COVID-19 Vaccination
General Questions and Answers

Updated: 1/11/2021

1. Which COVID-19 vaccine will be offered to employees?

YNHHS is offering both the Pfizer and Moderna vaccines to employees and medical staff. The Pfizer vaccine is a 2-shot series given three weeks apart. The Moderna vaccine is a 2-shot series given four weeks apart. Both are equally effective in preventing COVID-19.

2. Will I be able to choose the vaccine that I want?

No. The Pfizer and Moderna vaccines are therapeutically equivalent and equally effective in preventing COVID-19. We are administering whichever vaccine is available at the time of your first appointment. However, your second dose will be from the same manufacturer as your first dose.

3. Is the COVID-19 vaccination mandatory for YNHHS employees like the flu vaccination?

No, not at this time.

4. Which employees will be offered the vaccine first?

We are receiving enough vaccine for all of our healthcare workers. We have now sent invitations to everyone. We initially prioritized those at highest risk when sending out invitations, but we now have invited all healthcare workers employed or affiliated with the Health System.

5. How do the vaccines work?
Both the Pfizer and Moderna vaccines consist of genetic material called mRNA encased in tiny particles that shuttle it into our cells. From there, it stimulates the immune system to make antibodies that protect against the virus. These vaccines do not have any impact on our genes. The vaccine material breaks down in the body shortly after it is taken into our cells.

6. **What is the immunization schedule for the vaccines? When should I get the second dose?**

The Pfizer COVID-19 vaccine is a two-dose series. The second dose of the Pfizer vaccine should be given 21 days from the first dose. If scheduling conflicts prevent the second dose from being administered at 21 days as recommended, then it should be given between 19 and 24 days from the first dose.

The Moderna vaccine is a two-dose series. The second dose of the Moderna vaccine should be given 28 days from the first dose. If scheduling conflicts prevent the second dose from being administered at 28 days as recommended, then it should be given between 26 and 31 days from the first dose.

Re-starting the vaccine series is NOT recommended at this time if there is a delay beyond 24 days in administering the second dose of the Pfizer vaccine, or a delay beyond 32 days in administering the second dose of the Moderna vaccine.

7. **How effective are the vaccines?**

Both vaccines are about 95% effective within one week after receiving the second dose. (The vaccine is only about 53% effective after the first dose, so the second dose is necessary to protect you).

8. **Are the vaccines safe?**

The FDA has issued Emergency Authorization Use (EUA) for both the Pfizer and Moderna COVID vaccines clearing them as being safe and effective, based on data obtained from clinical trials (over 40,000 participants in the Pfizer trials; and 30,000 in the Moderna trials). The roll out of both vaccines has been taking place for three weeks now, with Pfizer initially and now Moderna. Since the start of the COVID vaccinations for our staff, nearly three weeks ago, we have experienced eight allergic reactions but none that required hospitalization, and all
those with reactions have fully recovered. We have also arranged a consultation for these individuals with an allergist to ensure a plan of safety for their second dose.

Through a reporting system called VAERS, the CDC is actively tracking and investigating severe allergic reactions (e.g. anaphylaxis) to both vaccines. Just this week, the CDC published data as follows for the Pfizer vaccine: 21 episodes of anaphylaxis in 1,893,360 vaccines given (which is 0.001%). This is a relatively small percentage so the CDC continues to promote the vaccine as being safe and critical to combating this pandemic.

As an added measure of safety, we ask staff vaccinated at our clinics to stay on-site for observation for at least 15 minutes after getting the vaccine to make sure they can be treated promptly and correctly if they experience a reaction. Anyone who has had an allergic reaction to any vaccine, injectable drug or food in the past are asked to stay for 30 minutes.

9. **Can receiving the vaccination give someone COVID-19?**

   No. The vaccine does not contain live or dead versions of the virus, so it cannot transmit COVID-19 and does not alter human DNA.

10. **What are the side effects of the vaccine and how frequent are they?**

    Pfizer and Moderna provided specific information to the FDA that lists the following possible side effects within 7 days of the vaccination:
Comparison of Side Effects of the Moderna COVID-19 Vaccine & Pfizer-BioNTech COVID-19 Vaccine

