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COVID-19: Vaccine Information

Frequently Asked Questions (FAQs)

General Questions

1. Why should I get the COVID-19 vaccine?

A safe and effective vaccine can end the COVID-19 pandemic. Persons 12 years and older including people who are pregnant, breastfeeding, trying to get pregnant are eligible to get vaccinated against COVID-19. In addition to preventing death, by reducing your chances of getting sick with COVID-19 through vaccination, you will also prevent long lasting effects of infection that have been reported.

2. What is the current recommendation regarding additional vaccination doses in immunocompromised patients?

On August 13, 2021, CDC and FDA recommended that a third dose of mRNA vaccine be considered for very immunocompromised patients, including the following patient populations:

- Active treatment for solid tumor and hematologic malignancies;
- Receipt of solid-organ transplant and taking immunosuppressive therapy;
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy);
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome);
- Advanced or untreated HIV infection; and
- Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

The third vaccine dose should ideally be the same product as the initial two-dose mRNA COVID-19 vaccine series that the patient received (Pfizer-BioNTech or Moderna) – however, if that product is not available, the other mRNA COVID-19 vaccine can be used. The third dose should be administered at least 28 days after completion of the initial two-dose mRNA COVID-19 vaccine series.

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There are no current recommendations to administer additional mRNA COVID-19 vaccine doses to prior recipients of the Johnson & Johnson/Janssen COVID-19 vaccine, or to administer additional doses of the Johnson & Johnson/Janssen COVID-19 vaccine.

3. Who pays for the vaccine?

The federal government is providing COVID-19 vaccines (including their administration) free of charge to all people living in the United States regardless of their immigration or health insurance status.

About the COVID-19 Vaccines

4. What COVID-19 vaccines are currently available?

There are three COVID-19 vaccines that have received emergency use authorization (EUA) in the United States. These vaccines are highly safe and effective, and one is not recommended over the other for adults 18 years and older. The Pfizer COVID-19 vaccine is also available for adolescents 12 years of age and older. The most important decision is to get a COVID-19 vaccination as soon as possible.

- Pfizer COVID-19 vaccine: Two-dose vaccine, given 21 days apart
- Moderna COVID-19 vaccine: Two-dose vaccine, given 28 days apart
- Janssen/Johnson & Johnson COVID-19 vaccine: One-dose vaccine

5. What is in the vaccines?

There are two main types of COVID-19 vaccines currently available in the U.S. One type is called a mRNA vaccine. Both the Pfizer and Moderna COVID-19 vaccines are mRNA vaccines. mRNA stands for "messenger ribonucleic acid" and it provides the instructions for your body to make a specific protein (Spike protein), which is similar to the protein that exists on the surface of the SARS-CoV-2 virus. When your body makes this viral protein, it is recognized as not human, and your body develops antibodies to it. If you are exposed to COVID-19 at a later time, those antibodies will help destroy the virus, so it does not make you seriously ill. There is no live virus in the mRNA vaccines. After making the protein, your body will destroy the mRNA. The mRNA does not stay in your body and does not mix into your genetic code. The COVID-19 vaccines are not the first mRNA vaccines. mRNA vaccines have been made for influenza, rabies, CMV (cytomegalovirus), and Zika viruses.

The second type of vaccine is a viral vector vaccine. The Janssen/Johnson & Johnson COVID-19 vaccine is a viral vector vaccine. Viral vector vaccines use a harmless version of a different virus (the vector) to instruct your body to make the same protein (Spike protein) as the mRNA vaccines in order to trigger your immune system to develop antibodies that protect you from COVID-19 infection. The viral vectors cannot cause infections and, like the mRNA vaccines, do not affect or interact with your genetic code in any way.

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6. What do we know about breakthrough COVID 19 infections in vaccinated individuals?

Breakthrough infections refer to COVID-19 infections that occur in people who have been fully vaccinated. COVID-19 vaccines continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant. Although some people who are fully vaccinated can still develop COVID-19 infection, their risk of infection is much lower it is for unvaccinated people, and their symptoms are likely to be relatively mild. The occurrence of breakthrough infections does not diminish the critical importance of vaccination against COVID-19.

7. What is the update on the Janssen/Johnson & Johnson COVID-19 vaccine and risk of blood clots?

The CDC and FDA have recommended that use of Janssen/ Johnson & Johnson's COVID-19 Vaccine resume in the United States on April 23, 2021. However, women younger than 50 years old should be aware of the rare risk of blood clots with low platelets after vaccination, and that other COVID-19 vaccines are available where this risk has not been seen.

8. What is the update on the Janssen/Johnson & Johnson COVID-19 vaccine and risk of Guillain-Barré syndrome?

Guillain Barré syndrome (a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis) has occurred in some people who have received the Janssen/ Johnson & Johnson's COVID-19 Vaccine. In most of these people, symptoms began within 42 days following receipt of the Janssen COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you develop weakness in legs and arms after receiving the Janssen COVID-19 Vaccine.

9. What is the update on the Pfizer COVID-19 vaccine and risk of myocarditis in teens and young adults?

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the Pfizer COVID-19 Vaccine. In most of these people, symptoms began within 4 days following receipt of the second dose of the Pfizer- COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have chest discomfort after receiving the Pfizer COVID19 Vaccine.

