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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. The Pfizer/BioNTech vaccine, also called Comirnaty®, has been approved by the FDA for people aged 16 years and older, and the Moderna vaccine, also called Spikevax®, has been approved by the FDA for people aged 18 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. The FDA has also authorized the Johnson and Johnson/Janssen vaccine in people aged 18 years and older, but as of May 5, 2022, has restricted the authorization to people for whom other COVID-19 vaccines are not accessible or clinically appropriate, or who prefer the Johnson & Johnson/Janssen vaccine for personal reasons, and would otherwise not get a COVID-19 vaccine.

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 several ways to register to be vaccinated with COVID-19 vaccine.
1) NMDOH App: You can visit the online registration webpage at https://cvvaccine.nmhealth.org/, create your profile and enter your health and other information.
2) Call the hotline: 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.
3) Vaccine.gov: Since not all providers are registered on the NMDOH app, you can also find vaccines at vaccine.gov which will give you a wider range of providers
4) 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 at no cost to you, regardless of your insurance or immigration status.

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 requires vaccine providers to administer vaccine to people for free. While the place you are getting vaccinated may ask for insurance or ID, that is only for those providers to get reimbursed. You are not required to have ID or insurance in order to get a 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 so that you can have immunity against COVID without actually having to get COVID. While most COVID cases are mild for younger people, you can still get severe COVID or long COVID regardless of your age. The more people are vaccinated and protected against COVID-19 disease, the safer we are.

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.

While there is no 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. People who have recently had COVID-19 may consider delaying a COVID-19 vaccine dose by 3 months from symptom onset (or the positive test date if they had no symptoms). Data have 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.

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

COVID-19 vaccines are not currently recommended to help prevent getting COVID after an exposure to COVID. Because it usually takes 4-5 days before developing COVID after an exposure, it is unlikely that the first dose of COVID-19 vaccine would provide an adequate immune response that would prevent someone from getting COVID after an exposure. 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 wait to 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.

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, or received such products as pre-exposure or post-exposure prophylaxis, there is no longer a waiting period before you can receive a COVID-19 vaccine. Although vaccine-induced antibody levels may be lower in people who recently received these products compared to people who have not, the clinical significance of this is unknown, and the benefits of vaccination are still considered to outweigh the risks.

However, if you have recently received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (EVUSHELD™) for pre-exposure prophylaxis should be delayed for at least two weeks after vaccination.

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. 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.

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

People who are at high risk for COVID-19 have a much higher risk for hospitalization and death due to COVID. People at high risk for severe COVID should definitely 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. You can also talk to an expert at MotherToBaby, available in English and Spanish by phone at 1-866-626-6847 or online at *ContactUs@mothertobaby.org*.

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 or FDA-approved vaccine.

- People who completed a COVID-19 vaccination series with a vaccine that has not yet been authorized or approved 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. If not yet boosted, they should receive an age-appropriate mRNA booster dose at least 5 months after their last primary series dose. If moderately or severely immunocompromised, they should receive an additional (single) dose of mRNA vaccine at least 28 days after the last dose of their primary series, followed by a first and second booster dose when eligible.
- People who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO are recommended to receive a single dose of an mRNA COVID-19 vaccine at least 28 days after the last dose they received of the WHO-authorized vaccine. Usual booster dose and/or additional dose recommendations (if applicable) follow.
- People who completed or partially completed a COVID-19 vaccine series with a vaccine that is neither authorized or approved by the FDA **nor** authorized for emergency use by WHO are recommended to start a primary series of an FDA-authorized or FDA-approved vaccine at least 28 days after the last dose of their last dose.

The minimum interval between the last dose of a non-FDA-authorized vaccine and an FDA-authorized COVID-19 vaccine is 28 days. Click here for a list of vaccines which have been approved or authorized for emergency use by either the FDA or the WHO.

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 18 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.

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. (Spikevax®) 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."

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. These antibody tests, which require a blood sample, indicate you had a previous infection and/or that you have been previously vaccinated, but cannot be used to diagnose a current infection.

