COVID-19 Vaccine Frequently Asked Questions

This document includes frequently asked questions and answers about the COVID-19 vaccines and vaccination in Rhode Island. It is divided into a section for the general public and a section for healthcare providers and professionals. To help readers navigate this document, there is a table of contents and hyperlinks. This document is updated regularly, and a record of changes is maintained. Thank you for reading.

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Record of Changes

12.23.2020 – added categories for ease of reading, added new questions (Contraindications), added dates to new and updated questions.
12.28.2020 – added new questions (vaccination in long-term care facilities, vaccination for those who live in Rhode Island for part of the year), updated questions.
1.4.2021 – added new questions and answers to "About Vaccines," "Contraindications," and to a new section: "Vaccines and Immunity"
1.11.2021 – added content for healthcare providers and professionals, added vaccine "quick hits," reorganized content.

COVID-19 Vaccine Quick Hits

- There is no wait list to receive vaccine.
- To see who is currently eligible for vaccine, click here.
- To see a timeline for Phase 1 of vaccination in Rhode Island, click here.
- To see Rhode Island vaccination data, click here. (This page works best with Google Chrome).
- Two COVID-19 vaccines are currently available in the United States, one made by Pfizer (for ages 16 years and older) and one made by Moderna (for ages 18 years and older)
- The two available vaccines are not live virus vaccines. They are messenger RNA (mRNA) vaccines.
- A person cannot get COVID-19 infection from the vaccine.
- The vaccines are a two-dose series either 21 days apart (Pfizer) or 28 days apart (Moderna). There is a four-day grace period if vaccine is administered earlier (day 17 and day 24 respectively), that is acceptable.
- The two doses must be the same vaccine product—two Pfizer vaccine doses or two Moderna vaccine doses (e.g., you cannot have the first Pfizer dose and the second Moderna dose).
- Optimal immunity is reached one to two weeks after the second COVID-19 vaccine dose.
- The vaccines are 95% effective in preventing symptomatic laboratory-confirmed COVID-19 and in preventing severe disease.
- It is not known at this time how long immunity will last after receiving the COVID-19 vaccine series.
- There is no serologic test for immunity at this time. Even if a person has a positive serologic test after vaccination or natural disease, this does not translate to having "protective immunity."
- Symptoms after vaccination represent the immune response of the body and commonly include symptoms such as:
    - Local pain, swelling, or redness where the shot was given
    - Fatigue, headache, muscle pain, chills
    - More pronounced reactions were more commonly reported after the second dose than after the first dose and were more common in participants younger than 55 years of age.

COVID-19 Vaccine FAQs for the Public

About COVID-19 Vaccines

What is an mRNA vaccine?

An mRNA vaccine is a vaccine that uses messenger ribonucleic acid (mRNA) to build a protein that will trigger an immune response. These vaccines give our cells instructions to make a harmless part of the COVID-19 virus—specifically, a protein on the virus's surface. Once our cells receive these instructions, the mRNA breaks down and our cells get rid of it. Also, because the mRNA never enters the cell's nucleus, mRNA is unable to interact with DNA in any way.

Will I get sick from the vaccine?

No. Vaccines do not cause disease. However, vaccines can cause your immune system to respond. This is a sign that the vaccine—and your body's immune system—is working.

Based on information released about the Pfizer and Moderna vaccines, we expect people to have symptoms after vaccination. People may feel some soreness at the site of injection, some aches, and fatigue. These symptoms may be more noticeable than those that occur with a flu vaccine. This is completely normal and will clear up in a few days. *Response updated 12.28.2020*

How many COVID-19 vaccines are in trial?

There are many vaccines in various trial phases. However, not all of them will be approved or authorized for emergency use. It is possible that Rhode Island will receive several different approved COVID-19 vaccines. We may receive these vaccines at different times, depending on when they are approved.

Will there be multiple doses of the vaccine?

This depends on which vaccines are authorized for use. Both the Pfizer and Moderna vaccines—the first vaccines to request emergency use authorization—require two doses. The Pfizer vaccine requires a second dose 21 days after the first dose and the Moderna vaccine requires a second dose 28 days after the first dose.

How will I know when to get a second dose?

We are looking into several different methods to help people remember which vaccines they received and to notify people when they need to get their second dose. Those who receive the vaccine will also receive a vaccination card that states when they received the vaccine and which vaccine they received. It's a good idea to take a picture of this card with your phone so that you can keep your own record. You will learn more about how to get a second dose when you receive your first dose of vaccine.

Vaccine Authorization and Approval

How do vaccines get approved?

Vaccines go through three phases of clinical trial. Each phase tests for safety and effectiveness across an increasing number of test volunteers.

