For women who are pregnant, lactating or considering pregnancy

Getting Vaccinated

After you are Vaccinated

Vaccine Overview

Three COVID-19 vaccines have Emergency Use Authorization from the U.S. Food and Drug Administration (FDA). They are manufactured by:

**Pfizer**, authorized for use in patients 16 years of age and older

**Moderna**, authorized for use in persons 18 years of age and older

**Johnson & Johnson (J&J)**, authorized for use in persons 18 years of age and older

**Q: How are the vaccines different?**

**A:** All vaccines deliver a gene to our cells that carries a blueprint of the virus’s genetic code. This teaches our bodies to recognize and fight COVID-19.

The **Pfizer and Moderna** vaccines use a newer approach, using messenger RNA, or mRNA, to deliver the virus blueprint into our bodies. Both require **two doses**, three weeks to a month apart. It takes about **six weeks to achieve full immunity**.

The **Johnson & Johnson** vaccine uses a more established approach of employing a harmless cold virus to deliver a gene that carries the blueprint for the spiky protein found on the surface of the coronavirus to teach our bodies to recognize COVID and mount an immune system attack to prevent us from getting sick. This vaccine requires **one dose**. It takes about **two weeks to achieve full immunity**.

**Q: Which vaccine is better?**

**A:** All vaccines are equally effective in preventing serious illness and death. In clinical trials of all three, no patients were hospitalized or died from the disease.

**Q: Will I have the ability to select which vaccine I’d like to receive/feel most comfortable receiving?**

**A:** Yes. When you schedule your appointment you will have a choice between the Pfizer/Moderna vaccines and J&J. All vaccines have been authorized as safe and
effective protection against COVID-19. Vaccine supply is limited and availability of specific vaccines varies from week to week, depending on shipments. You may be able to find an earlier appointment if you are willing to accept any available vaccine.

**Vaccine Logistics**

**Q:** Will I have to pay anything if I get my vaccine through Hartford HealthCare?
**A:** HHC will bill your insurance for vaccine administration reimbursement. Check with your insurance company about any costs you may be responsible for.

**Q:** Will I need an appointment to receive the vaccine?
**A:** Yes, vaccination is by appointment only.

**Q:** Where will the vaccine be offered?
**A:** You will be able to choose from multiple vaccine clinic locations when you schedule your appointment.

**Q:** What if I make an appointment, but then get a sooner appointment elsewhere or am unable to make it for my scheduled vaccine?
**A:** If you are unable to keep your appointment, please cancel it. Vaccines are in high demand and no-shows take appointments away from others who need them.

**Q:** Once I have received the required vaccine dose/doses, must I continue to wear a mask and take other precautions against COVID-19?
**A:** Yes. At least for now it is important to follow all precautions including wearing a mask, keeping physical distance from others and frequent handwashing. Research continues, but no vaccine provides 100% protection against COVID-19 and it may be possible to become infected and spread COVID-19 germs, even if the vaccine keeps you from getting sick.

**Vaccine Safety**

*Read full FDA Briefing Document on the Pfizer-BioNTech COVID-19 Vaccine [here](#).*
*Read full FDA Briefing Document on the Moderna COVID-19 Vaccine [here](#).*
*Read the full FDA Briefing Document on the Johnson & Johnson COVID-19 Vaccine [here](#).*

**Q:** Are the vaccines safe and effective?
**A:** Data we have indicates that the vaccines are safe. Thus far, no serious long-term side effects have occurred, and any side effects that do occur are not severe and occur within six weeks of vaccination. The U.S. Food and Drug Administration (FDA) will continue to monitor for safety issues.
Q: How does the vaccine work?
A: All vaccines deliver a gene to our cells that carries a blueprint of the virus’s genetic code. This teaches our bodies to recognize and fight COVID-19.

The Pfizer and Moderna vaccines use a newer approach, using messenger RNA, or mRNA, to deliver the virus blueprint into our bodies. Both require two doses, three weeks to a month apart. It takes about six weeks to achieve full immunity.

