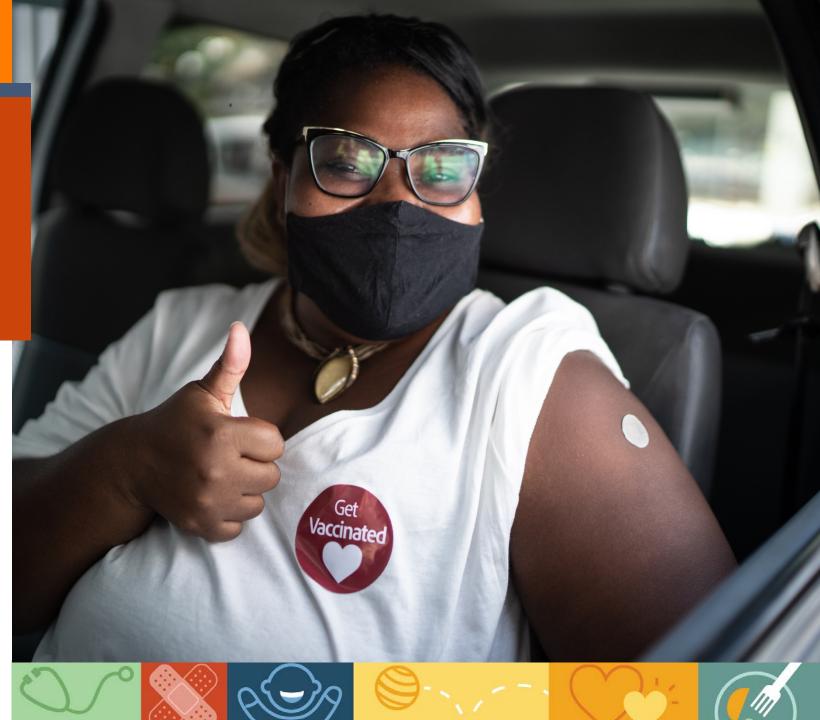
COVID-19 Vaccines: Answers to Frequently Asked Questions

March 24, 2021



National Center on

Health, Behavioral Health, and Safety



Welcome from the Director of the Office of Head Start



Bernadine Futrell, PhD



Welcome from the OHS Senior Program Specialist and HBHS Co-Project Officer



Marco Beltran, DrPH









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Today's Presentation

- Introduction and Overview
- An Introduction to COVID-19 Vaccines
- Panel Discussion with Question and Answers
- Submit additional questions to health@ecetta.info



Resources

National Center on Health, Behavioral Health, and Safety

Current as of March 15, 2021

COVID-19 Vaccines Frequently Asked Questions

Based on the directive issued March 2, 2021 by the U.S. Department of Health and Human Services (HHS), Head Start staff members are eligible to receive the COVID-19 vaccine.

This resource answers frequently asked questions about the COVID-19 vaccines.

Why is vaccination important?

The COVID-19 vaccines can help end the pandemic and reduce the number of lives lost. This could especially help people in the highest risk groups, including people with chronic health problems, those who work closely with others, and people living in large households. Discuss your personal risks of COVID-19 with your health care provider. If you can get the vaccine, consider the benefits: It will reduce the risk for you, your family, your community, and the children in your care.

How do vaccines work?

Vaccines trigger your body's natural response to fight illnesses. Vaccines work by training your immune system to be ready to recognize viruses or bacteria when they enter your body. Then, if you are exposed to that virus or bacteria in the future, your immune system acts as if it has already seen it before and knows how to respond.

Are the COVID-19 vaccines safe?

Yes. The U.S. Food and Drug Administration (FDA) works to make sure all vaccines are as safe as possible through careful testing. So far, the FDA has approved the Moderna, Pfizer-BioNTech, and Johnson & Johnson COVID-19 vaccines. Although the vaccines are new, the process for ensuring vaccine safety is not new. All vaccines must meet strict safety standards before the FDA approves them for the public. Many thousands of adults of different ages and races volunteered for clinical trials to test the COVID-19 vaccines.

Throughout the U.S., over 2 million people are vaccinated each day. As more people get the vaccines, the FDA and the Centers for Disease Control and Prevention (CDC) are continuing to track side effects to watch for any safety concerns.





Updated March 15, 2021

Tips for Talking to Head Start Staff and Families About the COVID-19 Vaccines

The COVID-19 vaccines available in the United States have been shown to be safe and effective at preventing COVID-19. Most people are planning to be vaccinated. Others may feel nervous about vaccine safety and side effects and want to know more before committing. By taking time to listen to their concerns and answer their questions, you can help your Head Start staff and families become confident in making the right decision for themselves. This resource includes strategies for talking with Head Start staff and families about the COVID-19 vaccines.

Understand Concerns

Before you share information about the vaccines, it's helpful to ask if there are concerns. You might start the conversation by asking, "How do you feel about the vaccines that are available?" If they are uncertain, ask if it's OK to discuss their concerns. With permission to continue, you could say, "May I ask what makes you feel concerned? What kinds of things are you hearing about the vaccine?" Since some people may not feel comfortable trusting the medical system or the government to keep them safe, you can ask questions such as, "What have been your experiences with the medical community? What are your concerns about the government's role in these vaccines?"

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Reflective listening and summarizing are conversational skills that can help to show your genuine interest in someone's ideas. Reflective listening takes place when you seek to understand someone else's perspective. It includes restating and clarifying what the other person is saying to make sure you really understand the meaning of their communication. Summarizing happens when you pull from what you are hearing to tie together a few different points.

After you make reflections or summarize, don't forget to make sure you're on the right track by asking something like, "Is that what you mean?" The point is not to change the other person's mind, but to make sure they feel heard and respected. Helping people feel heard increases communication and their confidence in their ability to decide what to do. It also leaves open the possibility for discussing topics that are more challenging.

