you are trying to become pregnant now or want to get pregnant in the future, you may receive a COVID-19 vaccine. There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines. Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

What do I need to know about reports of blood clots after vaccination?

After a pause to investigate a small number of reports of a rare and severe type of blood clots in people who had recently received the Johnson & Johnson/Janssen vaccine, the CDC and FDA recommended lifting the pause and resuming the use of the Johnson & Johnson/Janssen COVID-19 vaccine in the United States. The CDC and FDA have determined that based on available data, the vaccine's benefits outweigh its potential risks. However, women younger than 50 years old should be aware of the rare risk of blood clots with low platelets after

vaccination, and that other COVID-19 vaccines, such as the Pfizer and Moderna vaccines, are available where this risk has not been seen.

If you received the Johnson & Johnson/Janssen vaccine more than three weeks ago, the risk of developing a blood clot with low platelets is very low.

If you received the Johnson & Johnson/Janssen vaccine within the last three weeks, your risk of developing a blood clot with low platelets is also very low.

Contact your healthcare provider and seek medical treatment urgently if you develop severe headache, backache, blurred vision, fainting, seizures, severe pain in your abdomen or stomach, shortness of breath, leg swelling, tiny red spots on the skin (petechiae), or new or easy bruising. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html>.

What do I need to know about reports of myocarditis or pericarditis after vaccination?

The Centers for Disease Control and Prevention (CDC)'s vaccine safety monitoring systems detected an increase in cases of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart) after receiving an mRNA (Pfizer or Moderna) COVID-19 vaccine, specifically in male adolescents and young adults. There has not been a similar pattern reported in people who received the Johnson and Johnson/Janssen vaccine.

CDC is currently investigating these reports, which are still rare. Myocarditis is a known complication of many diseases, including COVID-19, and is much more likely to occur after infection with COVID-19 than after vaccination.

In most of the cases investigated so far, patients have recovered quickly and responded well to medications and rest. Reported cases have occurred mostly in young males 16-24 years old, with symptoms occurring within several days after receiving an mRNA COVID-19 vaccine, and more often after the second dose than the first dose. Whether you have been vaccinated or not, if you experience symptoms such as chest pain, shortness of breath, or feelings of a fast-beating, fluttering, or pounding heart, seek medical care right away.

WHAT TO EXPECT WHEN YOU RECEIVE VACCINE?

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

Three 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.

The third vaccine is from a division of Janssen Biotech Inc., a Janssen Pharmaceutical Company of Johnson & Johnson. It requires ONE shot.

If you receive a Pfizer vaccine, your second dose should also be a Pfizer vaccine; if you receive a Moderna vaccine, your second dose should also be a Moderna vaccine. 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?

If your first shot was the Pfizer or Moderna vaccine, 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 the Pfizer or Moderna 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 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 receiving 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?

People who are fully vaccinated, meaning ≥ 14 days have passed since their second dose of the Pfizer or Moderna vaccine, or ≥ 14 days have passed since their only dose of the Johnson & Johnson/Janssen vaccine, may choose to stop wearing a mask when they are in public or at private gatherings, except where required by localities, tribal entities, and individual businesses or workplaces. It is recommended that fully vaccinated people continue to wear masks indoors, or outdoors in crowded areas, in areas of medium or high transmission.

Fully vaccinated people should also still wear masks in healthcare settings, correctional facilities, shelters, schools, and on public transportation such as planes, buses, or trains, and in U.S. transportation hubs such as airports and stations. Fully vaccinated people with immunocompromising conditions, including those taking immunosuppressive medications (such as mycophenolate or rituximab, to suppress rejection of transplanted organs or to treat rheumatologic conditions), should discuss the need for masks or other personal protective measures with their healthcare provider.

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.

Will the COVID-19 vaccine cause Guillain Barré Syndrome?

Guillain Barré Syndrome (GBS) is a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. It is rare, occurring in approximately 3,000 to 6,000 people in the United States per year, and most often occurs several weeks after a bacterial or viral illness. Most people fully recover, but some have permanent nerve damage. GBS has been reported to the Vaccine Adverse Event Reporting System (VAERS) from some people who had received the Johnson and Johnson/Janssen COVID-19 vaccine. As of July 12, there was less than one case of GBS reported per 100,000 vaccine recipients. In most of these people, symptoms began within 42 days following receipt of the

vaccine. No similar signal has been identified after receipt of the Pfizer or Moderna vaccines at this time.

VAERS is a reporting system where anyone can report any adverse event that occurs after any vaccine, regardless of whether the vaccine was related to the event. It is meant to signal rare events that may require closer study, but cannot be used to establish a causal relationship between vaccines and the reported adverse events.

Seek medical attention right away if you experience weakness or tingling sensations, especially in the legs or arms, that worsens or spreads to other parts of the body; difficulty walking or moving the eyes or face, including swallowing, speaking, or chewing; or difficulty with bladder control or bowel function. If these symptoms occur after receiving a vaccine, also report the event to the New Mexico Poison Control Center by calling 1-855-600-3453 and pressing option 1, or online at <https://vaers.hhs.gov/reportevent.html>.

Will the COVID-19 vaccine cause unexpected menstrual symptoms?