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Q: Can I get COVID-19 from receiving the vaccine?
A: No. The vaccine does not contain live or dead virus, so it cannot infect you with COVID-19.

Q: Should I get the vaccine if I am immunocompromised?
A: At present, there is not enough data to make conclusions about the efficacy and safety of the vaccine in immunocompromised patients. However, an immunocompromised state does not mean one cannot get the vaccine and the COVID-19 vaccine should be offered. The decision to be vaccinated should involve a discussion between you and your care provider.

Q: I have had previous severe allergic reactions. Is it safe for me to get the vaccine?
A: Patients who have had anaphylaxis (severe allergic reaction) to a vaccine or injectable medication should schedule your appointment at a hospital-based clinic where emergency room care is available. For other types of allergies, you may schedule a vaccine at any community clinic.

Q: What are the recommendations with regard to receiving the COVID-19 vaccine and elective surgery?
A: Elective surgery is not a contraindication to receiving the vaccine. However, there is not enough evidence to give definitive recommendations when it comes to the optimal timing of vaccine administration and surgery.

Q: Does the flu vaccine protect you from getting COVID-19?
A: No. The coronavirus and the influenza virus are different. The flu vaccine does not protect you from becoming infected with the coronavirus, so you should get the
COVID-19 Vaccine in addition to the flu vaccine. A recent study suggested that people who received the flu vaccine faced a lower risk for being hospitalized if they got COVID-19.

Q: Will the vaccines protect against newly reported strains of COVID-19?
A: At this time, there is not enough information to say for certain if new strains can challenge the efficacy of COVID-19 vaccines. It’s important to understand that new strains occur when the virus is allowed to spread. By getting vaccinated, we can reduce the risk of the virus spreading and mutating further, creating new strains.

Q: Is it true that the vaccine can trigger autoimmune diseases such as multiple sclerosis (MS)?
A: All vaccines may have associated side effects but at this time, there is no science to support that the COVID-19 vaccine will cause or trigger autoimmune diseases, including but not limited to multiple sclerosis.

Q: Typically it takes many years to develop a vaccine; were corners cut to approve the COVID-19 vaccines so quickly?
A: Scientists tell us that all of the same safety precautions used for developing other vaccines have been followed for the COVID-19 vaccines. There are two reasons why the process could be fast tracked: First, scientists were able to start their work before there was a known case of the novel coronavirus in this country, using the viral genome shared online as a template. In addition, the technology used to produce both vaccines was already in development for other viruses, so it just required a little bit of tweaking to make them effective against COVID-19.

Q: I am still not sure about the vaccine or I have additional questions about vaccine safety. Where can I find resources?
A: Please visit the FDA’s COVID-19 Vaccines webpage for more information.

For women who are pregnant, lactating or considering pregnancy
For guidance from the American College of Obstetricians and Gynecologists (ACOG) click HERE.

Pregnancy and the COVID-19 Vaccine Update
The recommendation by the World Health Organization (WHO) that the Moderna COVID-19 vaccine should not be given to pregnant women unless they are healthcare workers or at high risk of exposure is an interpretation of the American College of Obstetricians and Gynecologists (ACOG) recommendations on the vaccine. Available data suggests that symptomatic pregnant patients with COVID-19 or with comorbidities such as diabetes, obesity or hypertension, are at an increased risk of more severe illness compared with non-pregnant patients, thus the vaccine should not be withheld if requested. The WHO recommendation is also
consistent with ACOG’s opinion that the vaccine poses no risk to lactating women or their babies.

The risks of getting sick from COVID are higher and pregnant patients should consider getting the vaccine if they:

- Have contact with people outside the home
- Are 35 years of age or older
- Are overweight
- Have medical problems like diabetes, high blood pressure, or heart disease
- Are a smoker
- Are a member of a racial or ethnic minority, or live in a community with high rate of COVID infections
- Are a healthcare worker

If you decide to receive a COVID-19 vaccine while pregnant or breastfeeding, or considering pregnancy, think about enrolling in one of the available registries tracking vaccine effects. The purpose of these registries is to identify patients who are pregnant, postpartum, lactating, and/or contemplating pregnancy and receive a COVID-19 vaccine in order to determine any post-vaccination effects or potentially involve participants in quality improvement or research studies. Participation is voluntary.