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An Introduction to COVID-19 Vaccines

Sean O'Leary, MD, MPH, FAAP





Outline

- Vaccine Basics
- COVID-19 Vaccines
 - What they are and how they work
- The Vaccine Approval Process
- Vaccine Safety and Safety Monitoring





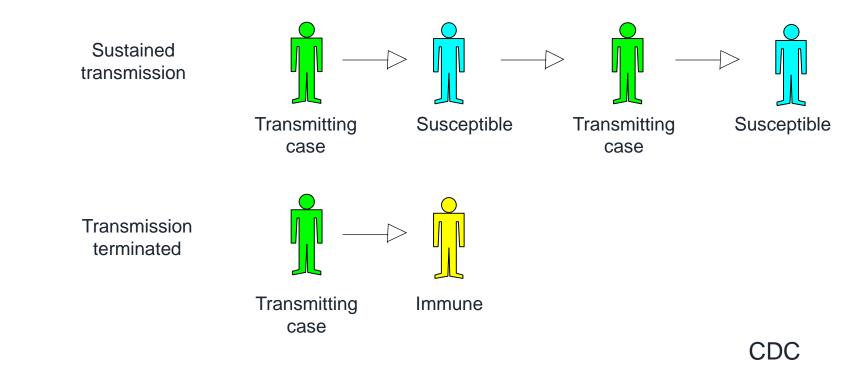
What is a Vaccine?

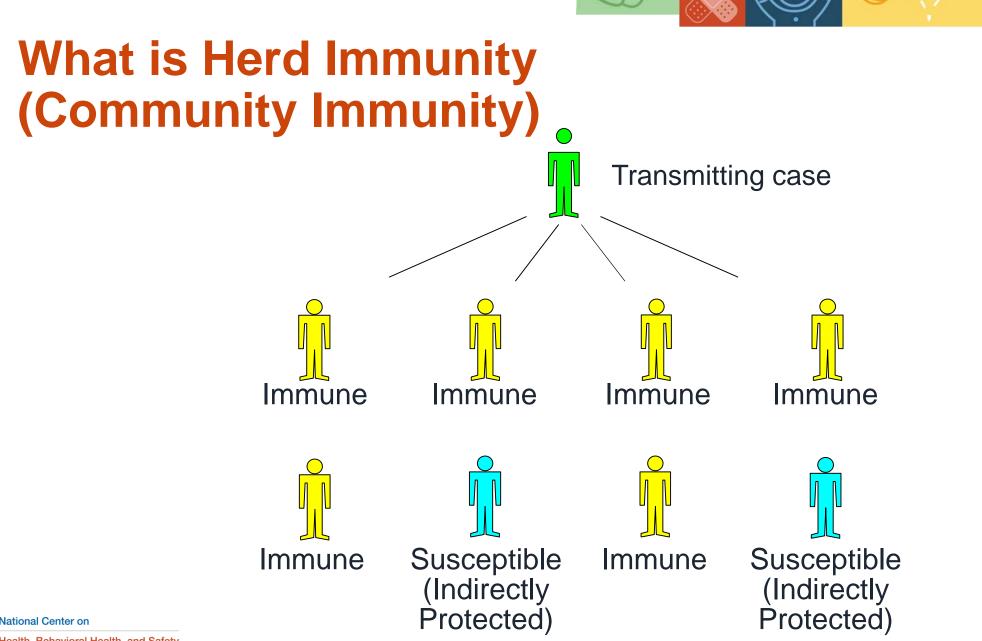
- A <u>vaccine</u> trains your immune system to remember what an infectious disease looks like, usually by training it to recognize a harmless portion of the disease (often a very small part of a virus or bacteria).
- It also helps your immune system create <u>antibodies</u>, so that when your body comes in contact with the actual infectious disease, your immune system recognizes the disease and uses the antibodies to kill it before it can cause harm.
- **Vaccination** is the act of giving a vaccine.
- Vaccines protect individual people, but they also protect others through something called **herd immunity**, sometimes called community immunity.





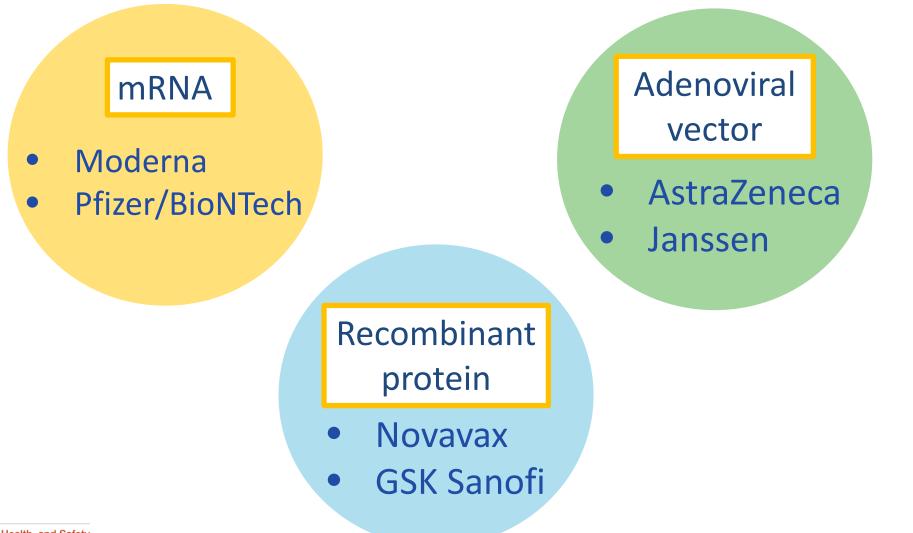
What is Herd Immunity (Community Immunity)





