

COVID-19 Vaccine FAQs

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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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HOW CAN I GET A COVID-19 VACCINE?

How many COVID-19 vaccines are available in the United States?

Three vaccines have completed development and been authorized or approved in the United States. As of August 23, 2021, the Pfizer/BioNTech vaccine, also called Comirnaty®, has been approved by the FDA for people aged 16 years and older. The FDA has also granted Emergency Use Authorization (EUA) for the Pfizer/BioNTech vaccine in children 5 through 15 years of age, as well as for the Moderna vaccine and Johnson and Johnson/Janssen vaccine in people aged 18 years and older.

Multiple additional COVID-19 vaccines are under development or have been authorized for use in other countries. Some 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.

Vaccines may also be available at local pharmacies or from your primary care provider.

Is there enough COVID-19 vaccine for everyone?

There is enough supply for New Mexicans to schedule their own vaccination appointments.

For more information, or to register for a vaccination appointment, please visit: <https://cv.nmhealth.org/covid-vaccine/>. You may also schedule a vaccine appointment directly with a pharmacy or your primary care provider.

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. You should get a COVID-19 vaccine even if you already had COVID-

19.

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 also applies to persons who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose of vaccine.

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. Data have also shown that people who were previously infected with COVID-19 and who get vaccinated are less likely to be re-infected than those who do not get vaccinated.

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?

If you were treated for COVID-19 with [monoclonal antibodies or convalescent plasma](#) while sick with COVID-19, you should wait 90 days before getting a COVID-19 vaccine. If you received monoclonal antibodies or convalescent plasma after you were exposed to someone with COVID-19 to prevent you from getting sick, you should wait 30 days before getting a COVID-19 vaccine. However, if you receive monoclonal antibodies or convalescent plasma and a COVID-19 vaccine within the recommended deferral period (30 or 90 days), the vaccine dose does not need to be repeated. Talk to your healthcare professional if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

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?

COVID-19 vaccination is recommended for all people 5 years and older, including people who are pregnant, breastfeeding, or plan to become pregnant in the future. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men. Pregnant and recently pregnant people who get COVID-19 disease are more likely to be severely ill compared with non-pregnant people. COVID-19 vaccination can prevent severe illness, hospitalization, and death.

People who are pregnant or breastfeeding may also receive a COVID-19 vaccine booster shot.

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. If you are pregnant or breastfeeding, you can receive any of the currently authorized COVID-19 vaccines. For more information, consult your healthcare provider or visit the [CDC site](#) for people who are pregnant or breastfeeding.

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, after, or during the same encounter as the COVID-19 vaccination.

TSTs and IGRAs were previously recommended to be administered ≥ 4 weeks after completion of COVID-19 vaccination to minimize potential theoretical interference between vaccination and TB testing. This was out of an abundance of caution during a period when these vaccines were new. However, given logistical challenges faced in delaying TB infection testing, the recommendation has been updated so that these tests may now be administered without regard to timing 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 rare but severe conditions that can occur after acute COVID-19 infection. Children with MIS-C 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 (including a return to normal cardiac function), and it has been at least 90 days since they were diagnosed with MIS-C or MIS-A. Patients should also consider whether they are in an area of high or substantial community transmission of COVID-19 or have an otherwise increased risk for exposure and transmission; their own increased personal risk of severe COVID-19 (e.g., age, underlying conditions); and the timing of any immunomodulatory therapies. Patients who have had MIS-C or MIS-A are strongly encouraged to discuss COVID-19 vaccination decisions with their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology).

Do minors under 17 years old 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.

What's the difference between the adult and pediatric COVID-19 vaccines?

There are two formulations of the Pfizer/BioNTech COVID-19 vaccine: one is for adults and adolescents aged 12 years or older; the other is for children aged 5-11 years, and contains a smaller dose of vaccine. Both vaccines require two doses, at least 21 days apart, for the primary series.

