

## COVID-19 VACCINE FAQ (Updated 12.31.2020)

*New questions marked with **NEW** or **UPDATED**.*

### **UPDATED** Who gets COVID-19 vaccine first?

Healthcare workers and residents of long-term care facilities are getting the vaccine first. Healthcare workers started getting vaccinated the week of Dec. 14. Residents and staff of long-term care facilities started getting vaccinated this week.

To see an estimated timeline for when Idahoans in other priority groups may receive the vaccine, please visit the [coronavirus website](#).

### **UPDATED** How can I get a COVID-19 vaccine?

COVID-19 vaccination in Idaho is occurring [in phases](#). COVID-19 vaccine for the general public is expected to be available in spring or summer. Healthcare workers are now getting vaccinated as part of Phase 1a. Residents and staff of long-term care facilities started Dec. 28.

When the vaccine is available to their priority group, Idahoans will be able to get the vaccine through normal vaccination locations such as their employer, physician's office, local public health district, or local pharmacy.

### **NEW** What's the timeline for rolling out vaccine to everyone in Idaho?

As with everything associated with COVID-19 vaccine, the estimated timeline depends on how much vaccine Idaho receives, and how many people decide to get it. Healthcare personnel and long-term care facility residents are getting the vaccine now. For more information see the [estimated timeline](#).

### **UPDATED** How many doses will the state get initially of the COVID-19 vaccine?

Idaho started receiving and administering COVID-19 vaccine the week of Dec. 14 and had received 13,650 doses by the end of that week. Weekly shipments are expected, moving forward, but the numbers can change quickly. Watch DHW's social media and [blog](#), the [Department of Health and Welfare's website](#), the [coronavirus website](#), and your local public health districts for the latest information about COVID-19 vaccine in Idaho.

### **NEW** How is Idaho making sure the vaccines are distributed as quickly and as efficiently as possible? Why have we not vaccinated more people?

Idaho's total COVID-19 vaccine allocation for December was 73,775. Allocation means it has been set aside for Idaho and does not mean that this amount has been received by Idaho. This total includes 15,600 doses transferred to the Pharmacy Partnership for Long-Term Care Program, as well as doses CDC held in reserve to ensure 2<sup>nd</sup> doses of Pfizer-BioNTech vaccine would be available when needed. By the end of the week of December 28, we expect 58,175 doses of COVID-19 vaccine in Idaho (not including those allocated to the Pharmacy Partnership for Long-Term Care Program). Of the 14,575 doses arriving the week of Dec. 28, 13,650 are 2<sup>nd</sup> doses of Pfizer-BioNTech vaccine. The 2<sup>nd</sup> doses will not be administered until January since the vaccine doses must be administered at least 21 days apart.

There are many reasons why vaccine uptake documented in Idaho's Immunization Reminder Information System (IRIS) is lagging behind vaccine distribution.

- Vaccine administration is impacted by the holidays of Christmas and New Year's, including the availability of vaccinators and people wanting to be vaccinated.
- COVID-19 vaccine administration data must be submitted to IRIS within 72 hours of administration. Data are being provided by facilities familiar with IRIS, as well as some that are new to the system. The immunization program is working closely with these facilities to ensure they are able to report vaccine information in a timely manner.
- A large portion of Idaho's allocation (roughly 42 percent) was transferred to the Pharmacy Partnership for Long-Term Care Program. This federal partnership with CVS and Walgreens required CDC to hold these doses back BEFORE vaccination in long-term care facilities could start.
- It will take time for CVS and Walgreens to vaccinate long-term care facility residents and staff. CVS and Walgreens are scheduling clinics in skilled nursing facilities well into late January, before moving on to other types of long-term care facilities.
- Vaccinators must be trained, and healthcare personnel require detailed information about the vaccine.
- Hospitals are stretched very thin right now; we are asking for a lot of their time, resources, space, energy, and effort to coordinate and execute vaccine clinics during a time they are also managing an extraordinary caseload of patients.

Logistics are probably the easiest part of vaccine distribution, even with vaccine as complicated as the ultra-cold Pfizer-BioNTech vaccine. Public health officials have maintained that the challenge is not just getting vaccine to the hospital loading dock; getting vaccine administered is much more complicated. Vaccination campaigns that are targeted to specific populations can be unpredictable. There is a balance between controlling the vaccine to avoid waste and vaccinating those who are in priority groups, and rapidly getting the vaccine administered.