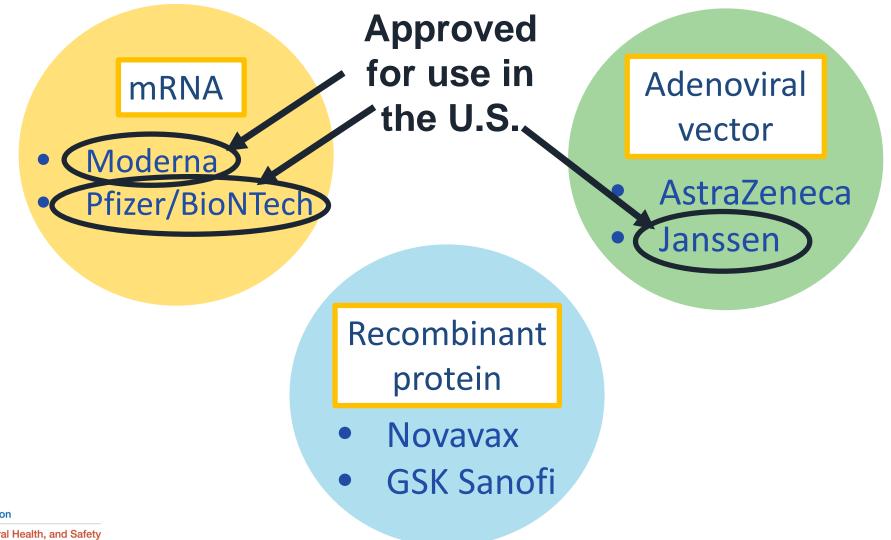
CDC

US COVID-19 Vaccines



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U.S. COVID-19 Vaccines



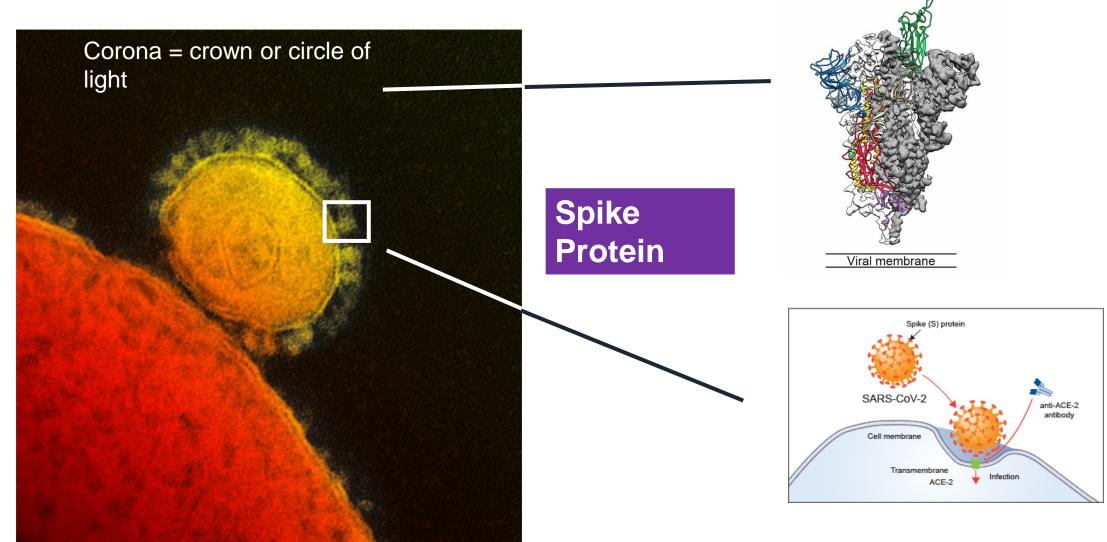


General Summary of Information So Far for U.S. Vaccines

- They all produce a strong immune response in the body.
- Safety profiles also look very good
 - Some temporary reactions, like fever and fatigue, but overall, very safe
- The companies have been successful at enrolling diverse populations, in terms of race/ethnicity, age, and underlying conditions.
- Available data for the 3 approved vaccines are very encouraging
 - Close to 100% protection against hospitalization and death



SARS-CoV-2 Spike Protein: Viral Entry





Wrapp D, Wang N, Corbett KS, Goldsmith JA, Hsieh CL, Abiona O, Graham BS, McLellan JS. Cryo-EM structure of the 2019-nCoV spike in the prefusion conformation. Science. 2020 Feb 19:eabb2507. doi: 10.1126/science.abb2507.

mRNA Vaccines: Pfizer, Moderna

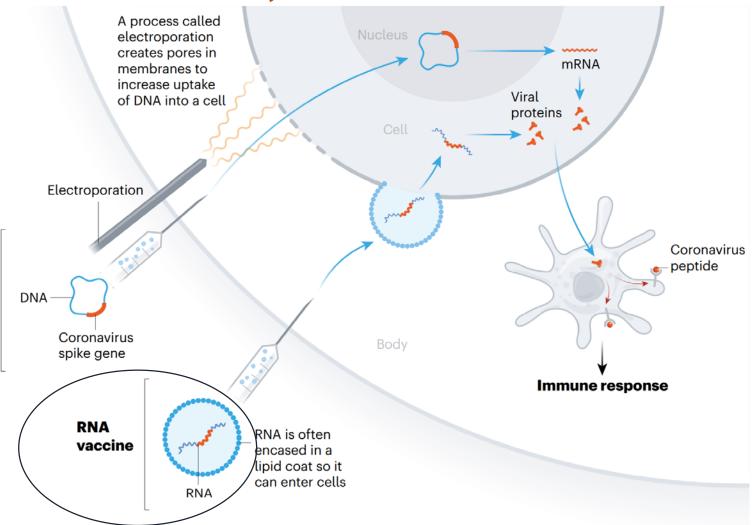
NUCLEIC-ACID VACCINES

At least 20 teams are aiming to use genetic instructions (in the form of DNA or RNA) for a coronavirus protein that prompts an immune response. The nucleic acid is inserted into human cells, which then churn out copies of the virus protein; most of these vaccines encode the virus's spike protein.

DNA

vaccine

RNA- and DNA-based vaccines are safe and easy to develop: to produce them involves making genetic material only, not the virus. But they are unproven: no licensed vaccines use this technology.



Viral-vector vaccines

- Janssen (Johnson and Johnson)
- AstraZeneca/Oxford
 EUA April 2021?

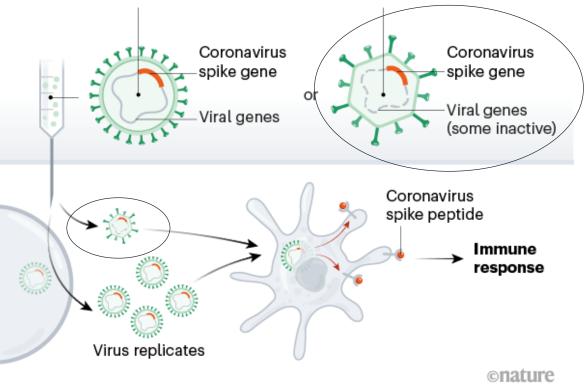
VIRAL-VECTOR VACCINES

Replicating viral vector (such as weakened measles)

The newly approved Ebola vaccine is an example of a viral-vector vaccine that replicates within cells. Such vaccines tend to be safe and provoke a strong immune response. Existing immunity to the vector could blunt the vaccine's effectiveness, however.

