

COVID-19 Vaccine FAQs

August 23, 2022

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.

Table of Contents

HOW CAN I GET A COVID-19 VACCINE?	4
How many COVID-19 vaccines are under development?	4
How can I register to get a COVID-19 vaccine?	4
Is there enough COVID-19 vaccine for everyone?.....	5
What will it cost to get a COVID-19 vaccine? Is it free? What if I don't have health insurance?.....	5
SHOULD I GET THE VACCINE?	5
Will I need the COVID-19 vaccine even if I'm not in a high-risk group?	5
I am currently infected or have been infected previously with the virus that causes COVID-19. Should I get the vaccine?.....	6
I was recently exposed to someone with COVID-19. Should I get the vaccine?	6
I had COVID-19 and received passive antibody therapy. Should I get the vaccine?.....	6
I have an underlying condition that is considered high risk for severe COVID-19 disease. Should I get the vaccine?	7
I am pregnant or lactating. Should I get the vaccine?.....	7
I received a COVID-19 vaccine that is not yet authorized in the United States. Should I get re-vaccinated?	8
I have a history of fainting after vaccination. Can I get vaccinated?.....	8
I have a history of dermal filler use. Can I get vaccinated?	9
I need to get tested for tuberculosis (TB) infection using an immune-based test. Can I get vaccinated?	9
I need to get a mammogram. Can I get vaccinated?.....	9
Can people who previously had Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) get a COVID-19 vaccine?.....	10
Do minors under 18 years need a parent or guardian consent to be vaccinated?.....	10
What's the difference between the adult and pediatric COVID-19 vaccines?.....	10
My child will move up into the next age group soon. Which COVID-19 vaccine should they receive?.....	11
I am a small person aged 12 years or older. Can I receive the pediatric COVID-19 vaccine for 5-to-11 year-olds?.....	11
WILL THE VACCINE BE SAFE?	11
How will I know the COVID-19 vaccine is safe?	11
How do I know which sources of COVID-19 vaccine information are accurate?	12
Do the COVID-19 vaccines contain any heavy metals (e.g., mercury), eggs, preservatives, or latex?.....	12

Were the COVID-19 vaccines made in fetal cell lines?.....	12
Will the COVID-19 vaccine make me test positive?	13
Will the COVID-19 vaccine give me COVID-19?	13
How do the Pfizer and Moderna mRNA vaccines work?.....	13
How does the Johnson & Johnson/Janssen vaccine work?.....	13
How does the Novavax vaccine work?	14
Will the mRNA vaccines alter my DNA?	14
Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?	14
What do I need to know about reports of blood clots after vaccination?	15
What do I need to know about reports of myocarditis or pericarditis after vaccination?.....	15
WHAT TO EXPECT WHEN YOU RECEIVE VACCINE?	16
How many shots of COVID-19 vaccine will be needed?	16
Is one vaccine brand or schedule better than another?	16
Do I have to get the second shot? How will I remember?	17
Can I get my second dose of vaccine earlier or later than the recommended date?	17
How can I expect to feel after I get the vaccine?	18
How do I report if I have a problem or bad reaction after getting a COVID-19 vaccine?	19
Will the COVID-19 vaccine cause Guillain Barré Syndrome?	19
Will the COVID-19 vaccine cause unexpected menstrual symptoms?.....	20
If I develop symptoms after vaccination, should I self-isolate and get tested for COVID-19?..	20
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?	21
I received the vaccine and then tested positive for the virus that causes COVID-19. Is it a false positive result?	21
What percentage of the population needs to get vaccinated to have herd immunity to COVID- 19?	22
I received the vaccine and need to get another non-COVID-19 vaccine(s). When can I receive that non-COVID-19 vaccine(s)?	22
Is it safe to receive treatment such as monoclonal antibodies, convalescent plasma, or other products to treat or prevent COVID-19 after being vaccinated?	22
What’s the difference between a booster dose and an additional dose?	22
Do I need to get a booster dose after completing vaccination?	23
Do I need to get an additional dose after completing vaccination?.....	25
I am moderately or severely immunocompromised. Can I get both an additional dose and a booster dose?	27
What do I need to know about new COVID-19 variants and vaccination?.....	28
Should I get an antibody test before or after vaccination?.....	28

HOW CAN I GET A COVID-19 VACCINE?

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

Four 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 6 months through 15 years of age, for the Moderna vaccine in children 6 months through 17 years of age, and the Novavax vaccine in people aged 12 years and older. 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-19 after an exposure. 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 soon enough to prevent someone from getting COVID after an exposure.

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 6 months 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. (Note: Data are limited on the Novavax vaccine in people who are pregnant or lactating.)

With the exception of Novavax recipients, 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. 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, Novavax, 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 three 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; and the third is for children aged 6 months-4 years, and contains an even smaller dose of vaccine. The vaccines for people aged 5 years and older require two doses, at least 21 days apart, for the primary series. The vaccine for children aged 6 months-4 years requires 3 doses for the primary series: a second dose 3-8 weeks after the first, and a third dose 8 weeks after the second dose.