- In Phase 1, potential vaccines are tested by approximately 20 to 100 people.
- In Phase 2, the potential vaccines are tested by several hundred volunteers.
- In Phase 3, vaccines are tested by thousands of volunteers.

The US Food and Drug Administration (FDA) will only approve a vaccine if it is safe, effective, and if its benefits outweigh its risks.

What is an Emergency Use Authorization?

Emergency Use Authorization (EUA) is an authority that allows the FDA to make certain medical products (e.g., vaccines, treatments) available during public health emergencies. It also can allow the use of medical products that have been approved, but for use in a different way than originally intended.

An EUA lasts for the length of an emergency. A regular FDA approval lasts forever, unless a safety or efficacy issue comes up that needs further review.

The FDA has authorized COVID-19 vaccines made by Pfizer and Moderna for emergency use. *Response updated 12.22.2020*

What criteria are necessary to issue an EUA?

To issue an EUA, at minimum, the known and potential benefits of a drug, device, or test must outweigh the risks. In addition, the drug, device, or test must meet certain thresholds for safety and effectiveness, and people must be in urgent need of care.

How do we know that drugs, devices, or tests that have received EUAs are safe?

The FDA released guidance for vaccine manufacturers considering requests for an EUA. This guidance explains the criteria that need to be met before any vaccine for COVID-19 will receive an EUA. To meet criteria, manufacturers will use data from a Phase 3 clinical trial. The vaccine's potential and known benefits must outweigh the potential and known risks. In addition, the vaccine must be at least 50% effective and must meet certain safety standards among a sufficiently large group of volunteers. The FDA will also consult with an independent advisory committee before issuing an EUA for a COVID-19 vaccine.

Granting an EUA does not mean that vaccine clinical trials will stop. Data can continue to be collected through trials even if an EUA is granted.

For more on EUAs, visit: Emergency Use Authorization and FAQs on Emergency Use Authorizations (EUAs) for Devices - COVID-19.

What happens after the FDA authorizes (through an EUA) or approves a vaccine?

After the FDA authorizes or approves a vaccine, there are more steps to ensure safety. The CDC's Advisory Committee on Immunization Practices (ACIP) will hold a public meeting and will review all available information from clinical trials. This includes the descriptions of who received each vaccine, how different groups of people responded to the vaccines, and any side effects experienced. The ACIP then votes on whether to recommend the vaccine and who should receive the vaccine.

Rhode Island has added an additional layer of approval. The COVID-19 Vaccine Subcommittee of Rhode Island's Vaccine Advisory Committee is a group of medical experts and community leaders who will also review the science.

Is the COVID-19 vaccine development and approval process different from a typical vaccine development and approval process?

The COVID-19 vaccines are being held to the same standards as other vaccines to make sure they are safe. No steps involving safety have been skipped.

There are some differences in other processes that may make the COVID-19 vaccine available much faster than a typical vaccine. Importantly, there has been much collaboration across the scientific community to develop a vaccine. This is a global pandemic. As a result, a lot of time and resources from across the globe have gone into developing several COVID-19 vaccines.

Further, researchers had a head start on vaccine development because of research already done on similar coronaviruses. This includes the viruses that caused Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Also, the government began producing doses of certain COVID-19 vaccines when they reached phase 3 trials. This way, when these vaccines were determined to be safe and effective, people could get them immediately.

Vaccine Safety

Are COVID-19 vaccines safe?

Safety is a top priority. COVID-19 vaccines have been tested in large clinical trials with people of different ages, races, and ethnicities to make sure they are safe. No steps involving safety have been skipped—COVID-19 vaccines are being held to the same standards as other vaccines to make sure they are safe. To ensure safety of vaccines in the United States, there is a rigorous vaccine development and approval process. Following approval of a vaccine, there are several systems in place to continue to ensure safety. Please see the answer above describing how vaccine safety is determined in the approval process.

What steps are taken to ensure safety after a vaccine is approved?

After a vaccine is approved and distributed, vaccine monitoring systems are used to watch for possible side effects. If an unexpected side effect is seen, experts study it to determine whether changes are needed in vaccine recommendations.

The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program of the FDA and the CDC. VAERS collects and analyzes information from reports of adverse events (e.g., side effects) that occur after a vaccine has been approved and distributed. Anyone can submit a report to VAERS by going to this link: https://vaers.hhs.gov/reportevent.html. Vaccine Adverse Event Reporting Systems exist for the Department of Defense, the Department of Affairs, and the Indian Health Service.