Although both vaccines contain the same mRNA vaccine ingredients, they are not interchangeable, and children and adults should only receive the formulation that is intended for their age group.

If the wrong type of vaccine is inadvertently used, the vaccine provider may decide to repeat the dose, depending on what kind of error occurred. For more information, visit: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-A>.

My child will turn 12 years old soon. Which COVID-19 vaccine should they receive?

Ideally, children should receive the vaccine dosage for their age group based on how old they are on the day of vaccination. If a child turns 12 years old between their first and second dose, they should receive the Pfizer vaccine for people aged 12 years and older for their second dose.

However, FDA does offer some flexibility, and children who will turn 12 years old between their first and second dose may receive either the 5-to-11 Pfizer formulation for both doses, the 12-years-and-older Pfizer formulation for both doses, or one of each, as appropriate for their age on the day of vaccination.

I am a small person aged 12 years or older. Can I receive the pediatric COVID-19 vaccine for 5-to-11 year-olds?

No. Vaccine dosages are based on age group, not body size or weight.

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 (Comirnaty®) 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?

None of the COVID-19 vaccines 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 in men or women 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 in April 2021. Reports after the use of the Johnson & Johnson/Janssen COVID-19 vaccine suggested an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome (TTS). Most reports of this serious condition,

which involves blood clots with low platelets, have been in adult women younger than 50 years old. 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 but increased risk of this adverse event, and that other COVID-19 vaccines, such as the Pfizer and Moderna vaccines, are available where this risk has not been seen.

The risk of blood clots after vaccination is very low, and blood clots are much more likely to happen after COVID-19 infection. 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 actively monitoring 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. Patients can usually return to normal daily activities after their symptoms improve. Those who have been diagnosed with myocarditis should consult with their cardiologist about return to exercise or sports. Reported cases have occurred mostly in male adolescents or young adults, with symptoms occurring within a week 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 COVID-19 vaccines are available in the United States. The first is the Pfizer/BioNTech COVID-19 Vaccine, also called Comirnaty, which is an mRNA vaccine. The primary series

requires two shots: a first shot, followed by a second shot no sooner than 21 days later. Both doses should be with the Pfizer vaccine.

The second vaccine is from Moderna, Inc, which is also an mRNA vaccine. The primary series requires two shots: an initial shot, followed by a second shot no sooner than 28 days later. Both doses should be with the Moderna vaccine.

The third vaccine is from a division of Janssen Biotech Inc., a Janssen Pharmaceutical Company of Johnson & Johnson. It is a vector vaccine (not an mRNA vaccine). The primary series requires one shot.

Although not recommended, 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 least 28 days apart to complete the two-dose 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 needed to complete the primary vaccination series. Recommendations may be updated as further information becomes available or other vaccine types are authorized.

Booster shots are also now available for New Mexicans aged 12 years or older. For more information, refer to the question “Do I need to get a booster dose after completing vaccination?” in this document. Some immunocompromised people may also need an additional shot. For more information, refer to the question “Do I need to get an additional dose after vaccination?”

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 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.

Booster shots are also now recommended for New Mexicans aged 12 years or older. For more information, refer to the question “Do I need to get a booster dose after completing vaccination?” in this document.

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 (fewer than 17 days for the Pfizer vaccine, or fewer than 24 days for the Moderna vaccine) should be repeated. The repeat dose should occur after the mistaken dose was given by the minimum usual interval (21 days for the Pfizer vaccine, or 28 days for the Moderna vaccine).

If it is not feasible to adhere to the recommended interval, it is acceptable to receive the second dose of Pfizer and Moderna COVID-19 vaccines any time after the recommended interval. There is no need to restart the series if the second Pfizer vaccine is given more than 21 days after the first, or if the second Moderna vaccine is given more than 28 days after the first.

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

People who are up to date, meaning they have received all vaccine doses for which they are eligible, 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 people who are up to date on COVID-19 vaccinations continue to wear masks indoors, or outdoors in crowded areas, in areas of medium or high transmission.