There are also three formulations of the Moderna COVID-19 vaccine: one for adolescents and adults aged 12 years and older, one for children aged 6-11 years containing a smaller dose, and another for children aged 6 months-5 years, containing an even smaller dose. All three Moderna formulations require two doses for the primary series, given 4-8 weeks apart. Click [here](#) for a table of the adult and child vaccine schedules.

Although the adult and children vaccines contain the same ingredients, children receive smaller volumes (smaller amounts) with each shot. Adult and childhood vaccines are not interchangeable. Children and adults should only receive the formulation that is intended for their age group, from the same manufacturer.

A summary of the COVID-19 vaccine schedule is available [here](#). 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 move up into the next vaccine age group 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. For example, if a child is 11 years old at the time of their first vaccine dose, they should receive a pediatric vaccine for 11-year-olds. If they turn 12 years old before the second vaccine dose is scheduled, they should receive a vaccine for people aged 12+ years old for their second dose and all subsequent doses.

However, FDA does offer some flexibility on vaccine doses for children transitioning between age groups during their vaccination series. For more information on how to continue a vaccination series for a child who moves up an age group in between doses, see this guide.

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 four different vaccines:

- Pfizer/BioNTech (Comirnaty®) COVID-19 Vaccine
- Moderna, Inc. (Spikevax®) Vaccine
- Novavax 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), eggs, preservatives, or latex?

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.

How does the Novavax vaccine work?

The Novavax vaccine is a protein subunit vaccine, which is a well-established vaccine technology that has already been used to make vaccines against hepatitis B, influenza, and pertussis for years. The vaccine contains a purified piece of the SARS-CoV-2 virus called a spike protein, which helps teach the immune system how to recognize the virus that causes COVID-19 in the future. This piece, or protein subunit, is like a distinctive mark or tag for the SARS-CoV-2 virus, but it cannot cause COVID-19 itself. The vaccine also contains lipids (fats) and a plant extract from soapbark trees, which help the immune system recognize the spike protein and respond to it strongly enough to make antibodies for future protection.

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. Myocarditis and pericarditis have also been observed in rare cases within 10 days of receiving a Novavax vaccine, but data are limited. 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 an mRNA or Novavax 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 or Novavax 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?

The number of vaccine doses you will need depends on your age, the vaccine brand you receive, whether you are immunocompromised, and how long it's been since you received your last COVID-19 vaccine. A chart summarizing the recommended COVID-19 vaccine schedules is available [here](#).

Is one vaccine brand or schedule better than another?

The safety and efficacy of all four of the COVID-19 vaccines available in the United States have been extensively studied, reviewed, and approved by vaccine experts. However, there are some situations where one type of vaccine or schedule is preferred over another.

An mRNA (Pfizer or Moderna) or Novavax vaccine series is generally 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 conditions and who do not live in areas of high community transmission may benefit from waiting 8 weeks between the first two doses of Pfizer, Moderna, or Novavax, for a stronger immune response and to further minimize the small risk of myocarditis in males aged 12-39 years. This extended interval is not recommended in areas where there is high community transmission, in moderately or severely immunocompromised people, or in people older than 64 or younger than 12 years old.

A 3- or 4-week interval continues to be the recommended interval for people who are moderately to severely immunocompromised, adults ages 65 years and older, and others who

need rapid protection due to increased concern about community transmission or risk of severe disease.

Although not recommended, in exceptional situations in which the first mRNA 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.

Booster shots are also now available for New Mexicans aged 5 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 to complete their primary series. 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, Moderna, or Novavax 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. (Similarly, for the three-dose Pfizer vaccine series in children aged 6 months-4 years, all three doses are 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.

With the exception of Novavax vaccine recipients, booster shots are also now recommended for New Mexicans aged 5 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, Moderna, or Novavax vaccine earlier or later than the recommended date?

You should not be scheduled to receive the second dose earlier than the recommended date (3-8 weeks apart for Pfizer or Novavax vaccine and 4-8 weeks apart for Moderna vaccine).

However, second doses administered within a grace period of four days before the earliest 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 or Novavax 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 or Novavax 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, Moderna, or Novavax COVID-19 vaccines any time after the recommended interval. There is no need to restart the series if the second Pfizer or Novavax vaccine is given more than 3-8 weeks after the first, or if the second Moderna vaccine is given more than 4-8 weeks after the first.

Note that the recommended timing is different for booster doses and additional doses; however, as a general rule, there is still a 4-day grace period for doses given too early.

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 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?

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.

A slightly higher risk of GBS after receiving Johnson & Johnson/Janssen COVID-19 vaccine has been observed. For people with a history of GBS, as well as the general population, mRNA vaccines are preferred over Johnson & Johnson/Janssen. (Data are currently limited on the risk of GBS after receiving Novavax.)

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?