Non-replicating viral vector (such as adenovirus)

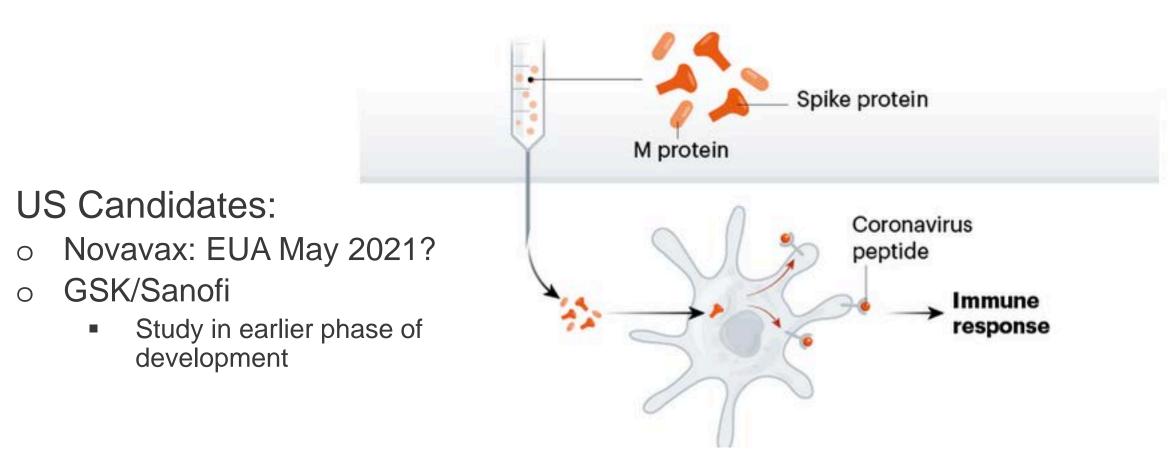
No licensed vaccines use this method, but they have a long history in gene therapy. Booster shots can be needed to induce long-lasting immunity. US-based drug giant Johnson & Johnson is working on this approach.







Protein Subunit Vaccines





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"Were the vaccines developed too quickly?!"

VACCINE APPROVAL PROCESS



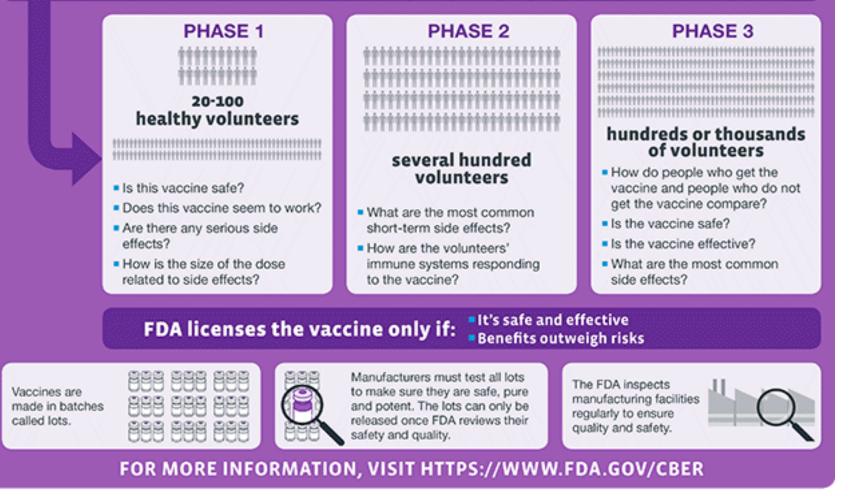
Vaccine Licensing Process: Safety First

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How a new vaccine is developed, approved and manufactured

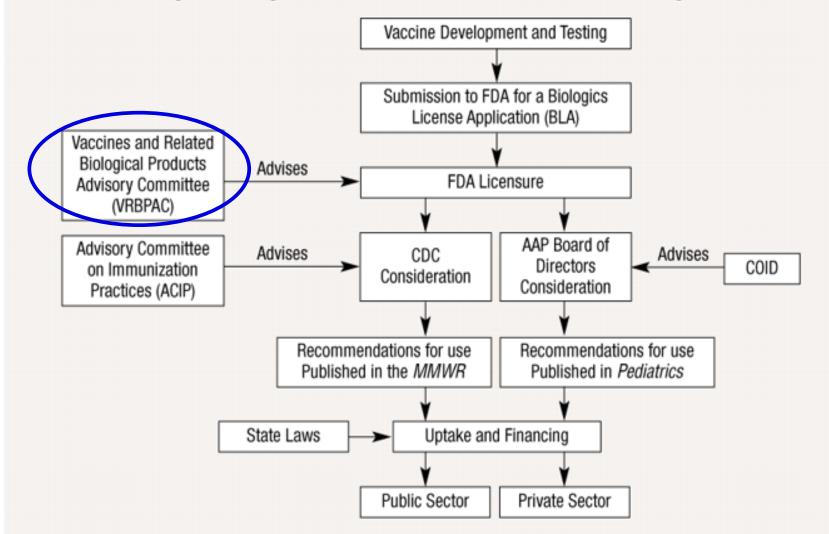
The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.



*www.cdc.gov/vaccines/parents/infographics/journey-of-child-vaccine.html From: Frank DeStefano, CDC presentation, 30-31 May 2019

Development of vaccine recommendations and policies

Development of pediatric vaccine recommendations and policies



Modified from Pickering LK, Orenstein WA. Development of pediatric vaccine recommendation and polices. Semin Pediatr Infect Dis. 2002;13:148-154. Reprinted with permission.

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What is "VRBPAC" and why should I trust them?

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- Almost all non-governmental (no political appointees)
- Lots of pediatricians



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Expertise: Pediatrics, Infectious Diseases Term: 06/21/2019 – 01/31/2023 Dean Chicago Medical School Vice President for Medical Affairs Rosalind Franklin University of Medicine and Science North Chicago, IL 60064



"What is VRBPAC and why should I trust them?"

"I'm reassured," said Dr. Paul Offit, a committee member, director of the Vaccine Education Center and an attending physician at Children's Hospital of Philadelphia. The EUA process FDA described was "much much much closer" to the full licensing process than he had thought, he said.