The bottom line is that vaccines are being administered safely and successfully in Idaho. We will get faster and more efficient as we move forward and gain experience with these new vaccines. We want to make sure we continue to do it safely and correctly. Now is not the time to rush through the process, but to be deliberate and develop a sustainable cadence of vaccination.

#### **UPDATED What's the plan for getting COVID-19 vaccine to Idaho's long-term care facilities?**

The federal [Pharmacy Partnership for Long-Term Care Program](#) started in Idaho this week with Walgreens and CVS administering vaccines in many of Idaho's long-term care facilities. As of Dec. 28, 15,600 doses have been transferred from Idaho's total allocation of Pfizer-BioNTech COVID-19 vaccine to the Pharmacy Partnership for Long-Term Care Program, per CDC Pharmacy Partnership for Long-Term Care Program guidelines. An equal number of doses will be transferred to the Pharmacy Partnership for Long-Term Care Program over the next two weeks for a total of 31,200 doses. The pharmacy partners anticipate having LTC facility staff and residents fully vaccinated by mid-February. There are many variables that

might change that timeline, including how many doses of vaccine Idaho is allocated each week and the number of people who choose to receive the COVID-19 vaccine. Long-term care facilities that did not choose to participate in the federal program will receive their vaccines through other providers such as local public health districts, independent pharmacies, and healthcare providers in their communities.

**I have a medical condition – how will I know if the vaccine is safe for me?**

You should discuss your concerns with your healthcare provider to determine what is best for you. The Centers for Disease Control and Prevention offers [clinical guidance](#) on the first (Pfizer) vaccine.

**UPDATED Who decides the priority groups for the vaccine?**

[Idaho's COVID-19 Vaccine Advisory Committee \(CVAC\)](#) discusses recommendations for sub-priority tiers in each phase of COVID-19 vaccination to advise the governor. Sub-prioritization in Idaho for each phase is voted on by CVAC and a final decision is made by the governor. As final approval is given to the priority populations, the determinations will be released to the public. The committee is accepting public comments in email about the vaccine in Idaho at [covid19vaccinepubliccomment@dhw.idaho.gov](mailto:covid19vaccinepubliccomment@dhw.idaho.gov).

**What is the process to prioritize groups for the vaccine?**

An explanation of this complex process is available on the [coronavirus website](#).

**NEW How and where can I get vaccinated if I don't have a primary care physician?**

For people without a primary care physician, access to vaccines may be through places such as your employer, local public health agencies, federally qualified health centers, and pharmacies.

**When will we have more information about the other priority groups, phases?**

ACIP will meet and vote on further recommendations on priority groups. Idaho CVAC follows the recommendations of ACIP and votes on sub-prioritization of priority groups recommended by ACIP. The final decisions will be made by the Governor.

**Is there a benefit to getting a COVID-19 vaccine?**

COVID-19 vaccination can help keep you from getting COVID-19. COVID-19 vaccines are being carefully evaluated in clinical trials and will be authorized or approved only if they are shown to be safe and effective in reducing your chances of getting COVID-19. Based on what we know about vaccines for other diseases, experts believe that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.

COVID-19 vaccination will be an important tool to help stop the COVID-19 pandemic. Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are difficult to maintain for long periods of

time. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed.

### **I've already had COVID-19, so do I need the vaccine?**

People who have gotten sick with COVID-19 may still benefit from getting vaccinated but may want to consider waiting to allow others to get vaccinated first.

### **Can the COVID-19 vaccine give you COVID-19?**

COVID-19 vaccines cannot give you COVID-19. There are several different types of vaccines in development. However, the goal for each of them is to teach our immune system how to recognize and fight the virus that causes COVID-19. Some people will get fever, chills, fatigues or body aches 1-2 days after vaccination. These symptoms are a sign that your body is building immunity. They are not a sign that the vaccine caused COVID-19.

### **Will the COVID-19 vaccine cause me to test positive on viral tests?**

COVID-19 vaccines will not cause you to test positive on viral tests, which are used to see if you have a current COVID-19 infection. If your body develops an immune response, which is the goal of vaccination, you could test positive on some COVID-19 antibody tests which indicate either past infection or immune response to a COVID-19 vaccine.

