COVID-19 Vaccinations – What You Need to Know

Updated January 5, 2020

NewYork-Presbyterian, Weill Cornell Medicine, and Columbia Doctors are distributing COVID-19 vaccines in phases as it becomes available.

COVID-19 vaccinations are being prioritized according to guidelines defined by state and federal agencies. At this time, COVID-19 vaccination is available to all of our NYP, Weill Cornell, and Columbia University health care personnel and everyone who is providing onsite support.

Vaccines are not yet being offered to the general public or others who do not meet the guidelines outlined by state and federal agencies. We anticipate that will change in the future.

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General FAQs

I have more questions about the vaccine or vaccinations. Who should I contact?
Please check your emails and the videos and other information posted on the NYP Infonet and VaccineTogetherNY.org, for the latest updates. If you still have questions, you may call the WHS COVID Hotline at 646-697-9470 or send an email to Vaccines@nyp.org.

Why vaccinate against COVID-19?
There is no cure for COVID-19 and hundreds of thousands of people have died from COVID-19. A vaccine is a proven and safe way to help your body fight an infectious disease. The CDC recommends vaccination as the first and best way to protect against COVID-19.

Why are we among the first to get the vaccine?
The Centers for Disease Control and Prevention and New York State have created recommendations for vaccine distribution that have prioritized front-line health-care workers and those who provide on-site support for those front-line workers to be vaccinated first. NYP, Weill Cornell, and Columbia are required to follow these recommendations.

Who makes the COVID-19 vaccine?
Several manufacturers have been working to produce COVID-19 vaccines. The first vaccines authorized by the FDA are made by Pfizer-BioNTech and Moderna; both are very similar in how they work and both are similarly effective and safe. We have been receiving shipments from both Pfizer and Moderna.

Is the COVID-19 vaccine effective?
Yes. Early results from clinical trials show greater than 90% effectiveness.

How does the COVID-19 vaccine work?
The vaccine helps you develop antibodies to fight COVID-19.

Am I required to get the COVID-19 vaccine?
Not at this time, but we strongly encourage you to get vaccinated. The CDC recommends a vaccine as the first and best way to protect against COVID-19.

Do I have to pay for my vaccine?
No. The vaccine will be provided to you at no cost.

How will the vaccines be administered?
These vaccines are given by intramuscular injection. Two doses will be required. The vaccine you receive for the second dose must be the same as the first dose. At the time of your first vaccination, you will be scheduled for your second vaccination.

Should I know which COVID-19 vaccine I am getting?
Yes. These vaccines require two doses to be effective. The second dose of vaccine must be the same type as the first one you received. You will be told this information at the time you receive your vaccine.
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Does the COVID-19 vaccine contain blood or blood fractions?
No. The COVID-19 mRNA vaccine that NYP is receiving does not contain blood or blood fractions.

How many NYP, Weill Cornell, and Columbia staff have been vaccinated so far?
The number of NYP, Weill Cornell, and Columbia healthcare personnel (HCP) who have been vaccinated is shown on the Infonet and Epic COVID-19 vaccine dashboard. All HCP who want to be vaccinated will be vaccinated as quickly as possible. We ask for your continued patience as we continue to expand our vaccination efforts.

Does the vaccine prevent you from contracting COVID-19?
The clinical trials for both the Pfizer vaccine and for the Moderna vaccine found that two doses of the vaccines were >90% effective at preventing symptomatic COVID-19 illness, including severe illness. The vaccine may also protect people from asymptomatic COVID-19 that could be transmitted to other people and this is now being studied.

Vaccine Eligibility and Scheduling

I want to get the vaccine. When can I get vaccinated?
You will be notified when it is your turn to be vaccinated. Currently, all of our NYP, Weill Cornell, and Columbia University health care personnel and everyone who is providing onsite support is eligible to get a vaccination. Our goal, ultimately, is to make it available to everyone across our organizations.

