COVID-19 Vaccination
General Questions and Answers
Updated: 2/24/2021

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

YNHHS is offering both the Pfizer and Moderna vaccines to employees and medical staff, based on the allocation that the CT Department of Health provides to us. 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 allocated to us by the Department of Health 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?

All YNHHS employees and medical staff have been invited to schedule an appointment for vaccination. If you have not scheduled your first dose, you will now need to schedule and receive your first dose at one of our mass vaccination sites. You can continue to schedule your appointments through MyChart using the invitation you had previously received. When you go through the scheduling process, you will see available appointments at our mass vaccination sites.

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 in administering the second dose of either vaccine type.

Both vaccines are about 95% effective within 1-2 weeks 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).

7. 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 over a month now. Since the start of the COVID vaccinations for our staff we have experienced 22 possible allergic reactions but only 6 possible anaphylactic reactions. We have also arranged consultations for many of 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. To date, the CDC has published data as follows for the Pfizer vaccine: 21 episodes of anaphylaxis in 1,893,360 vaccines given (0.001%); for the Moderna vaccine: 10 episodes of anaphylaxis in 4,041,396 vaccines given (0.0002%)
This is a very small percentage, so the CDC continues to promote both vaccines 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 is asked to stay for 30 minutes.

8. Should I take medication prior to my COVID vaccination in order to avoid experiencing side effects?

Routine use of prophylactic (preventive) pain medicines before you get your vaccination is not currently recommended, as information on the impact on vaccine-induced antibody responses is not available at this time. However, if you experience side effects after receiving your vaccination (such as swelling or pain at the vaccination site, body aches or low grade fever), then taking an over-the-counter pain medicine (such as Tylenol) may be helpful in managing those symptoms.

9. If an individual has had a vasovagal reaction (i.e., fainting) after their first dose of the vaccine, should they receive a second dose?

Yes. Vasovagal reactions, such as fainting or a feeling like you are going to pass out, can happen in different situations including receiving a vaccine, getting your blood drawn, etc., and are considered benign (i.e., there are no long-term consequences). An individual can and should receive their second dose to be fully protected, but they should indicate this to the vaccinator so that they can be vaccinated in a recliner or recumbent position.

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

<table>
<thead>
<tr>
<th>Side Effect</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. These side effects are a sign that the vaccine is working, and your body is mounting the immune response it needs to in order to protect you from severe COVID-19 infection. These side effects are much less severe and last for a shorter period of time than actual COVID-19 infection.

Concerns about developing infertility, Bell's palsy, alterations of DNA, and autoimmune conditions are unfounded. These are not side effects of the vaccine and have not occurred more frequently than normal among those who have received vaccine.

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. 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 (rather than the Occupational Health clinic) at 844-543-2147 (Option 2) between 7 am - 7 pm, 7 days a week.

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.

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

Based on the clinical trials for both vaccines, the second dose results in a higher number of side effects including fatigue, headache, chills and body aches, but there is no evidence for more serious side effects or risk of anaphylaxis from receiving the second dose. The following chart summarizes the most common side effects, by age group, for both vaccines and compares dose 1 to dose 2:

<table>
<thead>
<tr>
<th></th>
<th>Moderna COVID-19 Vaccine (18-64 Years of Age)</th>
<th>Moderna COVID-19 Vaccine (&gt; 65 Years of Age)</th>
<th>Pfizer BioNTech COVID-19 Vaccine (18-55 Years of Age)</th>
<th>Pfizer BioNTech COVID-19 Vaccine (&gt; 55 Years of Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 1</td>
<td>Dose 2</td>
</tr>
<tr>
<td>Fatigue</td>
<td>38.5%</td>
<td>67.6%</td>
<td>33.3%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Headache</td>
<td>35.4%</td>
<td>32.8%</td>
<td>24.5%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Chills</td>
<td>9.2%</td>
<td>48.3%</td>
<td>5.4%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>23.7%</td>
<td>61.3%</td>
<td>19.8%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>16.6%</td>
<td>45.2%</td>
<td>16.4%</td>
<td>34.9%</td>
</tr>
</tbody>
</table>

To summarize this table, the most common side effect is fatigue and has similar rates with both types of vaccine. Headaches are slightly more frequent with Moderna vaccine, and chills and body aches (both more common in younger age groups) are also more common with Moderna as well.