There are several programs and initiatives, in addition to VAERS, that monitor vaccine safety. These include: CDC's Vaccine Safety Datalink and Clinical Immunization Safety Assessment Project, and FDA's Biologics Effectiveness and Safety System and Sentinel Initiative. More information about these different systems is available at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html.

What is v-safe?

V-safe is a smartphone-based tool—developed by CDC—that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell

CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. And v-safe will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's v–safe makes a difference—it helps keep COVID-19 vaccines safe. For more on v-safe, visit CDC's site. *Response added 12.14.2020*

How do we know who was included in trials? Was there enough testing done among people like me?

The COVID-19 vaccines that have been authorized were tested in large clinical trials with people of different ages, races, and ethnicities. Information about vaccine trial participants is being released by researchers. Based on recent press releases, we know that the phase 3 trial of the Moderna vaccine includes 30,000 participants ages 18 and older. Nearly half (42%) of the study participants belong to high-risk groups. This means that they are older than 65 or have chronic conditions like diabetes, severe obesity, and cardiac disease. More than one third (37%) of study participants belong to communities of color. You can also find data on the diversity of participants in the Pfizer vaccine clinical trial here.

Vaccine and COVID-19 Prevention

Does immunity after getting COVID-19 last longer than protection from COVID-19 vaccines?

The protection someone gains from having an infection (called "natural immunity") is different by disease and by person. Because this is a new virus, we don't know how long natural immunity might last. Early evidence suggests that it may not last very long. Also, we don't yet know how long immunity lasts from vaccination, because these vaccines are new and we are still collecting data over time. Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are learning more about. The CDC will keep the public informed as new evidence becomes available. *Response added 1.11.2021*

Do I still need to wear a mask?

Studies of the COVID-19 vaccines have only measured whether vaccinated people developed symptoms, not whether they got infected. You can become infected with the coronavirus and be asymptomatic. Asymptomatic people can still spread COVID-19 to others. We don't know whether a vaccine prevents asymptomatic infections and if there's still the possibility that a vaccinated person could transmit the virus without knowing it. It is therefore important to continue wearing your mask after being vaccinated and until we have more information about how much and how long these vaccines offer protection against infection and transmission. *Response added 1.4.2021*

Do I still need to social distance from others and follow social gathering limits?

Yes, for the time being, until we have more research, we still need to remain 6 feet apart when not with people in our household. *Response added 1.4.2021*

Do I need to quarantine if I have been fully vaccinated and am later identified as a close contact of someone who has tested positive for COVID-19?

The exact degree and duration of immunity after receiving an mRNA vaccine is currently unknown. There is no lab test to determine if you are immune and protected. Therefore, if you have received both doses of the vaccine and should you have an exposure to a case of COVID-19, you are expected to continue to follow the current quarantine requirements. *Response added 1.4.2021*

Do I need to isolate if I test positive on a respiratory specimen (nasal swab) after I am vaccinated?

The COVID-19 vaccine does not in any way interfere with PCR or rapid testing from a respiratory specimen. If you test positive for COVID-19, you are infectious and you must isolate whether or not you have received a vaccine. Should this happen, seek guidance from your primary care provider. *Response added 1.4.2021*

Can I begin to travel without having to quarantine upon arrival to a destination?

Vaccinated persons should continue to follow all current guidance to protect themselves and others, including following CDC travel guidance.

International Travelers: Not all countries have started vaccinating their populations, so continue to follow COVID-19 guidelines such as mask wearing and social distancing when you travel. Different governments across the world are likely to have different protocols for travelers to prove their vaccination status and to test and/or quarantine if they been not been vaccinated, so check the guidelines of the country you plan to visit before traveling.

Domestic Travelers: Quarantine restrictions and rules will continue to vary depending on which state you are traveling to. To learn more about the current restrictions that are in place, check with the health department of the state you are traveling to. *Response added 1.4.2021*

Vaccine and COVID-19 Testing

Do I need to get tested for COVID-19 before receiving either dose of vaccine?

No, you do not need to get tested for COVID-19 prior to receiving a COVID-19 vaccine. If you are exhibiting symptoms of COVID-19 or have known current COVID-19 infection, you should not get vaccine until after you have completed your isolation requirements.

This recommendation applies to persons who develop COVID-19 infection before receiving any vaccine doses as well as those who develop COVID-19 infection after the first dose but before the second dose.

If you were scheduled to receive your first or second dose of COVID-19 vaccine while you are still in isolation, you will need to cancel and reschedule for a time after you have completed isolation. After ending isolation, you do not need to wait for any specific length of time before getting the COVID-19 vaccine. However, **if you have not yet started the two-dose vaccine series**, you may choose to delay vaccination for up to 90 days after infection. This is because you will likely have a short-term immunity to COVID-19 after infection. *Response added 1.11.2021*

I received a COVID-19 vaccine dose then tested positive for COVID-19. What does this mean?