I am eligible to receive the vaccine now but was not able to be vaccinated with my department. Will I still be able to be vaccinated in the future?
We recognize that some HCP may miss getting the COVID-19 vaccine the first go around. They will still be able to be vaccinated. NYP has developed a plan for further vaccine distribution that is also dependent on NYS Department of Health Department guidance and vaccine supply. HCP will be informed by their managers, supervisors, department chairs, or program directors when it is their turn to be vaccinated.

I plan to wait until mid-February to get the vaccine for medical reasons. Will the vaccine be available to me at work at that time?
We expect to still be vaccinating in February but it is dependent on the amount of vaccine we receive.

Are clinical students eligible to receive the vaccine?
Yes, NYP has included clinical students in our vaccination plan.

Are voluntary physicians eligible to receive the vaccine?
Yes, we are currently vaccinating voluntary physicians.

Are affiliated physicians eligible to receive the vaccine at NYP?
If you see NYP patients on behalf of NYP and have an NYP, CU, or WCM ID badge, then you are able to get the vaccine. You can reach out to the Operations leaders at your campus for the
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location and schedule details.

Are physicians who only see patients virtually eligible to receive the vaccine?
As per NYS Department of Health (DOH) and CDC guidance, we are currently vaccinating health care personnel (HCP) who work onsite in clinical settings. We are developing plans for other groups of HCP that will be based on DOH and CDC guidance, but plan to vaccinate all NYP, Weill Cornell, and Columbia University HCP who wish to be vaccinated.

I am in a high-risk group. Can I get vaccinated sooner?
We are following the New York State Department of Health and CDC guidance for the first phase of COVID vaccination which recommends vaccinating front-line health care personnel.

How will I be informed when it is my turn to receive COVID-19 vaccine?
COVID-19 vaccinations are being prioritized according to guidelines defined by New York State and CDC. At this time, COVID-19 vaccination is available to all of our NYP, Weill Cornell, and Columbia University health care personnel caring for patients and everyone who is providing onsite support for patient care. **HCP will be informed by their managers, supervisors, department chairs, or program directors when it is their turn to be vaccinated.**

When will patients be able to be vaccinated?
New York State is currently prioritizing clinical staff, onsite support staff, nursing home residents, nursing home staff, followed by all long-term and congregate care residents and staff, EMS workers, other health care workers, coroners and medical examiners. The CDC’s Advisory Committee on Immunization Practices has recommended that adults 75 years of age and older be included in Phase 1b along with essential, non-healthcare frontline workers. However, the roll-out of this distribution will be organized by the NYS Department of Health according to vaccine supply.

For more information on recommendations for vaccine distribution see:

https://coronavirus.health.ny.gov/covid-19-vaccine-information-providers

https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm

Are the staff at voluntary physician offices eligible to be vaccinated at NYP?
If the staff of the office are NYP employees (with an NYP ID) and patient-facing, they are able to receive the vaccine. If the staff are not NYP employees, we are not able to vaccinate at this time.

Are physicians who only see patients virtually eligible to receive the vaccine?
As per NYS Department of Health (DOH) and CDC guidance, we are currently vaccinating health care personnel (HCP) who work onsite in clinical settings. We are developing plans for other groups of HCP that will be based on DOH and CDC guidance, but plan to vaccinate all NYP, Weill Cornell, and Columbia University HCP who wish to be vaccinated.

When will employees who are not providing clinical or onsite support receive the vaccine?
NewYork-Presbyterian, Weill Cornell Medicine, and Columbia Doctors are distributing COVID-
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19 vaccines in phases as it becomes available. COVID-19 vaccinations are being prioritized according to guidelines defined by state and federal agencies. As soon as New York State broadens eligibility to include vaccination to essential workers, we will certainly make it available accordingly.

I was notified this morning that I am eligible to get the vaccine this week. Is there a pre-registration process I need to complete?
You do not need to register. You may go to the vaccine location at the hospital which you are affiliated.