- 15 voting members, primarily experts in vaccines, infectious diseases, and public health
- Almost all non-governmental (no political appointees)
- Lots of pediatric representation

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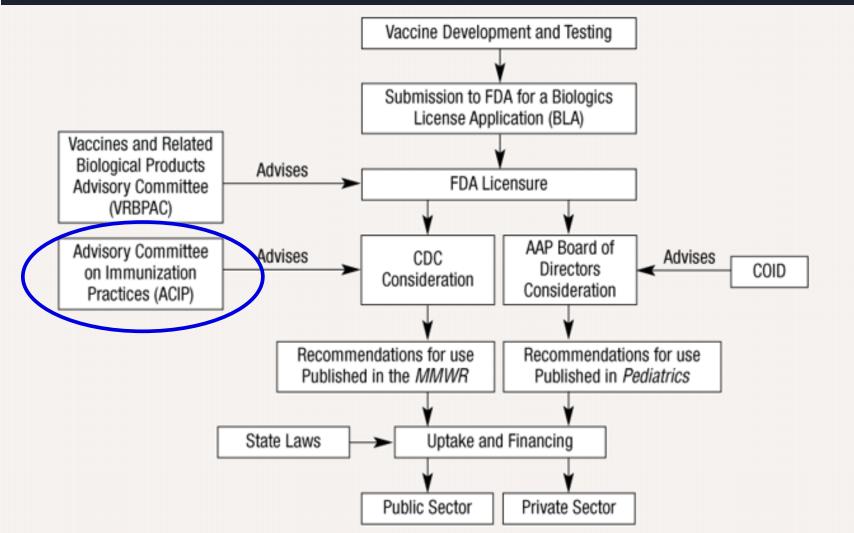
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Key Elements for Developing Evidence Based Recommendations by ACIP

- Vaccine safety
- Vaccine efficacy/effectiveness
- Burden of disease
- Implementation issues



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POST-LICENSURE SAFETY MONITORING

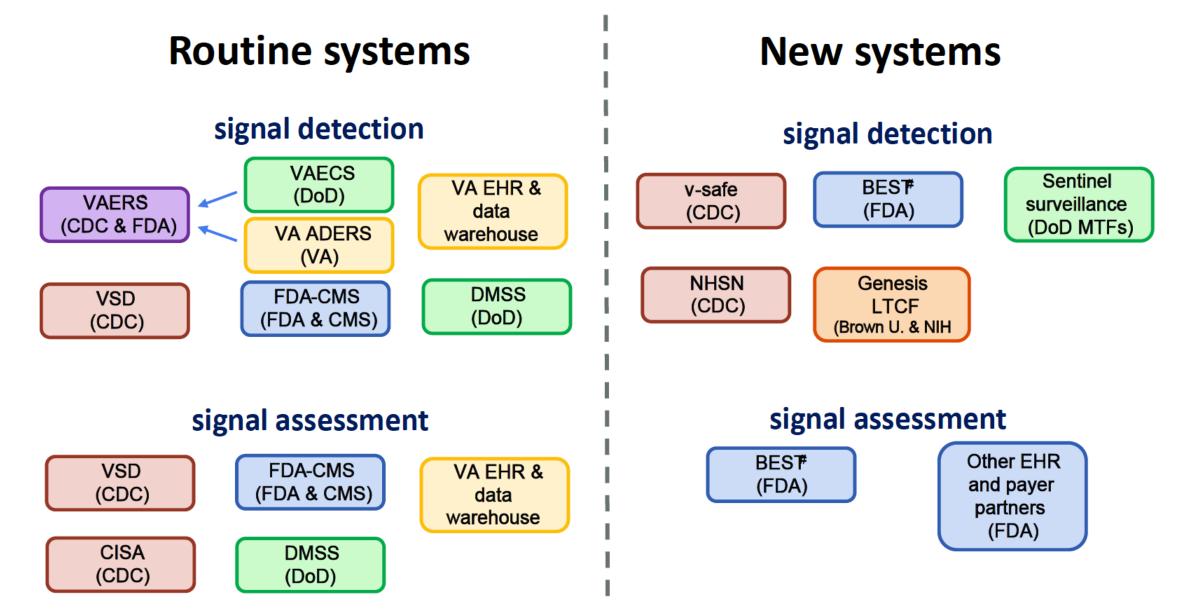


Rationale for Post-Licensure Vaccine Safety Monitoring

- Safety standards for vaccines are high
 - Because vaccines are generally given to a large population to prevent disease, they are held to much higher safety standards than any other medicine we give (we'll tolerate significant side effects for some medicines, but not vaccines)
- Pre-licensure trials are typically not designed to
 - Detect rare adverse events
 - Monitor vaccine safety in a real-world environment
 - Assess safety in special populations (often excluded)

The existence of a comprehensive robust vaccine safety monitoring system can bolster confidence in the safety of vaccines



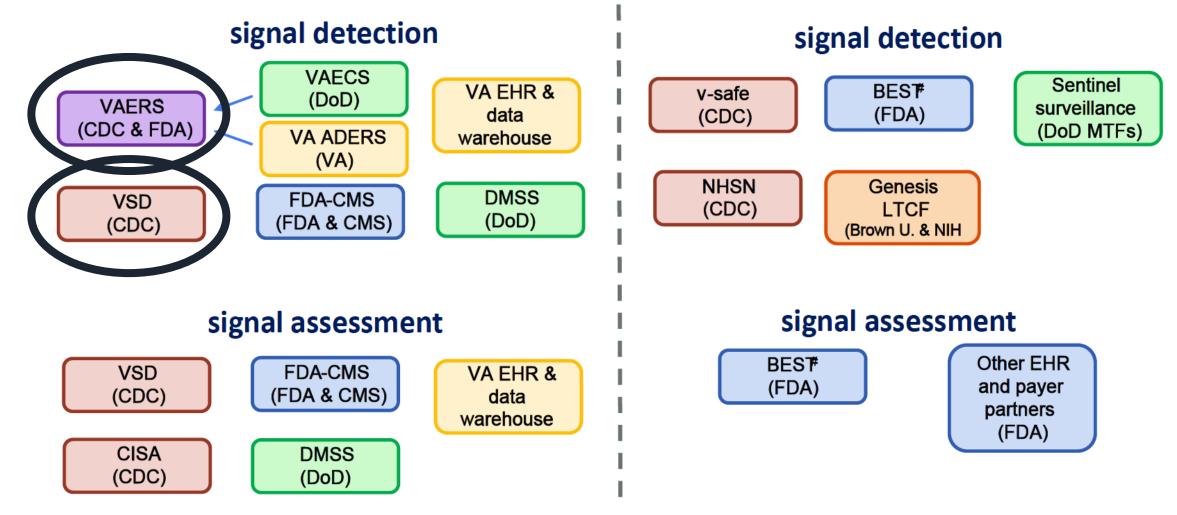


*DoD and IHS have VAERS data sharing agreements with CDC; #BEST includes most of the major partners from Sentinel PRISM



Routine systems

New systems



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Vaccine Adverse Event Reporting System (VAERS)

- Created in 1990
- Overseen jointly by CDC and FDA
- Spontaneous, voluntary, national reporting system which collects reports of adverse events occurring after vaccination
- Each year, VAERS receives ~ 30,000 reports





The Role of VAERS

- Can help identify unanticipated, new, rare adverse events
- Can't be used to determine if a vaccine did or did not cause a particular event
 - All things that can happen after a vaccine can also happen in the absence of vaccination.
 - "Association does not equal causation"
- If unusually high number of adverse events after a particular vaccine, "focused studies in other systems are done to determine if the adverse event is or is not a side effect of the vaccine."

