

COVID-19 Vaccination

General Questions and Answers

Updated: 12/21/2020

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

YNHHS will be 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 reducing COVID-19 infection.

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 reducing COVID-19 infection. We will be 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 anticipate receiving enough vaccine for all of our healthcare workers. The vaccine's potential side effects include fever, fatigue, headaches and muscle aches, and could result in individuals being out of work for a day or two. Therefore, vaccination schedules need to be staggered so multiple members of a single clinical unit or role won't be out of work at the same time. Invitations for scheduling vaccination will be issued by alphabetical order of last name.

We have identified that certain areas have higher risks of COVID-19 infection. Individuals whose jobs place them at highest risk for COVID-19 infection will be vaccinated on a fast track with the goal of ensuring they receive the first dose of the vaccine in 3 weeks. On a parallel, simultaneous track, we will begin vaccinating all other healthcare workers, with the goal of vaccinating the entire group (with both doses of the vaccine) in 8-9 weeks. The time difference is minor. Please understand that we are privileged to be able to vaccinate our healthcare workers before any other groups in the United States.

5. Will vaccinations be administered at the delivery networks in a specific order?

Vaccination sites will be set up at all delivery networks from the beginning.

6. 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.

7. 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, and a delay beyond 32 days in administering the second dose of the Moderna vaccine.

8. 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).

9. Are the vaccines safe?

All data we have thus far from the vaccine trials indicate that they are safe. The clinical trials for both the Pfizer and Moderna vaccine were well designed and included large numbers of people (40,000+ for Pfizer and 30,000+ for Moderna). The fact that no severe side effects were observed should give confidence that the vaccines are very safe. The trials also were racially, ethnically, and socioeconomically diverse. Any side effects that were observed were mild to moderate, and occurred only in the first 6 weeks after vaccination. The FDA will continue to monitor for any rare safety issues.

10. 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.

11. 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

	Moderna COVID-19 Vaccine	Pfizer BioNTech COVID-19 Vaccine	Differences Between the Vaccines
Injection Site Pain	Very Common	Very Common	No Significant Difference
Redness	Uncommon	Uncommon	No Significant Difference
Swelling	Uncommon	Uncommon	No Significant Difference
Lymph Node Swelling Under the Arm	Common	Uncommon	More Common with the Moderna COVID-19 Vaccine

	Moderna COVID-19 Vaccine	Pfizer BioNTech COVID-19 Vaccine	Differences Between the Vaccines
Fever	Uncommon	Uncommon	No Significant Difference
Fatigue	Common	Common	No Significant Difference
Headache	Common	Common	Slightly More Common with the Pfizer Bio-NTech Vaccine
Muscle Aches	Common	Common	Slightly More Common with the Moderna COVID-19 Vaccine
Joint/Bone Aches	Common	Common	Slightly More Common with the Moderna COVID-19 Vaccine

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.

12. 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.

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

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

14. 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.

15. 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.

16. 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.

17. 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.

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

We expect to have adequate supplies of the vaccine for a period of several weeks after it becomes available because the state is allocating the initial supplies only to healthcare workers and skilled nursing facilities. We hope to administer first doses of vaccine to most healthcare workers within the first few weeks of the beginning of the vaccine campaign. If you do not take advantage of this opportunity, you may have to wait until the vaccine is widely available, which may be in the spring or summer of 2021.

19. I am not involved in direct patient care. When can I get the vaccine?

We are vaccinating our healthcare workers involved in patient care first. Employees whose responsibilities do not require exposure to clinical areas will be able to receive the vaccination after we invite all patient-facing employees and Medical Staff to get vaccinated. Invitations to non-patient-facing employees will go out in early January.

20. 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.

21. 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 group as the placebo group. Among the 23 people who did get pregnant in the study, there were only two unsolicited reported adverse pregnancy outcomes, and these were in the placebo group. At this time, we support offering the vaccine to people planning pregnancy.

22. 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.

23. 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.

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 do have an anaphylactic reaction to the first dose of the vaccine, you should not receive the second dose.

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.

24. 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.

25. 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.

26. 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.

27. 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.

28. 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.

29. When will the vaccine be available to our patients and the general public?

The vaccine could be authorized for certain high-risk populations before the end of the year. Exactly who in the general public will qualify for these initial doses in the state of Connecticut has not yet been decided, but groups that are at higher risk for infection, or are more vulnerable to the virus, are likely to get priority. That would include essential workers, older adults and those who have underlying chronic medical conditions. Pfizer, Moderna and others plan to ramp up production to 1.3 billion doses a year, and there are 10 other vaccines now in late-stage trials across the globe.

30. 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.