People who are up to date on COVID-19 vaccinations 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. People who are up to date, but also have 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. Adults and children may have some side effects from the vaccine, which are normal signs that their body is building protection. Side effects may be more noticeable after the second shot than the first. These side effects may affect your ability to do daily activities, but

they should go away in a few days. Some people have no side effects, but that doesn't mean that their immune system isn't responding.

Common side effects include pain and swelling on the arm that you got the shot. You may also experience tiredness, fever, chills, nausea, or 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.

Allergic reactions are rare, but your vaccine provider may ask you to sit down and wait for 15 minutes before leaving. 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 rare 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 November 24, there were approximately one to two cases of GBS reported per 100,000 vaccine recipients. In most of these people, symptoms began within 2 weeks after vaccination and were mostly in men, many 50 years and older. 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. Research is underway to determine whether such changes may be linked to vaccination or if they are coincidental.

Increased stress, changes in weight and exercise, and other major lifestyle changes can affect menstrual cycles, as can some infections. If you experience these symptoms and are concerned about them, 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	<p>These symptoms are consistent with post-vaccination, SARS-CoV-2 infection, or another infectious pathogen.</p> <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>

*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?

If you are up to date with current CDC vaccination recommendations:

- Are 18 years or older and have received all recommended vaccine doses, including boosters if eligible, and/or additional primary shots for some immunocompromised people
- Are 5-17 years old and have completed the primary series of COVID-19 vaccines

Then you do not need to quarantine, but you should wear a well-fitting mask around others for 10 days from the date of your last close contact with someone with COVID-19, and get tested on day 5, if you have not developed any COVID-19 symptoms. If you develop symptoms, you should get tested immediately and stay home.

If you are not up to date with current CDC vaccination recommendations:

- Are 18 years or older and completed the primary series of COVID-19 vaccine, but have not received a booster shot if eligible
- Have not completed a COVID-19 vaccine primary series
- Have not received any COVID-19 vaccine doses

Then you will need to quarantine; current quarantine guidance, including special guidance for healthcare workers and long-term care settings, is available [here](#).

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

There are steps to take even if you are up to date on COVID-19 vaccinations, in order to protect yourself and others who may be at risk of developing severe COVID-19 disease. If you are up to date on COVID-19 vaccinations, including boosters or additional shots if eligible, you:

- Should avoid medium- and large-sized gatherings.
- Are recommended to wear masks indoors in areas of medium to high transmission.
- Should wear masks outdoors when in crowded conditions.
- Should 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, you 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, wear a mask around others for 10 days, 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 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.

What's the difference between a booster dose and an additional dose?

An additional dose of vaccine is given to people with moderately to severely compromised immune systems. This additional dose of vaccine is intended to improve an immunocompromised person's response to their initial vaccine series, which may not have been enough to mount a sufficient immune response. Currently, an additional dose is only authorized for immunocompromised people who initially received a Pfizer (for people aged 5 years or older) or Moderna (for people aged 18 years or older) COVID-19 vaccine series.

Booster doses are given to people who completed their primary vaccine series, but their immunity has waned over time. See the next question for booster shot eligibility and recommendations.

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

Booster doses are given to people whose immunity has waned over time. Booster doses are different from additional doses of vaccine, which are given to people who never developed sufficient immunity in the first place. For more information on additional doses, see the next question.

A booster shot of the Pfizer or Johnson & Johnson vaccine will be a full dose, while a booster dose of the Moderna vaccine will be a half dose. (Note that immunocompromised individuals seeking an additional dose of Moderna should receive a full dose, as this is different from a booster dose. See next question for more details.)