If you test positive for COVID-19 on a respiratory specimen, you have COVID-19 infection and must isolate whether or not you have received a vaccine.

There are two types of tests for COVID-19: viral tests and antibody tests.

Viral tests (i.e., PCR or rapid antigen tests), such as nasal swab tests, test for current infection. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States cause positive viral test results.

Antibody tests check the blood for antibodies to the virus that causes COVID-19. If your body develops an immune response following a COVID-19 vaccine—which is the goal of vaccination—an antibody test may come back positive. Positive antibody test results also indicate that you may have previously been exposed to the virus causing COVID-19. A positive antibody test result does not necessarily mean you have protective immunity. There is no way to tell whether a positive antibody test is from previous infection or vaccination. Experts are looking at how COVID-19 vaccination may affect antibody testing results.

If I am part of routine surveillance testing as part of my employment, do I still need to be tested after being vaccinated?

You must continue to participate in surveillance testing even after being vaccinated. At this time, it is unknown how well vaccines prevent asymptomatic infection. In addition, vaccines are not always 100% effective. Finally, the duration of immunity after vaccination is also unknown. For these reasons, it is important to continue to participate in surveillance testing at present. *Response added 1.4.2021*

Vaccine and COVID-19 Treatment

Should I get the COVID-19 vaccine if I received monoclonal antibody treatment?

The CDC advises waiting 90 days after monoclonal antibody or convalescent plasma treatment before receiving COVID-19 vaccine. *Response added 12.17.2020*

Vaccine Planning and Distribution

Which COVID-19 vaccines are available?

The US Food and Drug Administration authorized Pfizer's COVID-19 vaccine for emergency use on December 11 and Moderna's COVID-19 vaccine for emergency use on December 18. Rhode Island began vaccinating high-risk hospital workers the week of December 14. *Response updated 12.21.2020*

People can follow the progress of different vaccines at various vaccine tracker sites and applications, like the New York Times Coronavirus Tracker or BioPharma Dive. *Response updated 12.14.2020*

How is Rhode Island distributing vaccine? Who gets vaccinated when?

To see who is being vaccinated in Rhode Island now, please see this graphic, titled "Who Is Getting Vaccinated?"

To see Rhode Island's plan for Phase 1 of vaccination, please see this Phase 1 Vaccination Infographic.

Rhode Island's planning is informed by the National Academies of Medicine, Engineering, and Science's Framework for Equitable Allocation of COVID-19 vaccine; recommendations by the Advisory Committee on Immunization Practices (ACIP) and the Rhode Island COVID-19 Vaccine Subcommittee; new information from CDC and other partners about the availability and safety of various COVID-19 vaccines; and consultation with industry leaders, subject matter experts, and community partners. Equity is a top priority that will continue to inform our vaccine planning.

Rhode Island's COVID-19 Vaccine Subcommittee meets regularly. These meetings are open and can be accessed here.

Rhode Island's initial supply of vaccine is limited. As of the week of January 11, Rhode Island is receiving approximately 14,000 doses of vaccine a week. On average, 2,000 people are vaccinated each day in Rhode Island. This means that vaccine is administered at the same rate that it is received. However, for safety reasons, it is being spaced out over the course of the week at different vaccination sites.

There are several steps between receiving vaccine doses in Rhode Island and getting vaccine into someone's arm. Those steps, such as the redistribution of vaccine from a centralized site and enrolling people for shots, take a few days. For this reason, though vaccine is administered at the same rate that it is coming to Rhode Island, there will always be a small difference between the number of doses we have received and the number of doses that have been administered. *Response updated 12.17.2020, 1.11.2021*

When will Rhode Island make vaccine available to adults over 65?

We know there is a huge interest and demand for vaccinating older Rhode Islanders. Our challenge remains the same—there is not enough vaccine supply right now to start vaccinating this group. Rhode Island is getting 14,000 doses a week. There are more than 185,000 Rhode Islanders over the age of 65. If we make this group eligible today (January 13, 2021), we could see some of the unsafe situations other states have seen, such as older adults "camping out" in cars outside of clinics. Rhode Island's plan is to focus first on our healthcare system, which we need for our response to COVID-19, and our oldest and most at-risk residents. We are hopeful that the federal government will increase our supply in the future, which will allow us to expand the eligible population by age. The more vaccine we receive, the faster we can vaccinate Rhode Islanders. Until we receive increased supply of vaccine, we don't think it is responsible to open eligibility criteria that would create a demand we know we cannot accommodate. *Response added 1.13.2021*

How is vaccination happening at long-term care facilities?