Some registries/resources for consideration include:

- **CDC V-Safe Program**
  V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell the CDC if you have any side effects after getting the COVID-19 vaccine. You can register [HERE](#).

- **University of Washington**
  You are invited to participate in an online registry of persons who receive the COVID-19 vaccine and who are also pregnant, postpartum, lactating and/or contemplating pregnancy. Click [HERE](#) to participate.

- **Moderna pregnancy exposure registry**
  Women who are vaccinated with Moderna COVID-19 Vaccine during pregnancy are encouraged to enroll in the registry by calling 1-866-MODERNA (1-866-663-3762).

**Q: What are the risks of getting COVID-19 during pregnancy?**

**A:** Recently published data demonstrates that symptomatic pregnant patients with COVID-19 are at increased risk of more severe illness compared with non-pregnant
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patients. While the absolute risk of pregnant women developing severe COVID-19 is low, symptomatic pregnant women who develop severe illness are at increased risk for intensive care unit (ICU) admission, need for mechanical ventilation, extracorporeal membrane oxygenation (ECMO) and death compared to asymptomatic non-pregnant women. Pre-existing medical conditions such as obesity and diabetes may place a pregnant patient at even higher risk of developing severe COVID-19 illness. Additionally, Black and Hispanic pregnant women have higher rates of COVID-19 infection and death. Finally, pregnant Asian and Native Hawaiian/Pacific Islander pregnant patients have higher rates of ICU admission for severe COVID-19 illness.

Q: Can I get the vaccine if I am pregnant?
A: At this time, there is insufficient data to recommend whether or not pregnant women should get the vaccine, however, evidence suggests that pregnant women are potentially at increased risk for severe COVID-19-associated illness and death compared to non-pregnant women, underscoring the importance of disease prevention in this population. The COVID-19 vaccine should be offered to pregnant, lactating and non-lactating women. The decision to be vaccinated should involve a discussion between the woman and her care provider. Important considerations regarding risk and benefit include:

- Level of activity of COVID-19 infection in the community
- Efficacy of the vaccines
- Risk and potential severity of maternal COVID-19 infection due to pregnancy and associated co-morbidities
- The safety of the vaccine for pregnant patients and the fetus

Q: Can I get the vaccine if I am breastfeeding?
A: While breastfeeding women were not included in clinical trials of the COVID-19 vaccines to date, the American College of Obstetricians and Gynecologists (ACOG) recommends COVID-19 vaccines be offered to breastfeeding women similar to non-breastfeeding people who meet criteria for receipt of the vaccine. There is no need to avoid initiation or discontinue breastfeeding in women who receive a COVID-19 vaccine.

Q: Is it true that the vaccine can cause infertility or pregnancy loss in women?
A: False reports on social media claim that the Pfizer and Moderna vaccines contain a spike protein called syncytin-1, which is important for the development of the human placenta. These reports claim that the COVID-19 vaccine could cause an immune response against syncytin-1 and thereby cause infertility or fetal loss. The spike protein that the COVID-19 vaccine codes for is not similar enough to attack the placenta. Of note, since late January 2020, there have been over 44,000 COVID-19 cases among pregnant women and there has been no evidence of increased pregnancy complications or miscarriages which would be expected if the
anti-SAR-CoV-2 spike proteins antibodies produced by the mother were attacking the syncytin-1 protein in the placenta.

It is also important to understand that this is not a live virus vaccine and these vaccines do not enter the nucleus of cells and cannot alter human DNA in vaccine recipients. mRNA vaccines cannot cause any genetic changes.