### **When are the meetings of Advisory Committee on Immunization Practices (ACIP) and Idaho's COVID-19 Vaccine Advisory Committee?**

ACIP and Idaho COVID-19 Vaccine Advisory Committee meeting dates are posted on the [coronavirus website](#)

### **Some healthcare workers in the U.K. and in Idaho have had severe reactions to the vaccine, so do we have more information about that or are we concerned?**

There have recently been reports of people who experienced anaphylaxis after the administration of the Pfizer BioNTech COVID-19 vaccine. These reactions have been few and people were immediately treated and recovered quickly; many had a significant history of severe allergic reactions. Appropriate medical treatment for severe reactions must be immediately available at all vaccination sites.

The U.S. Food and Drug Administration's (FDA) emergency use authorization of the Pfizer-BioNTech COVID-19 vaccine includes a warning not to administer the vaccine to individuals with a known history of severe allergic reaction to any component of the Pfizer-BioNTech's COVID-19 vaccine. Additionally, the Advisory Committee on Immunization Practices (ACIP) recommends that anyone who has had a severe allergic reaction to any vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) not receive the Pfizer-BioNTech COVID-19 vaccine at this time.

Federal, state, and local public health agencies will be monitoring reports of adverse events. The Department of Health and Welfare will be reviewing data from [multiple systems](#) where providers who vaccinate and individuals who receive the vaccine can report any reaction they think is related to vaccination. The data from clinical trials of the Pfizer-BioNTech

vaccine indicate there is very little risk to the vast majority of people who will receive the COVID-19 vaccine.

However, there are side effects to the vaccine because it stimulates the body's immune system. It is important to consider the balance between the risk of side effects and the benefit of a vaccinated community. The infection and death rates from COVID-19 in Idaho and the U.S. are rising, and severe complications from COVID-19 can occur in people of any age.

### **How are we sharing data securely to the federal government about vaccine recipients?**

We are committed to honoring Idahoan's privacy and protecting the medical information of individuals who receive a COVID-19 vaccine. No information that can identify a person, such as their name, address, or date of birth, will be provided to the federal government. De-identified data will be shared through a secure data collection site at the federal level where it will be combined with information from other states to monitor vaccine efforts nationwide

### **Will employers require the COVID-19 vaccine?**

Employers considering requiring vaccination of employees should consider relevant Equal Employment Opportunity Commission, Centers for Disease Control and Prevention, and state guidance, including exemptions. However, public health officials recommend private employers consider *encouraging* employees to take the vaccine rather than *requiring* employees to take the vaccine.

### **Will airlines require the COVID-19 vaccine for travel?**

Currently, one airline company, Qantas (Australia), has declared that the airline is looking into changing its terms and conditions to include proof of COVID-19 vaccination before entering the country. These requirements may expand to other airlines around the globe, including major U.S. airlines. A recent Harris Poll indicated two of three Americans (66%) say that, once vaccinations are available, passengers should be required to show proof of vaccination to fly.

### **Is the vaccine safe?**

Many people are excited to receive the vaccine and do their part to return to a more normal way of life. However, people have many questions about the type of vaccine available and the speed with which the government, scientific, and pharmaceutical communities were able to come together to produce the vaccine. Common questions are addressed by the facts below:

#### **FACT: COVID-19 vaccines will not give you COVID-19.**

*None of the COVID-19 vaccines currently in development in the U.S. use the live virus that causes COVID-19. There are several different types of vaccines in development. However, the goal for each of them 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. Learn more about [how COVID-19 vaccines work](#).

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 become infected. This is because the vaccine has not had enough time to provide protection against the virus.

**FACT: COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests.**

Vaccines currently in clinical trials in the U.S. won't cause you to test positive on [viral tests](#), which are used to see if you have a current COVID-19 infection.

If your body develops an immune response, which is the goal of vaccination, you could test positive on some COVID-19 antibody tests which indicate either past infection or immune response to a COVID-19 vaccine.

**FACT: People who have gotten sick with COVID-19 may still benefit from getting vaccinated.**

Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, it is recommended that people get a COVID-19 vaccine even if they were infected with the virus that causes COVID-19. People who were recently infected may defer vaccination until 90 days after they were infected, if desired. Individuals who previously received passive antibody therapy (monoclonal antibodies or convalescent plasma) for COVID-19 should defer being vaccinated for at least 90 days after receipt of therapy to avoid possible interference with the vaccine.