These side effects indicate that the internal process of stimulating the immune system and making antibodies against COVID-19 is taking place as a result of receiving the vaccine, and are
not as concerning as the more severe symptoms of COVID-19 infection and are not considered to be life-threatening.

14. 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 dose 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.

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

Yes, you should get vaccinated as antibody protection from the infection only lasts several months, and not indefinitely. You should wait until 4 weeks after you first tested positive, and be fully recovered, before you get your first vaccine dose.

16. 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 first tested positive and be fully recovered before getting your second dose. You should still get the second dose.

17. 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 844-543-2147 (Option 2), between 7 am - 7 pm, 7 days a week.

For severe side effects after usual hours, employees should contact their regular medical provider 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.

18. 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.

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

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

20. 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.

21. Once fully vaccinated, how quickly would a person be considered protected from COVID?

Within 1-2 weeks. Because the vaccine is very effective, in fact 95% protective, antibody testing after receiving the vaccine is not recommended.

22. 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 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 become available.

23. 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, you should call the Occupational Health Call Center (not the Occupational Health clinic) at 844-543-2147 (Option 2) between 7 am - 7 pm, 7 days a week.

24. 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.

25. 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. If your invitation does expire, you may make an appointment using the online open scheduling system available at https://www.ynhhs.org/patient-care/covid-19/vaccine/get-your-covid-vaccine.aspx

26. 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 will have the opportunity to schedule your second dose as soon as you receive your first dose. We do not expect any shortages for the second vaccine dose.

27. 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.
28. 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.

29. 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.

30. 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, including polyethylene glycol or polysorbate, 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.

If you experienced an anaphylactic reaction to your first dose of COVID-19 vaccine, you should not receive a second dose. Instead, you should wait for a new non-mRNA vaccine to be approved and become available. If you had an immediate side effect from the vaccine shortly after it was administered, you should first consult with an Allergist or your regular medical provider before receiving your second dose of the vaccine.

31. 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 who carry an Epi-Pen® discuss the risks and benefits of vaccination with their Allergist 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.

32. 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-19 vaccine you are planning to get or are allergic to one of the ingredients in the vaccine (e.g., polyethylene glycol or polysorbate), you should be able to get the vaccination. However, you should first consult with an Allergist.

33. If I am taking medications, are there any contraindications to receiving the vaccine?

No, but if you are receiving 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.
34. 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.

35. 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.
36. Can we stop wearing masks and eye shields at work once we receive both doses of the COVID-19 vaccine?

No. Stopping a pandemic requires using all the tools available. While the vaccine is extremely effective, a small percentage (5% or less) of those who receive it may not be fully protected. Also, because not everyone will be vaccinated, it will take a while before COVID-19 is no longer circulating widely.

Therefore, while at work we need to continue to wear masks and other PPE (such as eye shields or goggles for direct patient care, and N95 respirators for aerosol-generating procedures), as well as practice social distancing (i.e., keeping at least 6 feet apart), and continue to wash our hands frequently and use hand sanitizers.

We should also continue to mask while in public places, practice social distancing, and use hand sanitizers.

We will continue to monitor COVID-19 transmission rates within CT and RI and follow the guidance from Department of Health before making any decisions to change our safe practices at work, including universal masking inside all our facilities, following the same social distancing and masking rules in breakrooms, etc.

37. 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?

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.

38. If I have a significant household exposure to an individual with COVID, but have received my 2 doses of COVID vaccine, do I still need to quarantine at home for 10 days following last exposure to the individual?

