

COVID-19 Vaccination Frequently Asked Questions (FAQs) for Health Care Workers

The intent of this document is to aid health care workers in answering questions from patients. Information is referenced from (inter)national health agencies, such as CDC, FDA, and WHO, and available COVID-19 vaccine research. Also included are suggested approaches for handling disclosure of medical mistrust with trust-building responses.

The vaccine:

Q: Is the vaccine free? How is the vaccine being paid for?

A: Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers will be able to charge an administration fee for giving the shot to someone. Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.

Q: What brand/type of vaccine will I receive at my appointment?

A: Kansas is likely receiving Pfizer and Moderna brand vaccines. These are 2-dose series vaccines. The same vaccine brand must be used for both doses.

Q: How many doses are needed, and why?

A: Nearly all COVID-19 vaccines being studied in the United States require two shots. The first shot primes the immune system, helping it recognize the virus, and the second shot strengthens the immune response. Two shots will provide the best protection against COVID-19.

Q: How many days, weeks, or months between vaccine doses?

A: The 2 doses for the Pfizer vaccine are given 21 days apart, and the 2 doses for the Moderna vaccine are given 28 days apart.

Q: How safe is the vaccine?

A: The FDA carefully reviews all safety data from clinical trials and authorizes emergency vaccine use only when the expected benefits outweigh potential risks. Then, the Advisory Committee on Immunization Practices (ACIP) reviews all safety data. The FDA and CDC will continue to monitor the safety of COVID-19 vaccines, to make sure even very rare side effects are identified. Any approved vaccines will have undergone the same level of safety protocol as previous vaccines.

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Q: How will side effects be tracked?

You or your healthcare provider may submit side effects and adverse events to VAERS – the Vaccine Adverse Event Reporting System. Report mild side effects to your primary care provider. For severe side effects, report to the nearest emergency department or call 911. VSAFE is also a smartphone-based tool that checks in with patients to ask about side-effects after receiving COVID-19 vaccine.

Q: Will the COVID-19 vaccine cause me to feel unwell for a few days?

A: Fever is a potential side effect, and your arm may be sore, red, or warm to the touch. Symptoms typically go away on their own within a week. Side effects are a sign that the immune system is working.

Q: Can I catch COVID-19 from the vaccine?

A: No, the vaccine cannot give someone COVID-19. None of the COVID-19 vaccines currently in development (as of 11-23-20) in the United States use the live virus that causes COVID-19. The goal of the vaccine is to teach our immune system how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building immunity.

Q: If I've already had COVID-19 should I get vaccinated?

A: Yes. We are seeing evidence of reinfection, so you should consider getting vaccinated.

Q: Is it better to get natural immunity to COVID-19 (by getting sick & getting better) or getting my immunity from the vaccine?

A: We don't know how long protection lasts for those who get infected or those who are vaccinated. However, we DO know that COVID-19 has caused very serious illness and death for a lot of people. If you get COVID-19, you also risk giving it to loved ones who may get very sick. Getting a COVID-19 vaccine is a safer choice.

Q: How long does immunity last from the vaccine? / How often will I need to vaccinate?

A: We are still learning how long the vaccine protects us from becoming infected with COVID-19. It is not yet known how often you will need to be vaccinated.

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Q: Will the vaccine cause me to test positive for COVID-19 on a test?

A: No, the vaccine won't cause you to test positive on viral tests for COVID-19. (Experts are currently looking at how COVID-19 vaccination may affect antibody testing results, as the vaccine works to induce antibodies to protect you.)

Q: Will receiving an mRNA vaccine alter my DNA?

A: No, mRNA is not able to alter or modify a person's DNA. The mRNA from a COVID-19 vaccine never enter the nuclei of our cells, where the DNA is kept.

[Vaccine distribution and dispensation:](#)

Q: How do I get on the list to be vaccinated?

A: We are currently preparing for Phase 1A, which is limited to healthcare personnel, paid and unpaid, who are unable to work from home and are likely to be exposed to- or treat people with- COVID-19 or infectious materials.

This is according to the Kansas COVID-19 Vaccination Plan, which stipulates that other non-healthcare essential workers are eligible for enrollment during Phase 1B. Enrollment for Phase 1B will be announced when available. Instructions for other Phase 1 priority groups, including those with underlying medical conditions and those age 65 and older, will also be announced when available.

Q: When will the vaccine be available?

A: The Pfizer vaccine could be available as early as December 15th.

Pfizer - FDA review on December 10th, CDC review on December 11th

Moderna - FDA Review on December 17th, CDC review on December 18th

Q: Will the vaccine be mandatory?

A: No, it will not be required.

Q: What precautions will be observed at vaccination locations?

A: All necessary precautions will be observed at vaccine locations, such as PPE use, distancing where possible, and more.

Q: Who will be administering the vaccine?

A: Only trained medical professionals or pharmacists will be administering the vaccine.

Q: How much vaccine will be available?

A: When FDA first authorizes or approves the use of one or more COVID-19 vaccines in the United States, there may be a limited supply. The goal is for everyone to be able to easily get a COVID-19 vaccine as soon as large quantities are available. Several thousand

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vaccination providers will be available, including doctors' offices, retail pharmacies, hospitals, and federally qualified health centers.

Q: Where are vaccines being transported?

A: Vaccines will be delivered to predetermined locations throughout Kansas. For security reasons, we cannot disclose specific locations where the vaccines will be stored.

Q: How is the vaccine stored?

A: The vaccine requires ultra-cold storage and will be stored according to the manufacturer's instructions.