<table>
<thead>
<tr>
<th></th>
<th>Moderna COVID-19 Vaccine</th>
<th>Pfizer BioNTech COVID-19 Vaccine</th>
<th>Differences Between the Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection Site Pain</td>
<td>Very Common</td>
<td>Very Common</td>
<td>No Significant Difference</td>
</tr>
<tr>
<td>Redness</td>
<td>Uncommon</td>
<td>Uncommon</td>
<td>No Significant Difference</td>
</tr>
<tr>
<td>Swelling</td>
<td>Uncommon</td>
<td>Uncommon</td>
<td>No Significant Difference</td>
</tr>
<tr>
<td>Lymph Node Swelling Under the Arm</td>
<td>Common</td>
<td>Uncommon</td>
<td>More Common with the Moderna COVID-19 Vaccine</td>
</tr>
<tr>
<td>Fever</td>
<td>Uncommon</td>
<td>Uncommon</td>
<td>No Significant Difference</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Common</td>
<td>Common</td>
<td>No Significant Difference</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Common</td>
<td>Slightly More Common with the Pfizer-BioNTech Vaccine</td>
</tr>
<tr>
<td>Muscle Aches</td>
<td>Common</td>
<td>Common</td>
<td>Slightly More Common with the Moderna COVID-19 Vaccine</td>
</tr>
<tr>
<td>Joint/Bone Aches</td>
<td>Common</td>
<td>Common</td>
<td>Slightly More Common with the Moderna COVID-19 Vaccine</td>
</tr>
</tbody>
</table>

These side effects are usually mild, and at worst are moderate. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death. No severe side effects have been reported from the clinical trials.

11. When should I call the occupational health call center if I have side effects after receiving the vaccine?

When you leave the vaccine clinic, you will receive specific instructions on how to self-care for side effects. However, if you experience more severe side effects or if they persist more than 72 hours, then you should call the Occupational Health Call Center (not the Occupational Health clinic) at 833-ASK-YNHH. The Call Center clinicians can help sort out whether these are side effects from the vaccine or more likely to be a new COVID-infection and order a COVID
test if needed. They are also trained to help you get medical care for severe side effects if needed.

12. Are side effects of the vaccine more severe after the second dose?

Reports from the manufacturers of the COVID vaccines report that side effects may be more severe with the second dose and usually respond to self-care such as over-the-counter pain medication (e.g., acetaminophen or ibuprofen). Uncommon side effects that are more severe are progressive pain and redness at the vaccination site, and/or symptoms lasting more than 72 hours. If you experience any of these, contact the Occupational Health Call Center or your personal health care provider. The Call Center may refer you to your regular health care provider or Urgent Care center for further evaluation and treatment as needed. Occupational Health COVID-Call Center at 833-ASK-YNHH (option 2) between 7 am - 7 pm, 7 days a week.

13. If an individual experiences a side effect(s) from the vaccine, should they skip the second dose?

No, don’t skip the second dose. You may wish to consider taking Tylenol and/or Benadryl when getting your next dose. You might also want to plan for your second does 2-3 days before you are scheduled to work in case you need to stay at home. If you take Benadryl, you should not drive as it causes drowsiness.

14. If I have or get a COVID infection should I be vaccinated and, if so, how long after I get better?

Yes, you should get vaccinated as antibody protection only lasts several months, and not indefinitely. You should wait until 4 weeks after you tested positive and be fully recovered before being vaccinated.

15. What do I do about my second vaccine dose if I get diagnosed with COVID between the two doses?

You should wait for 10 days from when you tested positive and be fully recovered before getting your second dose. You should still get the second dose.

16. How can I tell if side effects are from the vaccine or from actual COVID-19 infection?

Symptoms that are side effects of the vaccine typically go away on their own within a couple of days and are a sign that the immune system is working. If side effects continue for more
than 72 hours, they should be reviewed by a clinician. This will be scheduled through the Call Center. Call 833-ASK-YNHH (option 2) between 7 am - 7 pm, 7 days a week, or an Urgent Care center if after-hours.

For severe side effects after usual hours, employees should contact their PCP or an Urgent Care Center.

The vaccine does not cause respiratory symptoms or a loss of taste or smell, which are sometimes seen with a true COVID-19 infection. For these symptoms and/or if you have had a known or suspected COVID-19 exposure within the past 10 days, you should also call the COVID-19 Call Center.

17. Are the current COVID-19 vaccines effective against the mutated COVID strains?

Based upon data, our scientific experts agree that the vaccine will be effective against variants, so please get vaccinated. There have actually been over 40 variants described to date and more will crop up as time goes on. The most important thing we as a society can do to avoid the impact of new variants is to get vaccinated, and continue our efforts to use masks, wash our hands and maintain social distancing. Our medical leaders will continue to review the scientific data, and we will also follow FDA, CDC and other public health guidance.

18. How much will the COVID-19 vaccination cost?

We will be offering vaccines to all of our healthcare workers at no cost.