COVID-19 Booster Shot Eligibility

	If you received Pfizer/BioNTech primary series	If you received Moderna primary series	If you received Johnson & Johnson/Janssen primary series
Age 5-11 years	No booster doses recommended	N/A	N/A
Age 12-17 years	Should receive Pfizer booster 5 months after second Pfizer dose	N/A	N/A
Age 18+	Should get booster (any brand) 5 months after completing Pfizer primary series	Should get booster (any brand) 5 months after completing Moderna primary series	Should get booster (any brand) 2 months after J&J dose

Do I need to get an additional dose after completing vaccination?

Additional doses are different from booster doses. A booster dose is given to someone whose immunity has waned over time, while additional doses are given to people who never developed sufficient immunity in the first place. For more information on booster doses, see the previous question.

As of August 13, 2021, people who have undergone solid organ transplantation, or have been diagnosed with conditions considered to have an [equivalent level of immunocompromise](#), and who have previously received two doses of either the Pfizer or Moderna COVID-19 vaccines, are recommended to receive a third dose of the Pfizer or Moderna vaccine. The third dose should be the same brand as the first two doses in the series, but if that is not possible, it is acceptable for the third dose to be from the other authorized mRNA COVID-19 vaccine brand (i.e., Pfizer or Moderna). The third dose should be administered at least 28 days after completion of the initial two-dose series, and at least two weeks before initiation or resumption of immunosuppressive therapies. Discuss with your healthcare provider the best timing of your vaccine and other clinical care, as well as whether your health condition(s) or medication(s) cause an equivalent level of immunocompromise as solid organ transplantation.

No one else is currently recommended to receive an additional dose of COVID-19 vaccine. There are also not enough data to determine whether immunocompromised people who received a single dose of Johnson & Johnson/Janssen vaccine may need an additional dose. (However, any adult aged 18+ years who previously received a single dose of Johnson & Johnson/Janssen vaccine may receive a booster dose of any COVID vaccine at least two months after their initial vaccine dose. See previous question for more details.)

COVID-19 Additional Shot Recommendations for Immunocompromised People

	If you received Pfizer/BioNTech primary series	If you received Moderna primary series	If you received Johnson & Johnson/Janssen primary series
Age 5-17 years and moderately or severely immunocompromised	Should get additional Pfizer dose 28 days after second Pfizer dose	N/A	N/A
Age 18+ and moderately or severely immunocompromised	Should get additional Pfizer dose 28 days after second Pfizer dose	Should get additional (full) Moderna dose 28 days after second Moderna dose	No additional J&J shot recommended at this time

I am moderately or severely immunocompromised. Can I get both an additional dose and a booster dose?

Moderately and severely immunocompromised adults aged 12 years or older who completed an mRNA COVID-19 vaccine primary series and received an additional mRNA dose may receive

a single COVID-19 booster dose five months after completing their third mRNA dose. This booster dose may be a full dose of Pfizer, a half dose of Moderna (if age 18+), or a full dose of Johnson and Johnson/Janssen (if age 18+).

Moderately and severely immunocompromised adults aged 18 years or older who received a single dose of the Johnson and Johnson/Janssen vaccine should receive a single COVID-19 booster dose at least 2 months (8 weeks) later. A person who received one primary dose of Johnson and Johnson/Janssen vaccine should not receive more than two COVID-19 vaccine doses total.

What do I need to know about new COVID-19 variants and vaccination?

New variants of the SARS-CoV-2 virus (such as Delta and Omicron) are expected to occur, and can happen more frequently when the virus is able to spread quickly among many people. Getting the COVID-19 vaccine and getting boosted when you're eligible is one of the best ways to slow the emergence of new variants.

While data are currently limited on how effective vaccines will be against new variants that arise, including Omicron, we continue to see that vaccines reduce your risk of severe illness, hospitalization, and death from COVID-19. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalization, and death, even if a breakthrough infection occurs in a person up to date on their COVID-19 vaccinations. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.

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.

An antibody-negative result should not be the sole reason for revaccination. An additional vaccine dose is recommended for some vaccinated people with immunocompromising conditions (see previous question), regardless of their antibody test results.