Researchers have observed minor changes in the length of menstrual cycles among vaccinated women around the time of their vaccine doses, but the changes were temporary and within the range of normal variation. Changes to menstrual cycles are not currently recognized as an adverse reaction to the vaccine, but 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	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: <ul style="list-style-type: none"> • Feel well enough to perform normal activities, AND

	<ul style="list-style-type: none"> • 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?

CDC no longer recommends quarantine after close contact with someone who has COVID-19. Instead, 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. Current guidance for people who were exposed to someone with COVID-19, including special guidance for healthcare workers and long-term care settings, is available [here](#).

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 (which typically require a blood sample) 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. However, there are additional considerations if the other vaccine is for an orthopoxvirus such as smallpox or monkeypox.

Due to the small risk of myocarditis or pericarditis after receiving the ACAM2000 orthopoxvirus vaccine, the mRNA COVID-19 vaccines, and the Novavax COVID-19 vaccine, and the unknown risk for myocarditis after receiving the JYNNEOS orthopoxvirus vaccine, people, especially adolescent or young adult males, may consider waiting 4 weeks after orthopoxvirus vaccination before receiving a Moderna, Novavax, or Pfizer COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for protection in an outbreak, the orthopoxvirus vaccine dose should not be delayed for any amount of time after recently receiving a COVID-19 vaccine.

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.

Booster doses are given to people who completed their primary vaccine series, but their immunity has waned over time. At least one booster dose is recommended for everyone 5 years or older.

The number of additional doses and booster doses recommended depend on your age, the vaccine brand you received for your first dose, whether you are immunocompromised, and how long it's been since your last COVID-19 vaccine dose. See a summarized schedule [here](#).

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.) An mRNA COVID-19 vaccine (Pfizer or Moderna) is preferred over Johnson & Johnson/Janssen. Booster doses are not currently authorized for people who received Novavax vaccine.

With the exception of Novavax recipients, at least one booster dose is recommended for everyone ages 5 years and older.

A second booster has also been recommended for certain groups. You should receive a second booster if you:

- Are 50 years of age or older, and got your first booster at least 4 months ago
- Are 12 years of age or older, moderately or severely immunocompromised, and got your first booster at least 4 months ago

You may also receive a second booster if you:

- Received 2 doses of Johnson & Johnson/Janssen vaccine at least 4 months ago.

You may choose to wait on your first or second booster if you've had COVID-19 within the last 3 months. You may also choose to wait on your second booster if you feel that getting a second booster now would make you less likely to get another booster in the future (for example, in the fall of this year, or if a new vaccine for a future COVID-19 variant becomes available).

It may be more important to get a second booster if you are (or someone you live with is):

- Moderately or severely immunocompromised
- More likely to get very sick from COVID-19

- More likely to be exposed to COVID-19 through factors like your job or frequent travel
- In an area with medium to high COVID-19 community levels, or
- If someone you live with is unvaccinated.

COVID-19 Booster Shot Eligibility for Most People*

	If you received Pfizer/BioNTech (Comirnaty®) primary series	If you received Moderna (Spikevax®) primary series	If you received Johnson & Johnson/Janssen primary series	If you received Novavax primary series
Age 6 months-4 years	N/A	N/A	N/A	N/A
Age 5-17 years	Should receive one Pfizer booster dose ≥5 months after completing primary series	N/A	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. <i>(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.)</i>	N/A
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	N/A

* 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.

There are currently no additional doses authorized for immunocompromised Novavax recipients. 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	If you received Novavax primary series
Age 6 months-4 years	One additional dose of Pfizer ≥8 weeks after second dose	One additional dose of Moderna ≥4 weeks after second dose	N/A	N/A
Age 5-11 years	<ul style="list-style-type: none"> One additional dose of Pfizer ≥28 days after 2nd dose. One booster dose of Pfizer or Moderna ≥3 months after additional dose. 	One additional dose of Moderna ≥4 weeks after second dose	N/A	N/A
Age 12-17 years	<ul style="list-style-type: none"> One additional dose of Pfizer ≥28 days after 2nd dose. First booster dose of Pfizer or Moderna ≥3 months after additional dose. Second booster dose of Pfizer or Moderna ≥4 months after first booster dose. 	One additional dose of Moderna ≥4 weeks after second dose	N/A	N/A

Age 18+	<ul style="list-style-type: none"> • One additional dose of Pfizer or Moderna ≥ 28 days after 2nd dose. • First booster dose of Pfizer or Moderna ≥ 3 months after additional dose. • Second booster dose of Pfizer or Moderna ≥ 4 months after first booster dose 	<ul style="list-style-type: none"> • 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 months after first booster dose 	<ul style="list-style-type: none"> • 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 	N/A
---------	--	--	--	-----

* 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, age-appropriate 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.

Although the Omicron variant has been found to be more likely to cause breakthrough infections (infections in fully vaccinated people) than previous variants, we have continued to see that vaccination reduces your risk of severe illness, hospitalization, and death from COVID-19. In addition, updated COVID-19 vaccines that can better target these new variants are in development.

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.