[Vaccine hesitance:](#)

Q: The vaccine was developed too quickly.

A: There are a number of reasons the COVID-19 vaccine has been developed and approved so quickly. The FDA and other agencies have prioritized this vaccine and have worked hard to speed up the process.

The vaccine garnered incredible research interest and clinical trial participants, and as a result we have seen more research collaboration. Some clinical trials have also been able to evaluate multiple vaccines at the same time due to increased capacity.

The vaccines have also received adequate funding, allowing the process to move quickly. Vaccine development and approval normally take 5-10 years, and the majority of that time is spent applying and re-applying for funding.

We had a starting point with preexisting research on coronaviruses and their vaccines.

Vaccines are also becoming faster to develop in general due to new technology available. Other vaccines that have been approved with similar clinical trial timelines include Shingrix (studied for 13 months) and Hcpisav-B (studied for 6.5 months). COVID-19 Phase III trials have 6+ months of clinical data.

Q: The vaccine development or approval process has been too politically pressured.

A: The FDA has maintained all their usual guidelines for the COVID-19 vaccines. The FDA and CDC will also continuously monitor the COVID-19 vaccines for safety after authorization.

Q: I don't think the vaccine is safe.

A: The vaccine has undergone all the same requirements as other vaccines you've likely received. The same level of protocol has been followed by the FDA, CDC, and ACIP (the Advisory Committee on Immunization Practices).

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The FDA carefully reviews all safety data from clinical trials and authorizes emergency vaccine use only when the expected benefits outweigh potential risks. Compare the potential serious risk of COVID-19 infection to what is currently known about the safety of COVID-19 vaccines.

Q: I don't want to receive the vaccine first (ex. guinea pig).

A: Available vaccines will meet all the same requirements as other vaccines you've likely received. The same level of protocol has been followed.

We have a responsibility to our loved ones, the people we serve, and our broader community to get vaccinated. Healthcare workers are the most vulnerable to COVID-19 in terms of contracting *and* transmitting the disease. Our community is also looking to us as examples for getting themselves vaccinated.

It's normal to feel uncertain about a new vaccine, and we hope you'll consider all the factors. COVID-19 has caused very serious illness and death for a lot of people.

Q: I'd rather take my chances with catching COVID-19 than risk my health with a new vaccine.

A: COVID-19 has caused very serious illness and death for a lot of people. If you get COVID-19, you also risk giving it to loved ones or others in our community, who may get very sick. Getting a COVID-19 vaccine is a safer choice.

Also consider the long-term effects of the infection. Some people who have had COVID-19, whether they have needed hospitalization or not, continue to experience symptoms, including fatigue, respiratory, and neurological symptoms.

Q: I'm not worried about catching COVID-19. I'm healthy and have nothing to worry about.

A: We're glad to have so many healthy community members. It's partially a sign we're doing our job right! However, if you get COVID-19, you also risk giving it to loved ones or others in our community, who may get very sick. We hope you'll do your part to protect our community. Also, remember that seemingly healthy individuals can experience very serious complications from this disease, and we do not yet fully understand the long-term effects of COVID-19.

Q: What about herd immunity? / Why don't we let "nature take its course"?

A: 'Herd immunity', also known as 'population immunity', refers to a population being protected from a virus after a threshold of vaccination or infection is reached. This lowers the overall amount of virus able to spread in the population.

Attempts to reach 'herd immunity' through exposing people to a virus, as opposed to protecting them with a vaccine and precautions, are unethical and scientifically

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problematic. Letting COVID-19 spread through populations, of any age or health status will lead to unnecessary infections, suffering, and death.

We also don't know how long protection lasts for those who get infected. There have been reports of people reinfected with COVID-19. And the percentage of people who need to have protection in order to achieve herd immunity varies by disease. We don't know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19.

Q: COVID-19 is the same as the flu.

A: No, the mortality rate for COVID-19 appears to be higher than for influenza. For seasonal influenza, mortality is usually well below 0.1%.

The reproductive number— or the number of secondary infections generated from one infected individual— is understood to be between 2 and 2.5 for COVID-19 virus, which is also higher than for influenza.

Additionally, you're more likely to experience complications with COVID-19. 80% of COVID-19 infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. These percentages of severe and critical infections are higher than what is observed for influenza infections.

Lastly, we have antivirals and vaccines available for influenza. There are fewer options available for managing and treating COVID-19.

You should still consider receiving your flu vaccine this year since catching COVID-19 and influenza at the same time can result in severe illness.

Q: I'm already social distancing and masking up. Why take a chance on a vaccine?

A: Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Covering your mouth and nose with a mask as well as staying at least 6 feet away from others help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19.

Q: "Doctors don't care about people of color." / "I don't feel safe or cared for by doctors or nurses."

A: Your medical mistrust is understandable and warranted. Western medicine has not adequately served patients of color. The pandemic has only opened more people's eyes to the health disparities people of color are unfairly burdened with.

I know you just want to stay safe and make smart decisions for your health, and I hope you'll hear us out regarding our guidance about this vaccine. We want our community to

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be a safer, healthier community when this is all said and done. We care about our Black and Brown residents.

Q: “I’ve been discriminated against in the past.”

A: I’m truly sorry that happened to you, and that your trust was broken. If it’s any consolation, the vaccination process is very quick, so there’s little opportunity for discrimination or microaggressions to take place. And if something does occur while you’re getting vaccinated, we hope you can alert us to the problem. The last thing we should do is give the (racist, classist, ableist, sexist, ageist) person from your past any control over your health today.