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 should 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. There is also no evidence that fertility problems in men or women are a side effect of any vaccine, including

COVID-19 vaccines. However, there is evidence that pregnant women with COVID-19 *disease* are at increased risk for severe illness, preterm birth, stillbirth, and other complications. Therefore, COVID-19 vaccination is important to reduce the risk of complications from COVID-19 disease while pregnant.

If you would like to speak to someone about COVID-19 vaccination during pregnancy, you can contact MotherToBaby, available in English and Spanish by phone or chat, Monday-Friday 8am-5pm.

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

A small but increased risk of thrombosis with thrombocytopenia syndrome (TTS), a rare blood clotting condition, has been observed in people who had recently received the Johnson & Johnson/Janssen vaccine. As of May 2022, the risk is about 3 cases per million vaccine doses (0.0003%) in the general adult population, with the highest risk at 8 cases per million vaccine doses (0.0008%) in females aged 30-49 years old. Symptoms typically develop within 2 weeks after receiving the vaccine. The CDC preferentially recommends receiving either the Pfizer or Moderna mRNA vaccines (which have not shown an increased risk of blood clots) instead of the Johnson & Johnson/Janssen vaccine. However, people may choose to receive the Johnson & Johnson/Janssen vaccine anyway—for example, if they previously had a severe allergic reaction to an mRNA vaccine, if they cannot access an mRNA vaccine, or if they simply prefer to receive the Johnson & Johnson/Janssen vaccine and would otherwise remain unvaccinated against COVID-19.

The risk of blood clots after vaccination is very low, and blood clots are much more likely to happen after infection with the virus that causes COVID-19 disease. Contact your healthcare provider and seek medical treatment urgently if you develop shortness of breath, chest pain, leg swelling, persistent abdominal (stomach) pain, severe headache or blurred vision, easy bruising, or tiny red spots on the skin (petechiae). 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) in some young men after receiving an mRNA (Pfizer or Moderna) COVID-19 vaccine. Cases have occurred predominantly in males aged 12-39 years, within the first week after receiving the second dose of an mRNA COVID-19 vaccine. There has not been a similar pattern reported in people who received the Johnson and Johnson/Janssen vaccine. To date, the risk for myocarditis and/or pericarditis after mRNA booster doses appears lower in young adults than after the primary series.

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. However, experts advise that people who develop myocarditis or pericarditis after the first dose of mRNA COVID-19 vaccine generally should not receive a subsequent dose of any COVID-19 vaccine. If such a person decides to receive another COVID-19 dose, they should wait until after their episode of myocarditis or pericarditis has resolved, and should choose a dose of Johnson & Johnson/Janssen vaccine instead of another dose of an mRNA vaccine. The decision to get another dose may be influenced by whether the myocarditis or pericarditis was considered unrelated to vaccination (especially if diagnosis occurred more than 3 weeks after vaccination and/or in the context of an infection such as SARS-CoV-2), the personal risk of severe COVID-19 disease, community transmission levels, and timing of any immunomodulatory therapies.

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, also called Spikevax®, 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.

An mRNA vaccine series (Pfizer or Moderna) is preferred over Johnson & Johnson/Janssen, unless there is a medical reason, access issue, or a personal preference for receiving Johnson & Johnson/Janssen vaccine instead. People aged 12-64 years without immunocompromising

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 at 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?

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

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

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

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

- Are 5 years or older and have received all recommended vaccine doses in the primary series and all booster doses recommended for them, when eligible

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.

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.

Is it safe to receive monoclonal antibodies, convalescent plasma, or other products to treat or prevent COVID-19 after being vaccinated?

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, with the exception of EVUSHELD™. Administration of tixagevimab/cilgavimab (EVUSHELD™) for pre-exposure prophylaxis should be delayed for at least two weeks after COVID-19 vaccination.

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 (weakened) 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 recommended for moderately to severely immunocompromised people 5 years or older, followed by one booster dose if they are aged 5-11 years old, or two booster doses if they are aged 12 years or older.