19. How long will the vaccine protect those that receive it?

Pfizer and Moderna report their vaccines are 95% effective. While the studies haven’t indicated how long protection will last, the FDA predicts it to be effective for several months and possibly a year. Experts are continuing to study how long the protective effect lasts.

20. Once fully vaccinated, how quickly would a person test positive for antibodies to COVID?

Within two weeks. Because the vaccine is very effective, in fact 95% protective, antibody testing after receiving the vaccine is not recommended.

21. Are you immune to COVID-19 after recovering from it? Should I get the vaccine?
The extent to which antibodies that develop in response to SARS-CoV-2 infection are protective is still under study. 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. Although data are limited at this time, individuals should wait four weeks to receive the vaccine after first testing positive for SARS CoV-2. This recommendation may change as more data becomes available.

22. What if I am sick with COVID-19 or another acute respiratory illness during the time period offered?

You should wait until you are completely better and then schedule your appointment. If you develop new symptoms ahead of a scheduled vaccination appointment, please cancel and reschedule your appointment so the slot can be filled by someone else. If you have difficulty with scheduling your vaccine, contact the COVID-19 Call Center at 833-ASK-YNHH (option 2) between 7 am - 7 pm, 7 days a week.

23. What if I am in quarantine when I am offered the vaccination?

To protect others, you must wait until after your quarantine period ends to get vaccinated.

24. What if I am not available to get my vaccine during the time period offered, but want it at a later date?

Healthcare workers were the first group offered vaccination, so we recommend that you receive your first dose of vaccine as soon as possible. Your vaccination invitation from YNHHS will be available for 90 days from the date of the original email, but again we recommend that you schedule it soon.

25. There are two vaccines – Pfizer and Moderna. Am I sure that when I am scheduled to receive my second dose, the right vaccine will be available for me?

Yes, you should have already had the opportunity to schedule your second dose. We do not expect any shortages for the second vaccine dose.

26. Should individuals who are pregnant receive the vaccine?
Neither the Pfizer nor Moderna vaccine was specifically studied for safety in pregnant women. However, based upon what we know at this time, pregnant women are at an increased risk for severe illness from COVID-19. Additionally, pregnant women with COVID-19 infection might be at an increased risk for other adverse pregnancy outcomes such as pre-term birth and stillbirth.

Given the absence of detailed study of these vaccines during pregnancy, pregnant and breastfeeding women should discuss the risks and benefits of vaccination with their obstetrician, pediatrician, and/or midwife. If you are pregnant and/or breastfeeding and after reviewing the risks versus benefits wish to receive the vaccination, you will be able to receive the vaccine as a part of our program.

27. Should individuals who wish to become pregnant receive the vaccine?

We are aware of concerns in the public about fertility after the COVID-19 vaccine. These concerns are unfounded. The safety data reported to the FDA for the Pfizer vaccine demonstrated that equivalent proportions of people got pregnant in the vaccine groups as the placebo groups. Among the people who did get pregnant in the studies, there were no self-reported pregnancy-related adverse events reported in the groups that received vaccine. At this time, we support offering the vaccine to people planning pregnancy.

The Society for Maternal and Fetal Medicine, the American College of Obstetrics and Gynecology and the Society for Reproductive Medicine have all endorsed use of the vaccine. There are no known impacts on fertility.

28. Should individuals who are breastfeeding receive the vaccine?

We are offering the vaccine to individuals who are breastfeeding, who should discuss this with their pediatrician to help weigh the risks and benefits of getting vaccinated. We will continue to review additional data and guidelines on the safety and effectiveness of vaccination against COVID-19 for pregnant/breastfeeding individuals as they become available.

29. Should individuals who had a prior anaphylactic reaction to another vaccine receive the COVID-19 vaccine?
If you previously have had an anaphylactic reaction to another vaccine or medication, you still may receive the COVID-19 vaccine, but we will ask you to notify the staff and be monitored in the vaccination clinic for 30 minutes after you receive your inoculation.

However, the FDA is recommending that people who have severe allergic reactions to any components of the two vaccines should not be vaccinated with either the Pfizer or Moderna vaccine at this time.

There are safety protocols in place to assess and provide treatment in the event that an individual experiences a severe allergic reaction following vaccine administration. If you have an allergic reaction following vaccine administration, you will be referred to an allergist for evaluation and to determine a safety plan for the second dose. If you do have an anaphylactic reaction to the first dose of the vaccine, you should not receive the second dose.

30. Should individuals who carry an Epi-Pen® receive the COVID-19 vaccine?

The rate of allergic reactions in the clinical data was exceedingly low at 0.005%.

