COVID-19 Vaccine Frequently Asked Questions

1. **Should I get the COVID vaccine?**

Yes. The World Health Organization (WHO) estimates that vaccines prevented over 10 million deaths between 2010 and 2015, and many millions more were protected from illness. Before the measles vaccine, that disease infected 4 million kids every year in the U.S. One year after the first case of COVID-19 was diagnosed in New Hampshire, the Pfizer, Moderna and Janssen (Johnson & Johnson) vaccines have been approved for emergency use by the U.S. Food and Drug Administration.

Here are 5 reasons why getting a vaccine now is important:

1) The COVID-19 vaccines are one the most effective tools we have in the fight against COVID-19; and they are the best and only way this year to return to life as "normal," or closer to what it was before the pandemic.

2) Receiving the COVID-19 vaccine provides you with protection against the virus, while also helping keep your colleagues and your family healthy.

3) All three of the COVID-19 vaccines are highly effective (85-100%) in preventing hospitalizations and death. The Pfizer and Moderna vaccines are overall about 95% effective at preventing COVID-19 cases; and the Janssen vaccine is 72% effective in the U.S.

4) It adds to the number of people in the community who are protected from getting COVID-19 – making it harder for the disease to spread and contributing to what is called herd immunity.

5) The COVID-19 vaccines prevent the COVID-19 virus from spreading and replicating, which allows it to mutate and possibly become more infectious, deadly and possibly resistant to vaccines.

2. **Will a COVID-19 vaccination protect me from getting sick with COVID-19?**

Yes. COVID-19 vaccination works by teaching your immune system how to recognize and fight the virus that causes COVID-19 and this protects you from serious illness, hospitalization and death from COVID-19.

Being protected from getting sick is important because even though many people with COVID-19 have only a mild illness, others may get a severe illness, have long-term health effects, or even die. There is no way to know how COVID-19 will affect you, even if you don't have an increased risk of developing severe complications. Learn more about how COVID-19 vaccines work.

3. **Is it safe for me to get a COVID-19 vaccine if I have allergies?**

Someone with a history of allergies can definitely receive the vaccine – whether it's an allergy to other vaccines or medications or to bee stings or food or pollen. The current COVID-19 vaccines do not use preservatives and eggs were not used in their development. Out of the tens of millions of COVID-19 vaccine doses administered to date, only 4 cases per million have resulted in a severe allergic reaction.

However, a person with a history of an allergic reaction to a non-COVID vaccine or injectable therapy that contains multiple components – one of which is a component of a COVID-19 vaccine (such as polyethylene glycol or polysorbate) but in whom it is unknown which component caused the allergic reaction – should be considered a precautionary COVID-19 vaccination. Such persons can still receive an available COVID-19 vaccine with appropriate counseling and post-vaccination monitoring for 30 minutes of observation.

4. Are COVID-19 vaccines safe if I am pregnant, lactating or would like to have a baby one day?

Based on current knowledge, experts believe that COVID-19 vaccines are unlikely to pose a risk to a person who is pregnant, or trying to become pregnant in the short or long term. The CDC, American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine all advise that pregnant and lactating women should be offered the vaccine, even though the clinical trials did not specifically include pregnant women.

The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19, to prevent future illness. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta.

The COVID-19 vaccines do NOT contain live-virus and break down quickly in your body after they're used to create an immune response. The vaccines do not cross the placental barrier and will not reach the fetus. However, protective antibodies you develop do pass to your baby through the placental barrier and through breastfeeding. In addition, there is no evidence suggesting that fertility problems are a side effect of ANY vaccine.

It should be noted that women who are pregnant and contract COVID-19 have an increased risk of severe illness, including illness that can result in ICU admission and adverse pregnancy outcomes, such as preterm birth. So these risks should be weighed against the lack of conclusive safety evidence.

5. What side effects are possible after vaccination?

The most common side effects include injection site swelling/pain, fever, chills, tiredness and headache. Other possible side effects may include muscle and/or joint pain, swollen lymph nodes, nausea and/or vomiting, or a general sense of feeling unwell. Most side effects occur within the first 3 days following vaccination and typically last 1-2 days. Side effects are more common after the second dose and indicate your body is building protection. Serious adverse reactions are rare. Please consult with your healthcare provider for any concerns or questions.

See What to Expect after Getting a COVID-19 Vaccine from the CDC for more information.

6. If I am experiencing side effects, do I need to stay home? Do I need to get tested?

The initial side-effects from COVID-19 vaccines indicate that your body is developing antibodies to create immunity against the COVID-19 virus. These reactions should not keep you from going to work or doing other activities. However, stay home if you have a fever. It is not necessary to have a COVID-19 test or to quarantine.