**Q: What are the recommendations with regard to receiving the COVID-19 vaccine if trying to become pregnant or if contemplating pregnancy?**

**A:** The COVID-19 vaccine should be offered to individuals who are actively trying to become pregnant or are contemplating pregnancy. It is not necessary to delay pregnancy after completing both doses of the COVID-19 vaccine. If an individual was to become pregnant after the first dose of the COVID-19 vaccine series, the second dose should be administered as indicated. Routine pregnancy testing is not recommended prior to receiving a COVID-19 vaccine.

**Getting Vaccinated**

**Q: When it’s my turn, what can I expect from the vaccination process?**

**A:** When you arrive at the vaccination clinic, you will be checked in by an administrator. You will need to show identification and confirm other information. You will then go to the vaccinator who will again verify your information. The vaccine is administered into the muscle in your upper arm, so you must be able to expose your shoulder/upper arm easily. Please do not wear long, tight sleeves. After vaccination, you will be asked to wait for 15 minutes, so please leave sufficient time for this. You must wear your mask and maintain physical distance at the vaccine clinic.

**Q: Before getting the vaccine, should I premedicate with acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) (i.e. ibuprofen, naproxen, etc.) to prevent side effects after vaccination?**

**A:** Routine prophylactic administration of these medications for preventing post-vaccination symptoms is not recommended by the CDC, as robust information on the effect of these medications on mRNA COVID-19 vaccine-induced antibody responses is not available at this time. Fever-reducing or pain medications may be taken for the treatment of post-vaccination symptoms if needed and medically appropriate.

**Q: Do I need to receive more than one vaccination?**

**A:** It depends on which vaccine you get. The Johnson & Johnson vaccine requires only one shot. The Pfizer and Moderna vaccines require two doses, separated by 21 or 28 days. Because different COVID-19 vaccine products will not be interchangeable, your second dose must be from the same manufacturer as your first dose. The Connecticut Department of Public Health has assured us that there
will be sufficient vaccine for second doses, once you receive the first. The second
dose should be no more than four days before or four days after the recommended
21 days for Pfizer and 28 days for Moderna.

Q: How will I know when it’s time to schedule my second dose?
A: If your second vaccine is not scheduled at the time of your first shot, use the
same method you used to schedule your first dose to schedule your second. Be
sure that your second dose is the same brand as the first one. You cannot mix and
match.

Q: How will I know which manufacturer my vaccine came from?
A: The manufacturer of the vaccine you are administered will be recorded in the
system used for documentation. You may also receive a card with the manufacturer
and other information.

Q: Do I need to receive my second dose exactly 21 or 28 days from the first
dose?
A: No. The number of days between the two doses is the recommended minimal
interval between the two. Your second dose will be scheduled as close as possible
to the second date once the full minimal interval has passed.

Q: What if I miss my second dose?
A: We strongly recommend receiving the second dose, otherwise the vaccination
series will be incomplete and the vaccine likely will not achieve maximum efficacy.

Q: I had a reaction to the first dose. Should I still get the second dose?
A: If you had a severe anaphylactic reaction to the first dose, you should not
receive the second dose. If you had any other reaction, it is best you consult your
provider prior to the second dose. If you require sedating premedication, it is
recommended that you do not work, drive or operate heavy machinery after
vaccination.

Q: Can I get the COVID-19 vaccine if I have recently received another type
of vaccine?
A: The COVID-19 vaccine series should be administered alone and 14 days from
any other vaccine.

Q: Can I get the vaccine if I am feeling ill? Do I need to feel 100% well to
receive the vaccine?
A: As with all vaccines, it is recommended that you do not receive the COVID-19
vaccine if you are feeling ill.
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Q: What should I do if I am offered the opportunity to receive the vaccine while I am in quarantine?
A: To protect others, you must wait to get vaccinated until you have completed your quarantine.

Q: Could I become positive for COVID-19 after getting the vaccine?
A: Yes. Based on the incubation period and the period in which we start developing protection from the vaccine it is possible to become positive after receiving the vaccine. It takes about 14 days after the single-dose J & J vaccine or the second dose of Pfizer and Moderna to get full protection from the vaccine. This is why it is still very important to monitor symptoms. Any symptom lasting more than 24 hours should be investigated and colleagues should remain out of work.

