

**COVID-19 Vaccination - For the Public**  
**Frequently Asked Questions (FAQs)**

*Rev 1-13-2021*

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**Vaccine Overview**

*Two COVID-19 vaccines have Emergency Use Authorization from the U.S. Food and Drug Administration (FDA). The Pfizer vaccine is authorized for use in patients 16 years of age and older, the Moderna vaccine is authorized for use in persons 18 years of age and older.*

*This information will be updated frequently to ensure you have the most accurate and up to date information.*

**Q: Which vaccines will be available?**

**A:** Pfizer and Moderna vaccines have FDA emergency use authorization. Once additional vaccines receive FDA clearance for emergency use authorization, we expect to offer those vaccines as they become available.

**Q: If Hartford HealthCare has access to multiple vaccines, will I have the ability to select which vaccine I'd like to receive/feel most comfortable receiving?**

**A:** No. Both vaccines have been authorized as safe and effective protection against COVID-19. Vaccine supply is limited and allocation decisions are made by the state, therefore selection of vaccine at Hartford HealthCare vaccine clinics will not be possible.

**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.

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### **Q: What if I make an appointment, but then change my mind or am too busy to attend my scheduled vaccine clinic time?**

**A:** Please do not schedule an appointment if you are still unsure about receiving the vaccine; you could be taking an appointment that could be used by another person who needs it.

### **Q: Once I have received the required two vaccine doses, must I continue to wear a mask and take other precautions against COVID-19?**

**A:** Yes. Experts, including Dr. Anthony Fauci, suggest that masks and other public health precautions will probably be necessary through much of 2021. Precautions must be taken to protect our patients, our co-workers and our communities. Here are some reasons why:

1. The vaccines are estimated to be 95% effective, meaning that over 5% of vaccinated people could still get the virus.
2. It may take a month or more for the protective effect of the vaccine to take hold, leaving you vulnerable to infection during that time period.
3. If people worried about the vaccine don't take it, a large population could still be spreading the virus.

### **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](#).

### **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:** The Pfizer and Moderna vaccines are different from more traditional vaccines, which often use a weakened or dead version of a virus, or a laboratory-generated protein, to trigger an immune response. The COVID-19 vaccines instead use a snippet of the virus's genetic code to teach the immune system to recognize and fight the coronavirus. This is called a messenger-RNA (mRNA)-based vaccine.

### **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

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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:** At this time, colleagues who have had a severe allergic reaction requiring the use of an Epi-Pen should not get the vaccine. We strongly recommend consultation with a provider and appropriate risk assessment before receiving the vaccine in the following situations:

- History of severe allergic reaction (e.g. anaphylaxis) to another vaccine (not including Pfizer or Moderna COVID-19 vaccines)
- History of severe allergic reaction (e.g. anaphylaxis) to an injectable therapy
- Any allergic reaction requiring medical intervention including the use of an epinephrine injection (this includes food, pet, venom, environmental or latex allergies)

You may proceed with vaccination without consultation with a provider in the following situations:

- History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies
- History of allergy to oral medications (including the oral equivalent of an injectable medication)
- Non-serious allergies to other injectables (e.g. no anaphylaxis)
- Family history of anaphylaxis

If the decision is made to receive the vaccine; when you schedule an appointment at a vaccine clinic, please be prepared to wait for a 30-minute observation period if you are someone with a history of severe allergic reaction (e.g. anaphylaxis) due to any cause and a 15-minute observation period if you are someone with an allergic reaction, but not anaphylaxis.

### **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 vaccine protect against newly reported strains of COVID-19?**

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**A:** At this time, there is not enough information to say for certain if this new strain can challenge the efficacy of COVID-19 vaccines, however, there is no evidence to suggest the new strain would make current vaccines less effective.

### **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. Please consult your primary care provider if you have had previous allergic reactions to vaccines.

### **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 vaccine. 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, developing messenger RNA vaccines does not require time-consuming steps, such as growing ingredients in chicken eggs, which is necessary for flu shots, for example.

### **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](#).*

*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

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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 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 symptomatic 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?**

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**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 COVID-19 vaccine contains 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.

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### **Q: What are the possible side effects of the vaccine?**

**A:** As with any injection, with the Pfizer and Moderna vaccines 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. More severe side effects were reported in fewer than 2% of the study participants, but may be increased with the second dose. 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 \(Moderna\)](#)

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

**A:** Two doses of vaccine, separated by 21 or 28 days, will be needed. 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?**

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**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.

### **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: What happens if I get COVID-19 between vaccine doses?**

**A:** You would still need to self-isolate per current guidelines.

### **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 second dose 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: 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

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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 possible side effects should I watch for after my vaccine?**

**A:** You may develop symptoms for up to 3 days after the vaccination. These symptoms may last for 1-2 days. The symptoms might include a sore arm, fever, headache, muscle aches, joint pains, chills and fatigue.

### **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?**

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**A:** No. There is no testing recommended at this time after completing the vaccine series.

**Q: How long does the vaccine last? Is it one-and-done (two doses) or 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 restrictions.

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