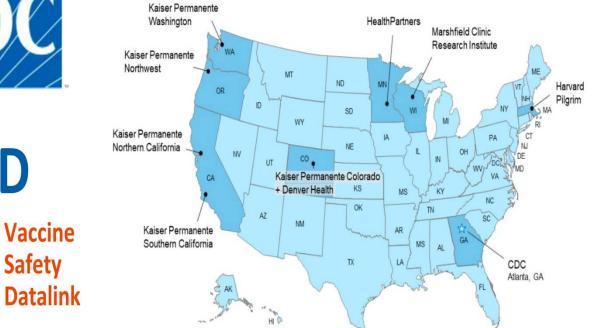


Overview of the Vaccine Safety Datalink (VSD)

- Created in 1995
- Collaboration between 9 medical care organizations and CDC
- CDC

VSD

- > 12 million children and adults
- Integrated delivery systems, enrolled populations, electronic health records



9 participating integrated healthcare organizations

Data on over 12 million persons per year





Vaccine Safety Datalink

- Vaccine data highly accurate
- Large populations of people who get essentially all their health care (vaccines, hospitalizations, emergency room visits, clinic visits) in a single system
- VSD can study if vaccines are related to a specific side effect



Preliminary results of the VSD unvaccinated concurrent comparator analysis for COVID-19 vaccine safety after either dose of any mRNA vaccine as of February 13, 2021

VSD Rapid Cycle Analysis prespecified outcomes for COVID-19 vaccines	Concurrent comparator analysis	Risk interval	Events in vaccinated	Adjusted expected events in risk interval
Acute disseminated encephalomyelitis	Unvaccinated	1-21 days	0	0
Acute myocardial infarction	Unvaccinated	1-21 days	23	26.0
Acute respiratory distress syndrome	Unvaccinated	N/A	0	N/A
Anaphylaxis	Unvaccinated	0-1 days	20	N/A
Appendicitis	Unvaccinated	1-21 days	31	23.6
Bell's palsy	Unvaccinated	1-21 days	21	20.3
Convulsions/seizures	Unvaccinated	1-21 days	10	9.6
Disseminated intravascular coagulation	Unvaccinated	1-21 days	1	1.1
Encephalitis/myelitis/encephalomyelitis	Unvaccinated	1-21 days	1	.1

No statistically significant increased risks detected for any prespecified outcomes

Slide from a recent CDC meeting: An example of the level of detail with which these vaccines are being monitored for safety

proke, nemormagic	Onvacemated	1-21 uays	0	10
Stroke, ischemic	Unvaccinated	1-21 days	41	38.8
Transverse myelitis	Unvaccinated	1-21 days	0	0
Venous thromboembolism	Unvaccinated	1-21 days	26	26.3
Pulmonary embolism (subset of VTE)	Unvaccinated	1-21 days	20	21.0



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Conclusions

- Vaccines to prevent COVID-19 offer a potential end to this pandemic in this historic moment.
- The US vaccine candidates at this point appear to be both very safe and highly effective.
- Although the vaccine trials have happened with unprecedented speed, we have reasons to "trust the process."
- We have an extensive vaccine safety monitoring system in place always working behind-the-scenes to makes sure all vaccines, including COVID-19 vaccines, are safe.



Panel Q&A









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1. What are the possible side effects of the vaccine?





2. Vaccine hesitancy is a concern among some people. How can we ensure that families, especially families of color who have such a difficult history with experimental medicine, have the facts on the vaccine?





3. What are the benefits for Head Start staff to get vaccinated?





4. What is the point of taking the vaccine with no long-term studies? I still have to wear a mask and most people recover even if they get COVID.





5. Are there people who shouldn't get the vaccine?





6. If I've had COVID, should I get the vaccine?





7. Communities of color have been hit hardest by COVID-19. What can we do to ensure our families of color have access to the vaccine?





8. I'm worried about getting the vaccine, but also about what my coworkers will say if I don't get it. How can I explain my concerns and have a constructive conversation?





9. What are the benefits for the Head Start children if the staff are vaccinated?





10. Can I still get COVID if I get vaccinated?





11. How long will the immunity last? Will I need a booster shot?



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Thank you!



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Evaluation

 <u>https://redcap.childtrends.org/</u> <u>surveys/?s=Y9HD7WNFD8</u>







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Toll-Free: 888-227-5125

Email: health@ecetta.info

Website: https://eclkc.ohs.acf.hhs.gov/health

To subscribe to the NCHBHS monthly resource list visit: <u>https://go.edc.org/HBHS-Contacts</u>

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Before you share information about the vaccines, it's helpful to ask if there are concerns. You might start the conversation by asking, "How do you feel about the vaccines that are available?" If they are uncertain, ask if it's OK to discuss their concerns. With permission to continue, you could say, "May I ask what makes you feel concerned? What kinds of things are you hearing about the vaccine?" Since some people may not feel comfortable trusting the medical system or the government to keep them safe, you can ask questions such as, "What have been your experiences with the medical community? What are your concerns about the government's role in these vaccines?"

Use Reflective Listening and Summarizing Strategies

Reflective listening and summarizing are conversational skills that can help to show your genuine interest in someone's ideas. Reflective listening takes place when you seek to understand someone else's perspective. It includes restating and clarifying what the other person is saying to make sure you really understand the meaning of their communication. Summarizing happens when you pull from what you are hearing to tie together a few different points.

After you make reflections or summarize, don't forget to make sure you're on the right track by asking something like, "Is that what you mean?" The point is not to change the other person's mind, but to make sure they feel heard and respected. Helping people feel heard increases communication and their confidence in their ability to decide what to do. It also leaves open the possibility for discussing topics that are more challenging.

Provide Accurate Information

It is not within a Head Start staff member's role to provide medical advice or to convince people to be vaccinated. Instead, you can provide guidance from reliable sources about the vaccines.