Process for Receiving Vaccine

Can inpatient or outpatient providers walk in or register for a COVID-19 vaccine?
Our process for vaccine distribution is dependent on NYS Department of Health Department guidance and vaccine supply, and includes inpatient and outpatient providers. Healthcare personnel will be informed by their managers, supervisors, department chairs, or program directors when it is their turn to be vaccinated. Your manager, supervisor, department chair, or program director will provide you more details on the process.

How can I schedule an appointment to get the COVID-19 vaccine?
Currently, you cannot schedule an appointment to get the first dose of the COVID-19 vaccine. Healthcare personnel will be informed by their managers, supervisors, department chairs, or program directors when it is their turn to be vaccinated. However, you will then be scheduled for an appointment for the second dose in the appropriate timeframe which is 21 days for the Pfizer vaccine and 28 days for the Moderna vaccine. It is important to keep this appointment.

Can I get my vaccine before a day off? I am concerned about potentially getting a reaction from the vaccine, and therefore not being able to come to work the next day.
As of January 5, of the more than 27,000 healthcare personnel who have received the vaccine at NYP thus far, vaccine-related reactions preventing people from coming to work have been exceedingly rare.

Can support care time be used for reactions to the COVID vaccine received at the hospital?
In the clinical trials of both the Pfizer and Moderna vaccines, a higher proportion of people had reactions after the second dose. However, most reactions were still described as mild to moderate, lasted a short time, and such reactions do respond to Tylenol and to non-steroidal anti-inflammatory drugs. If an employee has support care time, it can be used if time off is needed due to reactions to the COVID vaccine.

What should I bring to the vaccine site as proof of identity? I do not have a driver’s license or NY State ID.
Your NewYork-Presbyterian, Cornell, or Columbia ID badge is sufficient proof of identity.
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If I can get the vaccine sooner through my primary care physician, should I do that?
We recommend that you receive your COVID-19 vaccine at NYP. The COVID-19 vaccine is currently only being distributed through hospital systems, in order to vaccinate healthcare personnel first as per the recommended phased vaccine allocation. You will not be able to receive the vaccine from personal physicians at this time.

Are there specific individuals that should get the Pfizer vaccine vs. the Moderna vaccine? How do I know which one is best for me to take? Can I choose which vaccine (Moderna v. Pfizer) I receive?
Healthcare personnel will not be able to choose the type of COVID-19 vaccine they receive. The Pfizer and Moderna vaccines are both mRNA vaccines and have extremely similar efficacy and safety. NYP is receiving both the Pfizer and the Moderna vaccine. There are no recommendations for specific individuals who should get the Pfizer vs. the Moderna vaccine. It is important to remember that your first and second dose have to be the same vaccine, so for example, if your first dose is a Pfizer vaccine then your second dose should be a Pfizer vaccine.

Should I be tested for COVID-19 before receiving the vaccine?
No. Testing of asymptomatic individuals for COVID-19 infection is not required or recommended prior to receiving the vaccine.

Getting Vaccinated AFTER Having COVID-19, Receiving Other Vaccines, or Receiving COVID-19 Monoclonal Antibodies or Convalescent Plasma

I currently have COVID-19, should I still get the vaccine now? How long should I wait after I recover to get it?
Data from clinical trials show that the mRNA COVID-19 vaccines are SAFE in people who had past COVID-19 infection. Vaccination should be offered to people regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 (COVID-19) infection. Testing for the SARS-CoV-2 virus or for antibodies against SARS-CoV-2 to decide when to get vaccinated is NOT recommended.

CDC recommends that people who currently have COVID-19 infection wait to be vaccinated UNTIL they meet criteria to discontinue isolation. Generally, isolation can be discontinued when 1) at least 10 days have passed since the onset of symptoms or a positive test if a person has been asymptomatic; 2) at least 24 hours have passed being afebrile without antipyretics; and 3) symptoms are markedly improved. Healthcare personnel (HCP) with COVID-19 must be cleared to return to work by Workforce Health and Safety.