NMDOH has received anecdotal reports of atypical or unexpected menstrual cycle symptoms following vaccination, but this is not currently recognized as an adverse reaction to the vaccine. If you experience these symptoms, discuss them with your healthcare provider. We also encourage reporting these symptoms either to the New Mexico Poison Control Center by calling 1-855-600-3453 and pressing option 1, or online at <https://vaers.hhs.gov/reportevent.html>.

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.

	<p>Self-isolate until all of the following conditions have been met:</p> <ul style="list-style-type: none"> • 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) <p>Self-isolate and get tested for COVID-19* if symptoms are not improving or persist for more than three days.</p>
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*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 and Residents in Long-Term Care Settings

Fully vaccinated inpatients and residents 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 (i.e., ≥ 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)
- Have remained asymptomatic since the current COVID-19 exposure

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

In addition, fully vaccinated people who have been exposed to a positive COVID-19 case should ideally be tested on day 5 after exposure, if no symptoms have developed. If they develop symptoms, they should isolate and test immediately.

What can I do when I am fully vaccinated?

Once you are fully vaccinated, meaning ≥ 14 days have passed since receiving the second dose of a Pfizer or Moderna vaccine, or ≥ 14 days have passed since receiving the only dose of a Johnson & Johnson/Janssen vaccine, you can start doing some activities that were not possible before:

- You can resume activities in most indoor and outdoor settings without wearing a mask or physically distancing in areas of low transmission, except where required by localities, tribal entities, and individual businesses or workplaces.
- If you are exposed to someone with COVID-19 ≥ 14 days after your final vaccine dose, and do not develop symptoms, you do not need to quarantine, but you should get tested on day 5 after exposure. If you do develop symptoms, you should get tested and self-isolate immediately.
- If you travel within the United States, you do not need to get tested before leaving or quarantine when you return home.
- If you travel internationally, you will need to be aware of regulations at the country you are visiting. You do not need to get tested before leaving the United States, unless your country of destination requires it, and you do not need to quarantine when you arrive back in the United States. You will need a negative test result before boarding a plane to the United States, and you should get tested 3-5 days after returning home from international travel.

What COVID-19 safe practices should I still follow, even after I'm vaccinated?

There are steps to take even if you are fully vaccinated, in order to protect yourself and others who may be at risk of developing severe COVID-19 disease.

- You should avoid medium- and large-sized gatherings.
- Fully vaccinated people are recommended to wear masks indoors in areas of medium to high transmission.
- Fully vaccinated people should wear masks outdoors when in crowded conditions.
- You will need to wear a mask if you travel on any public transportation including planes, trains, and buses. You will also need to wear a mask if required by localities, tribal entities, or individual businesses or workplaces.
- If traveling internationally, fully vaccinated people will still have to be tested before returning to the United States, and should get tested within 3-5 days after arriving in the United States.
- You should monitor yourself for symptoms if exposed, and get tested on day 5 after exposure. If symptoms develop, you should get tested for COVID-19 immediately and self-isolate while waiting for results.

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.

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

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)?

COVID-19 vaccine may now be administered with other vaccines without regard to timing, including on the same day.

I tested positive for COVID-19 after completing vaccination. Is it safe to receive treatment such as monoclonal antibodies?

For vaccinated people who subsequently experience COVID-19, prior receipt of a 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.

Do I need to get a booster dose after completing vaccination?

No additional doses are recommended at this time for either the two-dose primary series of the Pfizer or Moderna mRNA vaccines, or the one-dose Johnson & Johnson/Janssen vaccine. The Food and Drug Administration (FDA), CDC, and National Institutes of Health (NIH) regularly

evaluate laboratory data, clinical trial data, and epidemiological data to determine whether and when booster doses may be needed. Pharmaceutical companies may submit their own data for consideration, but FDA, CDC, and NIH do not rely on those data exclusively. FDA, CDC, and NIH will continue to review any new data as it becomes available.

Should I get an antibody test before or after vaccination?

Antibody testing (or serological testing) is not currently recommended to assess immunity before or after COVID-19 vaccination, though it may be requested by your clinician under special circumstances. Antibodies can be produced in the body after infection with the SARS-CoV-2 virus that causes COVID-19, or by vaccination with a COVID-19 vaccine. However, an antibody test result should not be interpreted as a measure of immunity to or protection from the SARS-CoV-2 virus. Having a positive antibody test does not necessarily mean that a person is protected from future infections, and a negative antibody test does not necessarily mean that a person is not immune or protected, especially if they were vaccinated.

COVID-19 vaccines trigger antibodies to specific viral protein targets, such as the spike protein (S protein), and will not produce all the same antibodies that are created from infection with the SARS-CoV-2 virus. Vaccine-induced antibodies will not be detectable on all SARS-CoV-2 antibody tests, or may be at levels too low for the test to detect reliably.

Revaccination is not currently recommended for people who test antibody-negative after vaccination. Revaccination is also not currently recommended after people who received COVID-19 vaccines during chemotherapy or treatment with other immunosuppressive drugs regain immune competence. This guidance may change as we learn more about the development of immunity to COVID-19 in persons with severe immunosuppression.