We recommend individuals discuss the risks and benefits of vaccination with the allergist/immunologist before scheduling their vaccination. You should notify the staff at our vaccination site of any prior allergic reaction before receiving the COVID-19 vaccine.

All vaccination sites will be prepared to respond to any allergic reactions in the unlikely case that they occur.

31. Is it safe to receive the vaccine if I have a known allergy to a medication, a different vaccine or to some sort of food?

Unless you have had an allergic reaction to a previous dose of the type of COVID vaccine you are planning to get or are allergic to one of the ingredients in the vaccine, you should be able to get the vaccination. However, you should first consult with your allergist.

32. If I am taking medications, are there any contraindications to receiving the vaccine?
No, but if you are immunosuppressant medication (such as steroids, certain drugs to treat inflammatory conditions, current cancer therapy, etc.), you should talk with your prescribing clinician as the medication might interfere with your body’s ability to develop a full immune response to the vaccine. They may be able to help you better time when you get vaccinated.

33. **How long should an individual wait to receive the COVID-19 vaccine after receiving another vaccine?**

If you have received an influenza vaccine recently, it is recommended to wait at least one week after the influenza vaccine before receiving a COVID-19 vaccine.

For all other vaccines, it is recommended to wait for at least 2 weeks after receiving a non-COVID 19 vaccine before receiving a COVID-19 vaccine. This will allow any adverse reaction or allergy to be linked to a specific vaccine.

34. **Can an immunocompromised individual receive the COVID-19 vaccine?**

Persons with immunocompromising conditions (such as HIV or who have received an organ or stem cell transplant) or who take immunosuppressive medications or therapies might be at risk for increased severe COVID-19 disease. The current mRNA COVID-19 vaccines do NOT contain live virus and cannot cause COVID-19, so there are no specific safety concerns in immunocompromised individuals. However, they may wish to discuss COVID-19 vaccination with their specialist if they have specific questions or concerns.

Although the effectiveness of COVID-19 vaccination may be reduced in an immunocompromised individual, such individuals are still advised to receive the COVID-19 vaccine if they do not have any other contraindications for vaccination.

35. **Why should someone get the vaccine even though they are doing other things such as wearing a mask, washing their hands often and practicing social distancing?**

Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus and reduce or eliminate illness if you are exposed. Other steps, like covering your mouth and nose with a mask
and staying at least six feet away from others, help reduce your chance of being exposed to the virus or spreading it to others.

36. Can we stop wearing masks once vaccinations are given?

No. While the vaccine is extremely effective, a small percentage (5% or less) of those who receive it may not be fully protected, so we need to continue to wear masks and other PPE, as well as to practice social distancing and use other precautions. Also, because not everyone will be vaccinated, it will take a while before COVID-19 is no longer circulating widely.

37. Will I be able to travel anywhere I want to after getting the second dose of the vaccine?

You should continue to follow the guidance from the Department of Health and avoid unnecessary travel to states and countries with COVID-related travel notices. As of 1/7/2021, this includes all states and territories except CT, NY, NJ and RI. For updated information on these affected states and countries see:


If you do travel to any of these affected states and countries for more than 24 hours, you will still need to have a negative COVID test within 72 hours of your return to work date.

38. Will the vaccine be given to our family members as well?

Non-healthcare family members of front-line workers are not among the groups designated by the DPH for early vaccination, and we are required to take their direction on this. Connecticut is currently in Phase 1a. Those eligible for vaccine are:

- Healthcare Personnel: All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients of infectious materials.
- Long Term Care Facility Residents: Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently.
First Responders at risk of exposure to COVID-19 through their response to medical emergencies such as Emergency Medical Technicians, Police, and Fire.

At the present time, we do not expect that a vaccine will be widely available to the general public until late summer or the fall of 2021. This may change and updated information about eligibility and timeline can be found at ct.gov/covidvaccine/access

39. Will the vaccine be available for high risk individuals in the community who are not in phase 1a?

Eligibility for Phase 1b includes individuals who are 75 years and older, are essential workers, and who live or work in congregate settings will be eligible. We expect to open vaccination to those eligible for Phase 1b in the coming weeks. We are working on a practical way to identify YNHHS patients in these groups as well as other people in the community that fall into these groups, and will perform outreach to vaccinate them when we are permitted by the state to do so.

40. How can I learn more?

Ask your healthcare provider; call your local or state health department; or contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 (1-800-CDC-INFO) or visit CDC’s vaccine website: www.cdc.gov/coronavirus/2019-ncov/vaccines.

YNHHS will be updating and distributing more generally asked questions and answers as more information becomes available.