According to CDC guidelines, HCP who had COVID-19 infection within the past 90 days can choose to delay vaccination until near the end of the 90-day period in order to allow other HCP to be vaccinated first, if there is limited vaccine supply. This is because current evidence suggests that people are less likely to get reinfected with COVID-19 in the 90 days after their initial infection. However, this is a strategy to address limited vaccine supply and NOT for safety concerns, since current data from clinical trials have shown that the mRNA COVID-19 vaccines are safe in people who had past COVID-19. NYP has enough vaccine supply to vaccinate
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people who recently had COVID-19 and strongly encourages those with recent COVID-19 to be vaccinated.

I was recently sick with fever and cough but tested negative for COVID; when should I get vaccinated?
See above. In general, CDC recommends that people who have moderate or severe acute illness with fever wait to get vaccinated with any type of vaccine until their acute illness has resolved.

I am currently under quarantine for COVID-19. Should I come in to be vaccinated?
No, please wait to be vaccinated until your isolation period is over. Generally, isolation can be discontinued when 1) at least 10 days have passed since the onset of symptoms or a positive SARS-CoV-2 test if a person has been asymptomatic; 2) at least 24 hours have passed being afebrile without antipyretics; and 3) symptoms are markedly improved. Health care personnel with current COVID-19 must be cleared to return to work by Workforce Health and Safety.

How long after receiving another vaccine should I get vaccinated for COVID-19?
CDC recommends that people who have received another vaccine wait 14 days between the COVID vaccine and other vaccines. This is because simultaneous administration of other vaccines and the COVID-19 vaccine has not yet been studied.

If I received a monoclonal antibody treatment can I still get the vaccine and/or should I wait a period of time?
CDC recommends that people who received monoclonal antibody treatment or convalescent plasma for COVID-19 wait 90 days after receiving monoclonal antibodies or convalescent plasma to be vaccinated. Until we learn more about vaccination in this population, this is a precaution to avoid the theoretical possibility of interference of the antibody treatment with the body’s ability to produce an immune response to the vaccine.

I was cleared to return to work after having COVID symptoms. Is it okay for me to receive the vaccine right away or do I need to wait a certain amount of time from having been symptomatic?
Yes, you can be vaccinated after your isolation period is over and you have been cleared to return to work by Workforce Health & Safety.

Getting the SECOND COVID-19 Vaccine Dose

If I receive the first dose of the vaccine, am I guaranteed to get a second dose?
Yes, at the time of receipt of the first dose, you will be scheduled for your second dose in the appropriate timeframe. It is important to keep this appointment.

After I receive the initial dose (of either the Pfizer or Moderna vaccine), do I need to come for the second dose on exactly day 21 or 28? Or could I receive the second dose any time after day 21 or 28?
CDC recommends that people receive their second dose of the Pfizer vaccine 21 days after their first dose, and their second dose of the Moderna vaccine 28 days after their first dose, with
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a 4 day grace period. This is because these are the regimens that were studied in the clinical trials and for which we have data for efficacy and safety. However, if a person is unable to receive their second dose within the recommended interval, the second dose should be given as close as possible to the recommended interval. Further, there is NO maximal interval between the first and second dose for either vaccine.

I received a vaccine card when I got my first dose but I have misplaced it. Will I be able to get a replacement?
Workforce Health & Safety can provide a new card or a photocopy with your vaccine dates.

Should I come in for my second dose appointment if I am currently quarantining because of COVID exposure? If not, how do I reschedule my appointment?
You should not come in for your appointment while on quarantine. You may reschedule in CONNECT. If you are not registered in Connect, please go to https://www.myConnectNYC.org/newuser/ and clicking the Self Sign Up button.

Does delaying the second dose because of quarantine have an affect the vaccine’s effectiveness?
Healthcare personnel (HCP) who are on quarantine following a COVID-19 exposure cannot be vaccinated until their quarantine period ends and they have received return to work clearance from Workforce Health & Safety. While it is recommended that people receive the second dose at the recommended interval, 21 days following the first dose for Pfizer and 28 days following the second dose for Moderna, the second dose can be received at a longer interval if needed to accommodate the quarantine period following exposure. CDC states that there is NOT a maximum interval between first and second doses.