Given that the vaccine is 95% protective and the universal masking at work, if it has been 2 weeks since your received your second dose you will not be required to quarantine unless you develop symptoms and need to be tested. Instead, you can come to work but you need to call
the Call Center to help arrange for you to be tested at day 5 and again at day 12 from the date you were exposed. You must also continue to self-monitor for fever and symptoms.

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

You should continue to follow requirements from the CDC and the state health departments and avoid unnecessary travel to states and countries with COVID-related travel notices. As of 1/27/2021, this continues to include all states and territories except CT, NY, NJ and RI. For updated information on these affected states and countries see:
- Affected U.S. States:  
- Countries with a CDC Level 3 COVID-19 travel notice:  

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. For your convenience you can self-schedule a test by logging onto: https://ocucovidtesting.ynhhs.org/

40. If I get vaccinated, can I stop wearing my mask in public?

While the COVID-19 vaccines are highly effective in helping prevent COVID, they are not perfect and a small percentage of those vaccinated may still be susceptible to COVID. Further, most people still have yet to be vaccinated and the vaccine roll-out will take some time. As for masking, this remains critical to help prevent transmission and should be used in the community as well as at work until transmission rates of COVID-19 are much lower. In addition, we still need to stay at least 6 feet away from others, avoid crowds and poorly ventilated spaces, cover coughs and sneezes, wash hands often, follow CDC travel guidance, and follow workplace guidance - including PPE use and COVID-19 testing guidance.

41. For someone who has had both doses of the vaccine, if they have cold symptoms (such as runny nose, cough, or sore throat) but otherwise they feel fine, can they come to work? Or should they stay home until symptoms and fever resolve?
Per YNHHS policy, anyone with an acute respiratory illness (with a temperature of 100°F or more) should stay off work until there is a resolution of symptoms and fever (i.e., temperature <100°F for at least 24 hours, without the use of fever reducing medications such as Tylenol or Advil). It is also important to note that if you have symptoms and have had a known exposure to a COVID positive individual, you should be tested for COVID-19 as cold and COVID symptoms can be similar. Also, cold symptoms are not side effects of the COVID vaccine and should not be attributed to that. It is best to get advice for your situation by calling the Occupational Health Call Center at 844-543-2147 (Option 2) between 7 am - 7 pm, 7 days a week.

42. What is the appropriate quarantine period for an employee who has a close family member with a positive COVID test living with them? Please clarify as we are hearing different things.

The quarantine period begins from the last time you had close contact with your infected family member without the use of your mask. If you have received your second dose of the COVID vaccine more than two weeks ago and can isolate from the individual, you can return to work as long as you self-monitor for fever and symptoms. You must be tested for COVID-19 at day 5 and again at day 12 from the date you return to work. If you have not received your second dose or it has not been two weeks since that dose, you must quarantine for a period of 10 days, be tested on day 10 and you may then return to work on day 11 assuming the test is negative. In that case, an Occupational Health Call Center clinician can help gather details from you and inform you when you can return to work, and also the COVID testing requirements once you return to work. The clinician can also help you understand better how to keep yourself safe at home even though you are living with a COVID positive individual. To reach the Occupational Health Call Center call 844-543-2147 (Option 2) between 7 am - 7 pm, 7 days a week.

43. If I need to call out for side effects after getting the second vaccine dose, will I be given points because of an unexplained absence?
It is best to contact your supervisor to ask that question as situations vary. A way to avoid this situation is to schedule your vaccine the day before your usual day(s) off to avoid having to stay out of work. To help with planning, you can actually reschedule your second vaccine dose for up to 7 days after the recommended date (i.e., up to 4 weeks later for Pfizer, and up to 5 weeks later for Moderna).