COVID-19 Booster Shot Eligibility*

	If you received Pfizer/BioNTech (Comirnaty®) primary series	If you received Moderna (Spikevax®) primary series	If you received Johnson & Johnson/Janssen primary series
Age 5-17 years	Should receive one Pfizer booster dose ≥5 months after completing primary series	N/A	N/A
Age 18-49 years	Should receive one booster (preferably Pfizer or Moderna) ≥5 months after completing primary series	Should receive one booster (preferably Pfizer or Moderna) ≥5 months after completing primary series	Should receive one booster dose (preferably Pfizer or Moderna) ≥2 months after J&J dose. (*If already received both a primary dose and booster dose using J&J ≥4 months ago, then may choose to receive 2nd booster dose using Pfizer or Moderna.)*
Age 50+ years	Should get first booster (preferably Pfizer or Moderna) ≥5 months after completing primary series. May choose to receive second booster dose (Pfizer or Moderna) ≥4 months after first booster dose	Should get first booster (preferably Pfizer or Moderna) ≥5 months after completing primary series. May choose to receive second booster dose (Pfizer or Moderna) ≥4 months after first booster dose	Should get first booster (preferably Pfizer or Moderna) ≥2 months after completing primary series. Should get second booster dose (Pfizer or Moderna) ≥4 months after first booster dose

***** Booster shot guidance differs for people who are moderately or severely immunocompromised. See next table.

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. (For patients who receive B-cell-depleting therapies on a continuing basis, COVID-19 vaccines should be administered approximately 4 weeks before the next scheduled therapy.)

If a person who is moderately or severely immunocompromised receives a single (primary) dose of Johnson & Johnson/Janssen, they should receive an additional dose of an mRNA vaccine (Pfizer or Moderna) at least 28 days later. If Moderna is used, it should be a full dose.

Many immunocompromised recipients of the Johnson & Johnson/Janssen primary vaccine may have already received a booster dose, without first having had a second (additional) mRNA dose. In this situation, regardless of the type and timing of the vaccine received as the second dose, administer an mRNA (Pfizer or full dose of Moderna) vaccine as the third dose, at least two months after dose 2.

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.

COVID-19 Booster Shot and Additional Shot Timing for People Who Are Moderately or Severely Immunocompromised*

	If you received Pfizer/BioNTech (Comirnaty®) primary series	If you received Moderna (Spikevax®) primary series	If you received Johnson & Johnson/Janssen primary series
Age 5-11 years	• One additional dose of Pfizer ≥28 days after 2nd dose. • One booster dose of Pfizer ≥3 months after additional dose.	N/A	N/A
Age 12-17 years	• One additional dose of Pfizer ≥28 days after 2nd dose. • First booster dose of Pfizer ≥3 months after additional dose. • Second booster dose of Pfizer ≥4 months after first booster dose.	N/A	N/A
Age 18+	• One additional dose of Pfizer or Moderna ≥28 days after 2nd dose. • First booster dose of preferably Pfizer or Moderna ≥3 months after additional dose. • Second booster dose (Pfizer or Moderna) ≥4	• One additional dose of Pfizer or Moderna ≥28 days after 2nd dose. • First booster dose of preferably Pfizer or Moderna ≥3 months after additional dose. • Second booster dose (Pfizer or Moderna) ≥4	• One additional dose of Pfizer or Moderna ≥28 days after single J&J dose. • First booster dose of preferably Pfizer or Moderna ≥2 months after additional dose. • Second booster dose (Pfizer or Moderna) ≥4 months after first booster dose

	months after first booster dose	months after first booster dose	

***** See the CDC page for a current list of who is considered moderately or severely immunocompromised for COVID-19 vaccination purposes.

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

Yes; see the table in the above question for details. Moderately and severely immunocompromised people aged 5 years or older who completed an mRNA COVID-19 vaccine primary series and received an additional mRNA dose should receive a first COVID-19 booster dose three months after completing their third mRNA dose. Moderately and severely immunocompromised people aged 12 years or older should additionally receive a second booster dose four months after the first booster dose, for a total of five doses. The booster dose(s) should preferably be a full dose of Pfizer (age 5+) or a half dose of Moderna (age 18+).

Some moderately or severely immunocompromised people who received a dose of Johnson & Johnson/Janssen as their primary series may have already received a booster dose, without first having had an additional mRNA dose. In this situation, regardless of the type and timing of the vaccine received as the second dose, a full dose of Pfizer or Moderna should be given as the third dose at least 2 months after the second dose.

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.