Can I receive my second dose at a different campus than I received the first?
You must receive the second dose at the same site you received the first. Locations and hours can be found here on the Infonet.

I experienced soreness and induration after receiving the first vaccine. I read in the information sheet distributed at time of vaccination that induration more commonly occurs after the second dose. Should I take Benadryl before I receive the second dose? Will switching the arm I get vaccinated in make a difference?
There are currently no precautions recommended to avoid induration at the vaccine site. Premedication before the onset of reactions is not recommended. Antihistamines like Benadryl can help relieve itching and hives, but may not help with induration. Tylenol, non-steroidal anti-inflammatory drugs (NSAIDs), and/or cold compresses may help with soreness and induration. It is unlikely that vaccinating in the other arm would help avoid induration.

I just tested positive for COVID-19 and am scheduled to receive the second dose of the vaccine this week. Is it OK to receive the second dose later?
CDC recommends that people with current SARS-CoV-2 infection should defer COVID-19 vaccination until they meet criteria to discontinue isolation. Generally, isolation can be discontinued when 1) at least 10 days have passed since the onset of symptoms or a positive test if a person has been asymptomatic; 2) at least 24 hours have passed being afebrile without antipyretics; and 3) symptoms are markedly improved. Healthcare personnel with COVID-19
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must be cleared to return to work by Workforce Health and Safety. Note that data from clinical trials show that the mRNA COVID-19 vaccines are safe in people who had past COVID-19.

If a person is unable to receive their second dose within the recommended interval, the second dose should be given as close as possible to the recommended interval which is 21 days for the Pfizer vaccine and 28 days for the Moderna vaccine. There is no maximal interval between the first and second dose for either vaccine.

I am scheduled for a procedure after I receive the second dose of the vaccine. Will pre-procedure COVID-19 testing be required?
At this time, there are no changes to recommendations regarding testing for SARS-CoV-2, including prior to procedures. Until more data are available regarding vaccine effectiveness in the real-world setting, all testing requirements as well as safety precautions (i.e., wearing a mask when around others, practicing social distancing, wearing all appropriate PPE in the hospital, and performing frequent hand hygiene) will remain in place.

Vaccine Safety - General

Is the COVID-19 vaccine safe?
Yes. Extensive clinical trials were conducted with thousands of participants for the FDA to evaluate the vaccine’s safety and effectiveness. This was a thorough process and no steps were skipped in the trials. In addition, New York State has set up a task force to review the vaccine before distribution in New York. And our own experts have reviewed the information.

Can I contract COVID-19 from the vaccine?
No. It is impossible for the vaccine to give you COVID-19; it does not contain the live SARS-CoV-2 virus that causes COVID-19.

What are some of the reactions to the COVID-19 vaccine?
While some people have no reaction to the vaccine, sometimes after vaccination the process of building immunity can cause symptoms, such as fever. These symptoms are normal. The most common reactions reported are soreness or redness at the injection site. Besides fever, less common reactions include fatigue, headache, muscle aches, and joint aches for a limited time, and these reactions are more likely to be experienced with the second dose. You will receive more information at the time of vaccination.

Should I take Tylenol prior to getting the vaccine, prophylactically?
If you experience symptoms such as fever, or soreness at the injection site, after receiving the vaccine, CDC recommends taking a non-steroidal anti-inflammatory drug (NSAID) or Tylenol when symptoms begin. However, CDC does not recommend taking these medications prophylactically because of the theoretic possibility they could dampen the immune response.

Are there any long-term side effects to the vaccine?
Based on currently available data, there are no known long-term side effects, but clinical trials are still underway to gather additional information regarding long term side effects.
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Are there any contraindications to receiving the COVID-19 vaccine?
The only contraindication is for individuals who have a severe allergic reaction or anaphylaxis to any component of the vaccine. See Vaccine Safety - Allergies section below for more information.