44. **I have read that the COVID vaccine can cause swollen lymph nodes in the underarm on the side of the injection that can be detected on a mammogram. Should I delay scheduling my routine screening mammogram?**

Swollen lymph nodes in the underarm on the same side as the injection site may occur after COVID vaccination and may persist for up to several weeks. While swollen lymph nodes due to the vaccine are not worrisome, they may be detected on a routine screening mammogram and might need additional testing. If possible, try to schedule both doses of your COVID vaccine series before an upcoming mammogram. If that is not possible and if it will not result in undue delays, try to schedule your routine screening mammogram approximately 4-6 weeks after your second dose of a COVID-19 vaccine.

45. **I am on warfarin due my increased risk of stroke, and am wondering if I should receive my COVID vaccine given my risk of bleeding following an injection?**

Yes, you should go ahead and get your COVID vaccine unless have a known allergy to the vaccine. To ensure safety for individuals with an increased risk of bleeding following an injection, the following are expert guidelines to help ensure your safety:

- For individuals receiving prolonged anticoagulation or antiplatelet therapy (such as warfarin and other prescribed anticoagulant therapy, including daily aspirin):
  - These medications are considered to present only a low risk of complications related to prolonged bleeding after an injection.
  - After the injection, you should apply firm pressure over the site of the injection for 5 minutes.
- For individuals with a history of Hemophilia (or other severe bleeding disorder) or platelet count less than 50,000/uL:
First consult with your specialty physician for guidance prior to vaccination. If that physician agrees that the benefit of the intramuscular (IM) vaccination outweighs possible risks, the following steps at the time of vaccination are recommended:

- If you take replacement clotting factors, then the IM vaccination should be administered as soon as feasible after the dose of the clotting factor.
- Nursing staff who routinely perform IM injections are preferred to administer the vaccination.
- An ice pack should be applied to the site before the injection.

After the injection, you should apply firm pressure over the site of the injection for 5 minutes.

46. If I get diagnosed with COVID, do I still need to get vaccinated? If so, how long should I wait?

Yes, you should still get vaccinated as the antibodies to COVID-19 that your body made during your infection will last only a few months, and then you are at risk for a repeated infection. If an individual tests positive for COVID-19 prior to their FIRST vaccine, they should wait 4 weeks before getting their first vaccine dose. If an individual tests positive for COVID-19 after the first vaccine but prior to the SECOND vaccine, they should wait 10 days from the positive test and be fully recovered and non-infectious before receiving the second dose.

47. When do you think the State will lessen their restrictions on social gatherings at restaurants and bars, and also at home? Last year was very difficult, particularly around the holidays when we usually have our extended family get-togethers.

Phase 2.1 of the State of Connecticut’s COVID-19 response plan (effective 11/6) limits private gatherings both indoors and outdoors to 10 people. This is to ensure that you and your loved ones are as safe as possible. Remember, even with a small gathering size, you should still make sure you wear a mask, keep a distance of at least 6 feet apart, wash your hands, and avoid leaving your home all together if you feel sick.

We expect that the CDC and state and local health departments will loosen their guidance and restrictions for restaurants, bars and gatherings when the spread of COVID is under control.

48. 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 State of Connecticut DPH for early vaccination, and we are required to take their direction on this. Eligible groups, based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and the Governor’s vaccine advisory group are:

- Healthcare Personnel: Paid and unpaid people serving in healthcare settings with potential for direct or indirect exposure to patients of infectious materials
- Medical First Responders: Individuals who respond to medical 911 calls and face risk of exposure to COVID-19
- 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
- Residents and Staff of select congregate settings: Staff and residents of halfway homes, inpatient mental health facilities, correction facilities, homeless shelters, domestic violence shelters, substance use and residential treatment facilities along with others
- Individuals 65 and Older: Residents and workers within the State of CT who are 65+

The following groups will be able to start scheduling appointments on March 1.

- Educators and Child Care Providers: Pre-K-12 Teachers, paraprofessionals, custodial staff, food service providers, school bus drivers and childcare providers as well as in-school administrative staff. Does not include individuals who are not required to work on-site in a school.
- Individuals 55 and Older: Residents and employees within the State of CT who are 55+

49. 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 continue to update and distribute more generally asked questions and answers as more information becomes available.