Q: What happens if I get COVID-19 between vaccine doses?
A: You would still need to self-isolate per current guidelines.

Q: Do I need the vaccine if I have already had COVID-19 and recovered?
A: Yes, you should still receive the vaccine. Experts continue to study antibodies that develop in response to COVID-19. If these antibodies are protective, it's not known what antibody levels are needed to protect against reinfection. Therefore, even those who previously had COVID-19 can and should receive the COVID-19 vaccine.

Q: Do I need the vaccine if I have tested positive for COVID-19 antibodies?
A: Yes. Even if you have tested positive for COVID-19 antibodies, it is recommended that you receive the vaccine.

After you are Vaccinated

Q: What are the possible side effects of the vaccine?
A: As with any injection, you may experience injection site reactions including pain, swelling, redness at the injection site and/or swelling of the lymph nodes in the arm of the injection. Based on interim data, side effects may include fatigue, muscle pain, headaches, joint pain, chills, nausea and vomiting and/or fever in some patients. Some recipients of the Moderna COVID-19 vaccine have reported a rash that showed up days after they got their shots. Physicians say the reaction (now called “COVID arm”) is harmless, causing itchiness or aching at worst, and goes away on its own. More severe side effects were reported in fewer than 2% of the study participants, but may be increased with the second dose of the Pfizer or Moderna vaccines. It is important for vaccination providers and recipients to expect that there may be some side effects after either dose, but even more so after the second dose. Learn more with information from the FDA:
Fact Sheet for Recipients and Caregivers (Pfizer)
Fact Sheet for Recipients and Caregivers (Moderna)
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Fact Sheet for Recipients and Caregivers (Johnson & Johnson)

Q: What should I do if I experience adverse effects after receiving the vaccine?
A: The CDC V-Safe Program is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell the CDC if you have any side effects after getting the COVID-19 vaccine. You can register HERE.

Q: What if a fever lasts for more than 2 days?
A: If a fever or other symptoms last for more than 2 days, you should consider getting a PCR test for COVID-19. The vaccine cannot give you COVID-19, but it is possible to be infected right before you get the vaccine, or shortly afterward, before you have developed protective antibodies.

Q: What symptoms might suggest that I have COVID-19 infection, and not a side effect of the vaccination?
A: Symptoms such as sore throat, cough, shortness of breath and a loss of your sense of taste and smell are suggestive of COVID-19 infection and are not vaccine side effects.

Q: What should I do if I have any symptoms beyond a sore arm following my vaccine?
A: Report your symptoms to the CDC V-Safe Program. V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell the CDC if you have any side effects after getting the COVID-19 vaccine. You can register HERE.

Q: Will I be contagious after receiving the vaccine?
A: The COVID-19 vaccines do not contain any live or weakened form of the virus, like some other common vaccines, so it will not make you contagious. You should, however, continue to wear a mask indoors at all times except at home and practice physical distancing even after you have received both doses of the vaccine.

Q: Will there be a post-vaccine blood test to assess immunity through antibodies?
A: No. There is no testing recommended at this time after completing the vaccine series.

Q: How long does the vaccine last? Will I need to be vaccinated again down the road?
A: We do not have the long-term data about the need to re-vaccinate at this time. While the studies haven’t indicated how long vaccine protection will last, the U.S.
Food and Drug Administration (FDA) predicts it to be effective for several months and possibly up to a year. Vaccine experts continue to study the virus and vaccine to learn more.

**Q: Once I’m fully vaccinated, can I start seeing family and friends who’ve also been fully vaccinated?**  
**A:** At this time, we continue to recommend that you maintain physical distance and wear a mask indoors. The vaccine decreases the chance of getting and spreading COVID-19, however it is not 100% effective at this time. In addition, you may inadvertently come in contact with those who have not yet been vaccinated. Recommendations may change as more of the country becomes vaccinated.

**Q: I have received both doses of the vaccine. Will I still be required to quarantine if I have traveled outside of Connecticut?**  
**A:** Please follow all State of Connecticut requirements for post-vaccination travel.