I had COVID-19 earlier this year and recently tested positive again for antibodies in my blood serology. Is it safe to get the COVID-19 vaccine on top of still having antibodies?
Yes, in clinical trials the vaccine appears to be safe in individuals who have previously had COVID-19 or have antibodies. There is not enough information currently available to say if or for how long after infection someone may be protected from getting COVID-19 again; therefore, the current recommendation is to receive the vaccine. See Getting Vaccinated After Having COVID-19 section above for more information.

Is Bell’s Palsy a side effect of the vaccine? If I have a history of Bell's palsy, should I receive the vaccine?
During the Pfizer and the Moderna trials, the number of people who experienced Bell’s Palsy cases was no greater than the number of people in the general population who experience Bell’s Palsy. Thus, experts do not think that the COVID-19 vaccines cause Bell’s Palsy, but both the CDC and FDA will be monitoring Bell’s Palsy in people who have received the vaccine.

Thus far, there are no data available for the risk of Bell’s Palsy occurring after vaccination in someone who had Bell's Palsy after birth. However, as described above, the vaccines are not thought to cause Bell’s Palsy. CDC does not recommend withholding vaccine from those with a history of Bell’s palsy.

If I need to report an adverse reaction to the vaccine, how do I do so?
Reactions that are expected after the COVID-19 vaccine such as mild to moderate pain at the injection site, fatigue, body aches and headache that resolve within a few days do not need to be reported. Reactions that last longer or include other symptoms such as cough, shortness of breath or sore throat should be reported to the WH&S Hotline 646-697-9470.

Severe adverse reactions that occur after the COVID-19 vaccine that require medical attention in the Emergency Department or result in hospitalization must be reported by NYP, Columbia, and Weill Cornell providers to the CDC’s Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov/reportevent.html (preferred) or by calling 1-800-822-7967.

Also, health care personnel can register with the CDC’s V-safe program https://vsafe.cdc.gov/ which is a voluntary program that monitors reactions after COVID-19 vaccination.

If you have any further questions about reporting adverse reactions please call the WH&S Hotline 646-697-9470.

Vaccine Safety - Allergies

I have severe allergies, is it safe for me to receive the vaccine?
The vaccine is currently contraindicated only for individuals who have a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech or Moderna vaccine. Those with a
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A history of severe allergic reaction/anaphylaxis to another vaccine or an injectable medication should consult with their allergist whether they can safely receive the vaccine. Finally, those with all other allergies, such as to food, the environment, or oral medications, can still safely receive the vaccine.

Click here to see Dr. Forese and Dr. Jordan Orange discuss the COVID-19 vaccine and allergies.

I have a shellfish allergy (anaphylaxis). Is this a contraindication to vaccination? How long should I be monitored after getting the vaccine? Are epi pens available in case they are needed?

Anaphylaxis to shellfish is not considered a contraindication to vaccination. However, if health care personnel (HCP) have had anaphylaxis to anything, they must indicate that on their Employee Screening Questionnaire for COVID Vaccine when they are registering for vaccination. They also will need to be observed for 30 minutes. Each of the vaccine administration sites has the appropriate treatment for anaphylaxis and the vaccination staff are trained in administering epinephrine therapy, if needed.

Is it safe for people with allergies to egg products or protein to receive the vaccine?

People with a history of being allergic to egg product or protein can receive the COVID-19 vaccine.

I have anaphylactic reactions to certain foods and oral lamisil, can I still get the vaccine?

There is not a contraindication to receive the COVID-19 vaccines for people with anaphylactic reactions to food or oral lamisil. However, please indicate this on the ’Employee Screening Questionnaire for COVID Vaccine’ that you will receive before your vaccination. Note: you will be observed for 30 minutes after receiving the vaccine.

I received allergy shots on a regular basis, should I change my allergy shot schedule before I receive my second dose of the Moderna COVID vaccine?

There are no specific data available regarding the timing of allergy shots and the COVID-19 vaccine. You should receive your second dose of the Moderna vaccine 28 days after the first dose. Please discuss the timing of your allergy shots with your allergist.

Vaccine Safety – Comorbid Conditions and Concurrent Medications

Can persons with an autoimmune disease receive the vaccine?