However, respiratory symptoms or loss of taste and smell are NOT related to the vaccine reaction. If these or other symptoms are severe, persist or progress, then the symptomatic person should be tested for COVID-19 and follow COVID-19 protocols for quarantine and contact tracing.

7. What if I develop symptoms after having a prior COVID-19 infection or completing the vaccine series?

Regardless of prior infection or vaccination status, any person with new or unexplained symptoms of COVID-19 still needs to isolate (Isolation Guide), and be evaluated for COVID-19 testing.

8. Will I still need to wear a mask and follow prevention measures after vaccination?

Yes. It is not yet known, but it is possible that people who are fully vaccinated or previously infected could still get asymptomatic or a milder case of COVID-19. It is also unknown at this time if a vaccinated individual who gets the virus can transmit it to others. Therefore, even people who are fully vaccinated or previously infected need to continue to practice distancing, avoid social groups and gatherings, and wear face masks at all times when in public places.

9. If I tested positive for COVID-19 in the past, do I still need to be vaccinated?

Yes. Due to the severe health risks associated with COVID-19 and the fact that re-infection with the COVID-19 variants is possible, people with prior COVID-19 infection should be vaccinated to provide the highest level of protection against COVID-19.

At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. 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 vaccination lasts until we have more data on how well the vaccines work.

10. If I currently have COVID-19, how long do I need to wait to get vaccinated?

Immunization should be deferred until you have recovered from acute illness and until criteria have been met to discontinue isolation (**at least 10 days** have passed since symptoms first appeared or date of positive test if no symptoms, fever free for 24 hours without the use of fever-reducing medication and improvement in other symptoms). If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma during COVID-19 illness, you should **wait 90 days** before getting a COVID-19 vaccine.

11. If I get the vaccine, will I test positive for COVID-19?

No. None of the authorized COVID-19 vaccines can cause you to test positive on the viral tests (molecular - RNA/PCR test or antigen - rapid test) which are used to see if you have a **current infection**. If your body develops an immune response – the goal of vaccination – there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a **previous infection** and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

12. Do I still need to quarantine for travel outside of New England and within the United States, or if I am exposed to COVID-19 after receiving the vaccination series?

The following people do NOT need to quarantine after an exposure to a person with COVID-19, or after travel outside of New England within the U.S. Non essential travel is still discouraged, even if vaccinated.

- A person who is 14 days beyond the second dose of Pfizer or Moderna COVID-19 vaccines, and 14 days past the first dose of the Janssen COVID-19 vaccine.
- A person who is within 90 days of a prior SARS-CoV-2 infection diagnosed by PCR or antigen testing.
- Fully vaccinated travelers should still follow recommendations for traveling safely that include: wearing a mask over your nose and mouth; staying 6 feet from others and avoid crowds; and washing your hands often or use hand sanitizer.

13. Will I have to get vaccinated every year like I do with the flu vaccine?

It is not yet known how long the vaccines protect us against COVID-19 but the CDC is continuing to monitor the data and keep the public informed as new information becomes available. Boosters are likely to be developed to combat COVID-19 variants as they emerge in broad populations. This has occurred with measles and pneumococcal vaccines already in use.

14. Who is paying for the COVID-19 Vaccines?

The federal government is providing the vaccine free of charge to all people living in the United States, regardless of their immigration or health insurance status.

COVID-19 vaccination providers cannot:
- Charge you for the vaccine.
- Charge you directly for any administration fees, copays, coinsurance, balance of the bill.
- Deny vaccination to anyone who does not have health insurance coverage or is out of network.
- Charge an office visit or other fee to the recipient if the only service provided is a COVID-19 vaccination.
- Require additional services in order for a person to receive a COVID-19 vaccine; however, additional healthcare services can be provided at the same time and billed as appropriate.

COVID-19 vaccination providers can:
- Seek appropriate reimbursement from the recipient's plan or program (e.g., private health insurance, Medicare, Medicaid) for a vaccine administration fee.

15. Where can I find more information regarding the COVID-19 vaccines?

Here are some current COVID-19 vaccine resources:

New Hampshire's Vaccine & Immunization Network Interface (VINI) - https://www.vaccines.nh.gov/

NH COVID-19 Vaccine Information

#SleeveUpNewHampshire COVID-19 Vaccine Resources

CDC COVID-19 Vaccination Resources

CDC COVID-19 Vaccine & Immunization Toolkit for Community-Based Organizations

Ad Council COVID-19 Vaccine Messaging Toolkit

We Can Do This – COVID-19 Community Corps