At this time, experts do not know how long someone is protected from the virus after they've been infected. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long.

We won't know how long immunity produced by vaccines lasts until more time passes since people were first vaccinated.

Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are learning more about, and CDC will keep the public informed as new evidence becomes available.

**FACT: Getting vaccinated can help prevent getting sick with COVID-19.**

While many people with COVID-19 have only a mild illness, others may get a [severe illness](#) or they may even die. There is no way to know how COVID-19 will affect you, even if you are not at [increased risk of severe complications](#). If you get sick, you also may spread the disease to friends, family, and others around you while you are sick. COVID-19 vaccination helps protect you by creating an antibody response without having to experience disease. Learn more about [how COVID-19 vaccines work](#).

## **FACT: Receiving an mRNA vaccine will not alter your DNA**

*mRNA stands for 'messenger ribonucleic acid' and can most easily be described as instructions for how to make a protein or even just a 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 never enters the nucleus of the cell, which is where our DNA are. This means 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. Learn more about [how COVID-19 mRNA vaccines work](#).*

### **How did vaccines get approved so quickly?**

Production of the COVID-19 vaccines began sooner than is typical. Normally, production starts after a pharmaceutical company completes the development stage for a vaccine, which includes rigorous testing for safety and effectiveness. Every vaccine goes through a series of reviews and approvals by the FDA and the Advisory Committee on Immunization Practices (ACIP), among others. In the case of COVID-19 vaccines, the federal government invested taxpayer dollars to encourage pharmaceutical companies to start production before the development stage completed.

The vaccines are still going through the same rigorous testing for safety and effectiveness, review, and approval process. However, because pharmaceutical companies began manufacturing the vaccine during the clinical trials, they were able to make the vaccines available as soon as they were authorized.

### **Does the COVID-19 vaccine cause Bell's palsy?**

Four people participating in the Pfizer BioNTech and 3 people participating in the Moderna COVID-19 vaccine clinical trials developed Bell's palsy, according to safety data released by the manufacturers. The rate of the condition among clinical trial participants over 3 months is lower than the annual rate in the general population. Every year, about 40,000 people in the U.S. are diagnosed with Bell's palsy. In large trials involving tens of thousands of people like these, experts say it is not uncommon for some participants to get sick with conditions unrelated to the vaccine.

Bell's palsy is a condition marked by a sudden weakness in facial muscles. According to the Mayo Clinic, the exact cause of Bell's palsy is unknown, and the condition can occur at any age. It's believed to be the result of swelling and inflammation of the nerve that controls the muscles on one side of the face. It can also be a reaction that occurs after a viral infection. For most people, the condition is temporary, and symptoms improve within a few weeks. Bell's palsy occurs more often in people who are pregnant, especially during the third trimester or who are in the first week after giving birth; who have an upper respiratory infection such as influenza; and people with diabetes.

Seek immediate medical help if you experience any type of paralysis because you may be having a stroke. Bell's palsy is not caused by a stroke, but it can cause similar symptoms.

See your doctor if you experience facial weakness or drooping to find out the underlying cause and severity of the illness.

Any adverse event following vaccination should be reported to the [Vaccine Adverse Event Reporting System](#) (VAERS).

**Who is authorized to administer the vaccines? How many providers are enrolled?**

Any Idaho facility, organization, or healthcare provider licensed to possess or administer vaccine or provide vaccination services is eligible to enroll in Idaho's COVID-19 Vaccination Program. The enrollment process consists of completion of the CDC's COVID-19 Vaccination Program Provider Agreement, Supplemental COVID-19 Vaccine Redistribution Agreement, and completing provider training.

Provider enrollment numbers will be available soon on a public vaccine dashboard on the [coronavirus website](#).

**Will I have to pay?**

Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay for the administration and regardless of their coverage status, and also may not seek any reimbursement, including through balance billing, from a vaccine recipient.

People without health insurance or whose insurance does not provide coverage of the vaccine administration cost can also receive COVID-19 vaccine for free. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine administration can request reimbursement through the [Provider Relief Fund](#).

Providers who have questions about billing or reimbursement of vaccine administration for patients covered by private insurance or Medicaid should contact the respective health plan or state Medicaid agency.

**How long will it take to build immunity after I get the vaccine?**

It typically takes a few weeks for the body to build immunity after vaccination with the recommended two doses of vaccine. That means it is possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and become infected. This is because the vaccine has not had enough time to provide protection against the virus.