Data for people with autoimmune disease are currently limited, but there were patients with autoimmune disorders requiring treatment included in the Pfizer vaccine trial. The CDC’s Advisory Committee on Immunization Practices (ACIP) currently recommends offering the COVID-19 vaccine to people with autoimmune disease with counseling regarding the lack of data in these individuals and the potential for lower vaccine effectiveness due to a reduced immune response.

Do we know if the vaccine is safe in people with Type 1 Diabetes?

There are no current contraindications to receiving the COVID-19 vaccine for individuals who have comorbid medical conditions including diabetes. Based on data from clinical trials, the vaccine appears to be safe and effective in people with diabetes. Data are currently limited on
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those with who are immunocompromised or taking immunosuppressive medications and the FDA warns that these individuals may have diminished immune response to the vaccine. However, immunocompromised individuals may still receive the vaccine if no other contraindications are present.

I am anemic, can I still get the COVID vaccine?
People with anemia can receive the COVID-19 vaccines.

Should those with fibromyalgia and chronic fatigue syndrome receive the vaccine?
CDC and FDA recommend that the mRNA COVID vaccines can be given to people who have underlying medical conditions including immunocompromised persons and persons with autoimmune conditions. However, there are currently no specific data regarding the side effects of the vaccine for people with fibromyalgia and chronic fatigue syndrome.

Is it safe to receive the vaccination if I am on medication?
Employees will be screened and counseled before receiving the vaccine. All personal medical questions can be asked during this screening process.

I have been taking antibiotics, is it safe for me to get vaccinated?
A person can get vaccinated with the COVID-19 vaccine if they are taking antibiotics or just completed a course of antibiotics.

I take prednisone, is it safe to get the vaccine?
People receiving immunosuppressive therapy, such as prednisone, can receive the COVID-19 vaccines, but the CDC does advise that such individuals may have a less robust immune response.

COVID-19 Vaccine for Women Pregnant or Breastfeeding

I wanted to know if there are any ongoing studies that I can participate in pertaining to pregnancy and the COVID vaccine? I would like to be a part of any ongoing research if there is an opportunity.
Thank you for your interest. While there is not currently a study enrolling pregnant women, there are plans to do so.

I am planning to become pregnant, currently pregnant, or breastfeeding. Is it safe for me to receive the vaccine?
Experts from the CDC's Advisory Committee for Immunization Practices (ACIP) and from the American College of Obstetricians and Gynecologists (ACOG) have issued guidance for the COVID-19 vaccine in pregnant and breastfeeding individuals. Both ACOG and ACIP recommend that pregnant individuals who meet vaccination criteria based on CDC’s recommended priority groups for vaccination, which currently include health care personnel, may choose to be vaccinated. For lactating (breastfeeding) individuals, ACOG recommends that may be offered the vaccine similar to non-lactating individuals.

Click here to see Dr. Forese and Dr. Laura Riley discuss the COVID-19 vaccine for women pregnant or breastfeeding.
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Can you provide information about fertility planning, pregnancy and breastfeeding and the safety of the COVID-19 vaccine?

Experts from the CDC’s Advisory Committee for Immunization Practices (ACIP) and from the American College of Obstetricians and Gynecologists (ACOG) have issued guidance for the COVID-19 vaccine in pregnant and breastfeeding individuals. Both ACOG and ACIP recommend that pregnant individuals or those planning to become pregnant who meet vaccination criteria based on CDC’s recommended priority groups for vaccination, which currently include health care personnel, may choose to be vaccinated. For lactating (breastfeeding) individuals, ACOG recommends that may be offered the vaccine similar to non-lactating individuals.

Click here to see Dr. Forese and Dr. Laura Riley discuss the COVID-19 vaccine for women pregnant or breastfeeding.