Explore myths and facts about the COVID-19 vaccine from the U.S. Centers for Disease Control and Prevention (CDC): <u>https://www.cdc.gov/</u>coronavirus/2019-ncov/vaccines/facts.html

Watch a series of videos featuring Black health care providers from the Kaiser Family Foundation (KFF) talking about the vaccines: <u>https://www.greater</u> <u>thancovid.org/the-conversation-videos-all/</u>

Learn how to determine if online health information is reliable: <u>https://vaccineinformation.org/internet-immunization-info/</u>

To offer these resources, you could say, "Head Start programs are sharing the latest CDC guidance on vaccine safety and effectiveness. Would it be OK if we talk through some resources and information I have?" It might also be helpful for folks to hear from someone who has already been vaccinated. Offer this as a resource if staff and family members in your program or community have been vaccinated and are willing to share their experiences.



Leave Room for Future Communication

Remember, the goal is to help a person feel comfortable discussing concerns, not to immediately change their mind. End the conversation with a hopeful note, such as, "I really appreciate you sharing your concerns with me. I hope we can meet again to see what you think after reflecting on our conversation or reading more information." Ask for permission to have another chance to talk and to keep the communication flowing.

Sample Conversation

Speaker A: I want to check in with you about the COVID-19 vaccine. How are you feeling about the vaccines that are available?

Speaker B: I am not getting that vaccine - no way!

A: Would it be OK to discuss your concerns? [asking permission to discuss concerns]

B: Sure, that's fine.

A: May I ask why you are hesitant? What kinds of things are you hearing about the vaccines?

B: Well, they got those vaccines out way too quickly for them to be safe. I don't trust that the vaccines work, and I'm not going to take the risk of getting COVID-19 from that shot. I've heard about the bad side effects, too.

A: OK, so I definitely hear you are concerned about whether the vaccines are safe and are wondering if they even work. I also picked up on you saying you are worried about side effects and whether you are at risk of getting COVID-19 from the vaccine. Am I getting all of that right? [*reflective listening and summarizing*]

B: Yep! Can't blame me for saying I won't do it, huh?

A: I am definitely not here to blame you or to ask you to change your mind. We have been hearing similar things from others, so Head Start programs are sharing the latest CDC guidance on vaccine safety and effectiveness. Would it be OK to talk through some



resources I have here? It looks like the CDC has directly answered some of the questions you have. [offering resources such as <u>Myths and Facts About</u> <u>COVID-19 Vaccines</u>]

B: OK, I'll take a look.

A: I really appreciate you sharing your concerns with me. I would love to talk about this again after we both have some time to reflect on our conversation and the CDC information. Would it be OK for me to check in about this again soon? [*leaving room for future conversations*]

B: Sure, that sounds fine with me.

Related Resources

- What Is Motivational Interviewing?
- <u>Different COVID-19 Vaccines</u>
- Key Things to Know About COVID-19 Vaccines
- <u>COVID-19 Vaccines for School Staff and Childcare</u> Workers
- KFF COVID-19 Vaccine Monitor



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COVID-19 Vaccines Frequently Asked Questions

Based on the directive issued March 2, 2021 by the U.S. Department of Health and Human Services (HHS), Head Start staff members are eligible to receive the COVID-19 vaccine.

This resource answers frequently asked questions about the COVID-19 vaccines.

Why is vaccination important?

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The COVID-19 vaccines can help end the pandemic and reduce the number of lives lost. This could especially help people in the highest risk groups, including people with chronic health problems, those who work closely with others, and people living in large households. Discuss your personal risks of COVID-19 with your health care provider. If you can get the vaccine, consider the benefits: It will reduce the risk for you, your family, your community, and the children in your care.

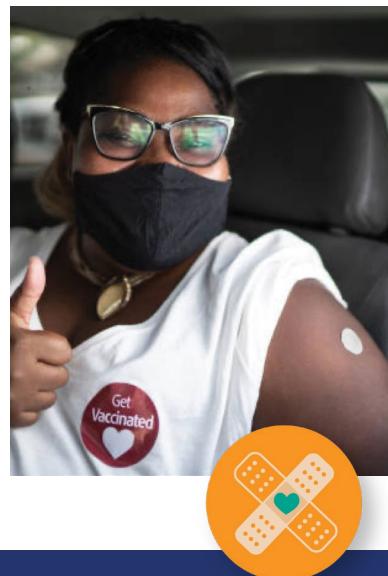
How do vaccines work?

Vaccines trigger your body's natural response to fight illnesses. Vaccines work by training your immune system to be ready to recognize viruses or bacteria when they enter your body. Then, if you are exposed to that virus or bacteria in the future, your immune system acts as if it has already seen it before and knows how to respond.

Are the COVID-19 vaccines safe?

Yes. The U.S. Food and Drug Administration (FDA) works to make sure all vaccines are as safe as possible through careful testing. So far, the FDA has approved the Moderna, Pfizer-BioNTech, and Johnson & Johnson COVID-19 vaccines. Although the vaccines are new, the process for ensuring vaccine safety is not new. All vaccines must meet strict safety standards before the FDA approves them for the public. Many thousands of adults of different ages and races volunteered for clinical trials to test the COVID-19 vaccines.

Throughout the U.S., over 2 million people are vaccinated each day. As more people get the vaccines, the FDA and the Centers for Disease Control and Prevention (CDC) are continuing to track side effects to watch for any safety concerns.



Is the COVID-19 vaccine effective?

Yes, all three vaccines have shown to be very effective, particularly in protecting people from getting extremely sick or requiring hospitalization. The Moderna and Pfizer-BioNTech vaccines require two doses, spaced several weeks apart, to be fully effective. The Johnson & Johnson vaccine works with just one dose instead of two. Public health experts and medical providers strongly urge people to take whatever vaccine they can get, as the most important thing is to get vaccinated as soon as possible.

What is herd immunity?

Herd immunity is when most people are protected from a disease because they were vaccinated or had the disease. With herd immunity, the disease won't spread as easily from person to person. Wide-scale vaccination (over 70%) leads to herd immunity, which could end the pandemic and protect those who cannot get the vaccines. Measles, mumps, polio, and chickenpox are examples of childhood diseases that were once very common. These diseases are now rare in the U.S. because of successful vaccination programs leading to herd immunity.

What is in the COVID-19 vaccines?