However, because only prevention of infection by the virus through vaccination was studied, there is not enough information currently available to say if or when public health officials will stop recommending that vaccinated people [wear masks](#) and [avoid close contact with others](#) to help prevent the spread of the virus that causes COVID-19. Experts need to

understand more about the protection that COVID-19 vaccines provide before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

### **What about kids, since there is no vaccine for them?**

There may not be a COVID-19 vaccine for children under the age of 16 until middle or late 2021. Researchers will need to examine the dosages, interval between doses, and the number of doses that work best for children. This process could take several months, according to pediatric infectious disease experts.

In November 2020, the American Academy of Pediatrics (AAP) published [a statement](#) calling for drug manufacturers to include children in their trials soon. The Advisory Committee on Immunization Practices (ACIP) voted unanimously to recommend Pfizer-BioNTech's Covid-19 vaccine for people 16 years and older; however, children are not currently in priority groups for receipt of initial COVID-19 vaccine.

### **Who is paying for COVID-19 vaccine and administration?**

The U.S. Government purchased millions of doses of COVID-19 vaccine doses through Operation Warp Speed, as part of the effort to ensure vaccine would be available as soon as clinical trials and safety and efficacy data indicated it would be effective and safe to administer to Americans. This means that no one in the U.S. should have out of pocket cost for vaccine.

Vaccination providers may charge an administration fee, which can be reimbursed by a patient's public or private health insurance or, for uninsured patients, by the [Health Resources and Services Administration's Provider Relief Fund](#).

### **Do I need to wear a mask and practice physical distancing after I've received two doses of the COVID-19 vaccine?**

Yes. While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue with the behaviors necessary to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, staying at least 6 feet away from others, and limiting the number of people in group gatherings.

### **When can I stop wearing a mask and practicing physical distancing after I've been vaccinated?**

There is not enough information currently available to say with certainty. Experts need to understand more about the protection that COVID-19 vaccines provide before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

### **What percentage of the population needs to get vaccinated to have herd immunity to COVID-19?**

Herd immunity, also called community immunity, is a term used to describe the point at which enough people in a community have protection so that it is unlikely a virus or bacteria can spread and cause disease. As a result, the entire community has some protection even if some individuals do not have any protection themselves (for example, those who cannot be vaccinated because of health reasons). The percentage of people who need to have protection to achieve herd immunity varies by disease. Experts do not yet know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19.

### **What are the side effects of the vaccine? Will the vaccine hurt?**

Early data suggests that everyone should be prepared for mild to moderate side effects from the COVID-19 vaccine. These side effects – such as injection site pain or swelling, muscle pain, headaches, or mild to moderate fevers – are a sign that the body is producing an immune response, just like when a bug bite makes our skin feel itchy or dust makes us sneeze. Because the vaccine efficacy is higher after the second dose, some of these symptoms may be more pronounced after the second vaccine.

It is important to be prepared and know what to expect. You can try over-the-counter medicine like acetaminophen or ibuprofen to minimize side effects. If you can, plan to rest and take it easy following vaccination. Your body will be working hard to produce an immune response and get you protected against the virus.

### **What is an mRNA vaccine?**

Like all vaccines, COVID-19 mRNA vaccines have been rigorously tested for safety before being authorized for use in the U.S. The mRNA technology is new but not unknown and has been studied for more than a decade. mRNA vaccines do not contain a live virus and do not carry a risk of causing disease in the vaccinated person. mRNA from the vaccine never enters the nucleus of the cell and does not affect or interact with a person's DNA.

The mRNA vaccine can most easily be described as instructions for the cell on how to make a piece of the spike protein that is unique to SARS-CoV-2, the virus that causes COVID-19. This is like a genetic identification card. Since only part of the protein is made, it does not do any harm to the person vaccinated. After the piece of the spike protein is made, the cell breaks down the mRNA strand and disposes of it using enzymes in the cell. It is important to note that the mRNA strand never enters the cell's nucleus, where our DNA is, or affects genetic material.

Once the spike proteins are displayed on the cell surface, the SARS-CoV-2 "identification card" causes the immune system to begin producing antibodies and activating T-cells to fight off what it thinks is an infection. These antibodies are specific to the SARS-CoV-2 virus, which means the immune system is primed to protect against future infection