What to Expect After Vaccination

I just received the COVID-19 vaccine and want to register for the V-safe app, how do I register?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through V-safe, you can quickly tell the CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from the CDC may call to check on you and get more information. V-safe will remind you to get your second COVID-19 vaccine dose if you need one. Participation in V-safe is optional, but we encourage people to register so we can learn as much as possible. Please register for V-safe via CDC website: https://vsafe.cdc.gov/

Will there be post-vaccination antibody testing offered to assess immune response?

Post-vaccination antibody testing is not recommended by the CDC to assess immune response. Please note that many serology tests do not test for antibodies against the spike protein so such tests would not even be able to measure an antibody response.

I am scheduled for a COVID-19 test as a pre-op for surgery next week. If I receive the vaccine now, will that affect the test results?

The vaccine will NOT affect your pre-operative testing results for SARS-CoV-2. People who are vaccinated will still require pre-operative testing for SARS-CoV-2.

Will I still need to wear a mask after I get my COVID-19 vaccine?

Yes, at least for a time. During the vaccine rollout it is still essential to follow CDC recommendations and use all available tools to help prevent the spread of COVID-19, including masks and social distancing. As vaccines are distributed more widely, some of these requirements may change.

Following vaccination, if someone is exposed to COVID should they still quarantine?

Yes, at this time, there has been no change from the current practice if someone is exposed.
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How long does this vaccine remain effective? Will we be getting booster shots too, if/when this first round runs its course?
We do not yet know how long immunity lasts after the two-dose vaccination or if a booster will be needed in the future. Current data include clinical trial participants who have been followed for at least two months, but these trials are ongoing and more data will be available in the future.

If a person receives both doses of the vaccine and it is proven to be effective, why do they need to continue wearing a mask?
After COVID-19 vaccination, people should continue all COVID-safe practices including wearing a mask, wearing appropriate PPE, practicing social distancing, and performing frequent hand hygiene. This is because while the vaccine is highly effective (~95%) in preventing COVID-19 illness, it is not 100% effective, and because we still don’t know how long people will be protected after vaccination. It also has not yet been studied how well the vaccine prevents vaccinated individuals from passing on the virus to other people.

Can a person who has been vaccinated still transmit COVID-19 to an unvaccinated person?
We are still learning about exactly how the COVID-19 vaccines provide protection. What we know right now is that the vaccines are very effective at preventing COVID-19 infection with symptoms. The vaccines may also prevent transmission altogether, but there are ongoing studies that will help further clarify this issue. Even without being vaccinated, many people are asymptotically infected with COVID-19, therefore it is still beneficial to be vaccinated to prevent severe disease. Until experts have more information it is important to continue to follow all safety precautions, including wearing a mask when around others, practicing social distancing, wearing all appropriate PPE in the hospital, and performing frequent hand hygiene.

Variant Strain of SARS-CoV-2

What makes the new COVID strain more contagious? Is it spread differently?
According to CDC, viruses constantly change through mutations, and new variants of a virus are expected over time. Multiple variants of the SARS-CoV-2 virus have been documented throughout the pandemic around the world. This new variant, initially detected in the United Kingdom, appears to spread more easily and quickly than other variants. The variant has since been detected in many countries, including the U.S. However, there is no evidence that this new variant causes more severe illness or increased risk of death and experts believe the COVID-19 vaccines will be effective against this variant. We don’t yet understand why this new variant could be more transmissible as its virologic, epidemiologic, and clinical characteristics are still being studied. Based upon available information, it appears that the same infection prevention measures we’ve been using are effective for this variant, including masking, social distancing, use of PPE, and frequent hand hygiene. As more information becomes available on this new variant strain, it will be communicated.

Does the current Pfizer and Moderna vaccines protect against the alternate strain?
Experts believe the COVID-19 vaccines will be effective against this variant. According to CDC, there is no evidence that the new variant strain is able to evade immunity induced by current COVID-19 vaccines. FDA-authorized vaccines are “polyclonal,” producing antibodies that target
several parts of the spike protein. The virus would likely need to accumulate multiple mutations in the spike protein to evade immunity induced by vaccines or by natural infection. Therefore, the recommendation is to proceed with getting vaccinated with the current FDA-authorized vaccines.

References