There is no coronavirus in the vaccines, which means the vaccines cannot cause COVID-19. The active ingredient in the Moderna and Pfizer-BioNTech vaccines is called mRNA, or messenger RNA, which is genetic material that contains instructions for making proteins. These mRNA COVID-19 vaccines do not have preservatives, which is why they must stay frozen until they are ready to use. The Johnson & Johnson vaccine does not use mRNA. It uses a common cold virus to deliver instructions for the body to make antibodies to attack the coronavirus. The vaccines also include lipids, salts, sugars, acids, and acid stabilizers to help keep the vaccine stable and deliver the active ingredient to your cells. That's it. The vaccines do not contain ingredients that are poisonous or harmful.

Will mRNA change my DNA?

No. When the mRNA enters a cell, it provides instructions to make a "spike" protein similar to that of the SARS-CoV-2 virus (the virus that causes COVID-19). Your body responds by making antibodies to recognize the spike protein. Then if you are exposed to the SARS-CoV-2 virus in the future, your body will know how to fight the virus. Your cells destroy the mRNA after you have the spike protein in your body, and it will not change your DNA.

Are there side effects to getting the vaccine?

Yes. The most common side effects are pain in the arm where you get the shot. Some people also have one or more of these symptoms: tiredness, headache, muscle pain, chills, joint pain, and fever. Another side effect can be swollen lymph nodes in the neck or under the arm where you get the shot. These are all signs of the body's immune system working. More people had these side effects after the second dose than after the first dose. A very small number of the millions of people vaccinated have had severe allergic reactions.

After you get your vaccine, you'll be asked to stay for about 15 minutes so the health care providers can monitor for an allergic reaction. People who have had a severe allergic reaction after a previous dose of the vaccine, or who have had a severe allergic reaction to any ingredient of the vaccine they are offered, should not get the vaccine. Talk to your health care provider if you have had a severe allergic reaction to any vaccines. Your health care provider can help you decide if it is safe for you to receive the COVID-19 vaccines.



Should people who have already had COVID-19 get the vaccine?

Yes. People who have had COVID-19 may develop some immunity against the coronavirus, but we do not know how long that immunity will last. Most people develop more antibodies to the coronavirus after they are fully vaccinated than after getting COVID-19. The vaccine gives your body stronger protection against getting COVID-19 again. People with COVID-19 should wait until they are no longer infected and have fully recovered before getting the vaccine.

Am I protected as soon as I receive the vaccine?

No. It takes time to build immunity in response to the vaccines. The CDC considers people "fully vaccinated" against COVID-19 when at least two weeks have passed since their final dose. So, for the Pfizer-BioNTech and Moderna vaccines this is two weeks after the second dose; for the Johnson & Johnson vaccine, two weeks after the one dose.

Do I still need to wear a mask after I've had the vaccine?

Yes. The vaccine is an important way to stay safe, but for now, continue to follow all public health guidance including wearing masks, maintaining physical distance, avoiding crowds, and washing your hands. The vaccine is not 100% effective, and not everyone will be vaccinated for a while. We are still learning about COVID-19 and don't know when community spread of the virus will end. Getting vaccinated is a very important step to end community spread, but in the meantime, we must continue other precautions.

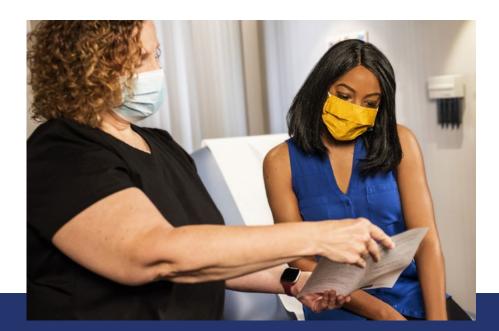
When will it be my turn to get the vaccine?

As of March 2, the U.S. Department of Health and Human Services issued a directive that all states immediately make school, Head Start, and child care staff eligible for COVID-19 vaccination at all vaccination providers.

Also, pharmacies that are part of CDC's <u>Federal Retail Pharmacy Program</u> are now prioritizing these groups during March. School, Head Start, and child care staff can sign up for an appointment at more than 9,000 participating pharmacies nationwide in addition to existing state and local COVID-19 vaccination sites.

Who can get vaccinated?

In most state, teachers and staff in child care centers and Head Start and Early Head Start programs, including center-based and family child care providers, are eligible. All staff members who interact with other people in the program, including classroom aides, bus drivers, cleaning staff, administration staff, food service workers, substitute teachers, and counselors or consultants, are eligible.



Where will I get the vaccine?

If you are school, Head Start, or child care staff, you should:

- Visit the <u>Federal Retail Pharmacy Program</u> website to see which pharmacies are participating in your state. Most pharmacies are using online scheduling systems to schedule vaccination appointments. Check your local pharmacy's website to sign up.
- Visit <u>VaccineFinder.org</u> to find out where vaccines are available in your community.
- · Contact your state health department's website to find other providers in your area.

What does the vaccine cost?

Nothing. The federal government has made the vaccines free to everyone. Vaccine providers can charge for giving the vaccine. In most cases, any charge will be covered by health insurance or health departments, or waived, so people can be vaccinated free of charge.

Are children eligible to get the COVID-19 vaccine?

No. The COVID-19 vaccines have not been approved for children under age 16. Testing is underway for children over age 6, and once that is completed, there may be recommendations for children to be vaccinated.

How long will immunity last after the vaccine?

It is unknown exactly how long immunity will last after you're fully vaccinated. The clinical trials showed the vaccine is effective for a minimum of three months. Scientists are actively studying if and when a booster vaccine may be needed. This would not be unusual. Many vaccine-preventable diseases require boosters. The influenza vaccine is recommended every year.

Should pregnant people get the vaccine?

Anyone who is pregnant or planning to become pregnant should talk with their health care provider about COVID-19 and the vaccination to help them make the best decision for their individual situation. The original clinical trials did not include pregnant people, so there is limited information about the safe-ty of COVID-19 vaccines for this group at this time. Experts believe COVID-19 vaccines are unlikely to pose a specific risk for pregnant people.

Does the vaccine work against the new strains of the coronavirus?

Probably yes. All viruses change over time, so the coronavirus is changing and scientists are finding new variants in the community. Most scientists believe the currently approved vaccines should protect against new variants. At this time, there is no evidence that the new strains cause more severe illness or increased risk of death. However, the new variants seem to spread more easily. There is agreement by public health experts that quickly vaccinating the population with existing vaccines is one of the best strategies to decrease the spread of the variants and development of new variants.



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