10. Can the COVID-19 vaccine give me COVID? Is there live virus in the vaccine?

None of the currently developed COVID-19 vaccines involve live SARS-CoV-2 virus. The COVID-19 vaccines cannot give you or anyone else COVID-19. The vaccine does not make you contagious.

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11. Should I worry that the vaccine was made so quickly? Were steps skipped?

No steps were skipped. All of the COVID-19 vaccines that are being distributed in the U.S. were either helped by government funds or were funded by large companies, or both. These funds enabled two things to speed up:

- **Trial enrollment**. If you can increase the number of staff that are recruiting patients, you can enroll a lot of people into a trial in a shorter time period. The funds helped the trials quickly enroll tens of thousands of participants.
- *Manufacturing*. Funds help increase the number of manufacturing plants, warehouses, and employees to produce the vaccines. In addition, mRNA vaccines can be rapidly manufactured because they do not involve any live virus.

12. What is the difference between Emergency Use Authorization (EUA) status and full Food and Drug Administration (FDA) approval for a vaccine?

When an effective vaccine has been demonstrated in a trial, it can apply for EUA status with 2 months of post-vaccine safety data. In order to apply for full approval, 6 months of post-vaccine safety data must be provided. The FDA is encouraging companies who receive EUA status to apply for full approval as soon as possible. Both mRNA vaccines have reported outstanding safety data with no serious side effects.

Planning for Your Vaccine

13. Am I protected as soon as I receive the vaccine? Can I stop wearing a mask? No. The protection provided by COVID-19 vaccines occurred 14 days after the second dose of two dose series or one dose for single-dose vaccine. Until that time, you should assume you have no proven benefit from the vaccine.

14. What side effects do the vaccines have? Is there anything I should plan for?

So far, vaccines trials have shown that COVID-19 vaccines are highly protective and generate a strong immune response. Sometimes when vaccines produce an immune response, there may be **side** effects that feel like the flu. These symptoms are simply a sign that your body is successfully generating an immune response to provide you protection. They do not mean that you are infected or contagious. Common side effects are pain, redness, and swelling in the arm where you received the shot, as well as tiredness, headache, muscle pain, chills, fever, and nausea throughout the rest of the body. These side effects could affect your ability to do daily activities, but they should go away in a few days.

Helpful tips:

• Expect some symptoms after vaccination. COVID-19 vaccines commonly cause mild-to moderate non-infectious "flu-like" symptoms.

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• Try to schedule your vaccination when you do not have anything important planned in the next day or two, including work shifts.

15. Will getting the COVID-19 vaccine make me test positive for COVID-19 if I am tested after being vaccinated?

No. The vaccine will not cause you to test positive on viral tests for COVID-19, such as PCR tests or antigen tests. However, the vaccine will likely cause you to test positive for antibody tests (also called serology) since the vaccine helps build antibodies to COVID-19.

16. I already had COVID-19. Am I supposed to get the vaccine?

Yes. People who have had COVID-19 should still receive the vaccine. Immunity to COVID-19 following COVID-19 infection is highly variable. The vaccine will ensure you are protected with the benefit found in the trials. You should not receive the vaccine while you are actively infected, but after full recovery, you can and should receive the vaccine. If you were treated for COVID19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.

17. Are pregnant or lactating persons supposed to get the vaccine?

Yes, if you are pregnant or lactating person, you can receive a COVID-19 vaccine. COVID-19 vaccination is recommended for all people 12 years and older, including <u>people who are pregnant</u>, breastfeeding, <u>trying to get pregnant now, or might</u> <u>become pregnant in the future</u>. If you have questions about getting vaccinated, talking with your healthcare professional might help, but is not required. Pregnant and recently pregnant people are more likely to get severely ill from COVID-19 compared to nonpregnant people. Pregnancy causes changes in the body that could make it easier to get very sick from respiratory viruses like the one that causes COVID-19. Getting vaccinated will help to protect you COVID-19 infection.

18. Can I get the COVID-19 vaccine if I am currently taking steroids (e.g., prednisone) or other medications that suppress the immune system?

For specific questions about your condition and best time for vaccination, please consult directly with your care provider. Vaccine studies have not yet collected enough information on the effectiveness of COVID-19 vaccines for people who are taking medications that suppress the immune system. At UCSF Health, we are advising patients who have received or are planning targeted steroid injections (such as injections for painful joints) to take their vaccination without delay. For patients who take medications that suppress the immune system on a long-term basis, limited information shows that patients may still benefit from the COVID-19 vaccine. Each patient is different, so please contact your care provider for the best advice.

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19. If I have allergies, such as to shellfish, how should I proceed with vaccination?

If you are invited to be vaccinated and are concerned about allergies, please discuss with your doctor. If you are a UCSF employee, please also contact Occupational Health. It is important to know that common allergic reactions, such as those with shellfish, do not predict an allergic reaction to this vaccine.

20. Can COVID-19 vaccine be given with other vaccines?

Yes. COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day. If multiple vaccines are administered at a single visit, administer each injection in a different injection site.