Vaccination of long-term care facility residents and staff is a top priority for our State. CDC has partnered with CVS and Walgreens to administer COVID-19 vaccines to residents and staff of long-term care facilities through a national program. The federal government has set the timeline for this program. Rhode Island has hit all major program milestones. Vaccination clinics began at nursing homes on December 28. CVS and Walgreens have committed to completing the first clinic for every enrolled nursing home in three weeks. Clinics for other long-term care facilities, such as assisted living facilities, group homes for individuals primarily older than 65, and elderly housing with residential services, will begin once all of the first clinics for nursing homes are complete.

As part of this program, which is free of charge to facilities, the pharmacies will schedule and coordinate on-site clinics with each facility, order vaccines and supplies (e.g., syringes, needles, personal protective equipment), ensure vaccines are appropriately stored and handled, administer vaccine to all residents and any staff not already vaccinated, report required vaccination data, and ensure their vaccination and administrative staff entering long-term care facilities meet federal COVID-19 testing requirements. This partnership will help us get vaccines quickly, efficiently, safely, and equitably to all Rhode Island long-term care facilities. It will also help ensure the highest level of training and support for all facilities receiving vaccine. *Response added 12.28.2020*

How can I sign up for vaccination? Is there a priority list?

RIDOH will share information on its vaccine web page, through social media, and through media, community partners, employers, and other groups as decisions about who can get vaccinated in each phase of Rhode Island's COVID-19 vaccination program are made. We will also describe how different groups can get vaccinated. (Please note: there is no "priority list" or "waiting list" that people can join to get vaccinated.) RIDOH will engage additional stakeholders and partners in the planning process as we learn more about the availability of vaccine during each phase of the program. For the most up-to-date information, visit C19vaccineRI.org. *Response updated 12.17.2020, 12.28.2020*

Is there a cost or co-pay to get vaccinated?

According to CDC, at this time, it is expected that the COVID-19 vaccine will be free to everyone. Those who administer vaccines may charge insurance companies, but not the person being vaccinated, a fee for providing a shot to someone. There will be no cost or co-pay for anyone getting vaccinated for COVID-19. In addition, people without health insurance will be able to get the COVID-19 vaccine at no cost.

If I am a resident of RI in the summer but another state in the winter, where do I get the vaccine?

You will need to receive both doses in the same state. This is because the second dose will be shipped automatically to the healthcare provider or location that provided the first dose. It is possible that there will be some flexibility on location within provider networks. For more information, please call your provider. *Response added 12.28.2020*

Vaccine and Contraindications

Can I get vaccinated if I have allergies?

People with a history of severe allergic reaction (e.g., anaphylaxis) to other vaccines (i.e., not Pfizer-BioNTech vaccine) or to an injectable medication should assess their risks with a primary care provider. However, they can be vaccinated. Often, after vaccination, people are asked to wait for 15 minutes to be observed for potential side effects. People with a history of severe allergic reactions should be prepared for a 30-minute observation period.

Individuals with a history of other allergies (e.g., to food, pets, insects, environmental allergies) or a family history of anaphylaxis should be vaccinated.

People with a history of severe allergic reactions (e.g., anaphylaxis) to any component of the Pfizer-BioNTech or Moderna COVID-19 vaccines should not be vaccinated. *Response added 12.17.2020*

Can I receive the COVID-19 vaccine if I am pregnant or breastfeeding?

Pregnant and breastfeeding women in high-risk groups should be offered the vaccine, with the opportunity to discuss with their healthcare providers. Note: Routine testing for pregnancy prior to receiving COVID-19 vaccine is not recommended. *Response added 12.17.2020*

Should I get the COVID-19 vaccine if I already had COVID-19?

Yes, you should still receive the vaccine. A previous COVID-19 positive diagnosis does not necessarily mean you have long term immunity and it does not prevent you from receiving a vaccine or limit the vaccine's ability to work effectively. If you've tested positive for COVID-19, you must wait until you have completed your isolation period and are considered recovered. There is no recommended minimum interval between infection and vaccination, but reinfection is uncommon in the 90 days after infection with COVID-19. Thus, you may choose to delay vaccination until the end of that period, if desired. *Response updated 1.4.2021*

Should I get the COVID-19 vaccine if I was just received a different vaccine (e.g., Shingrix)?

People who have received any other vaccine within the past 14 days should wait until 14 days have passed to receive the COVID-19 vaccine. *Response added 12.17.2020*

COVID-19 Vaccine FAQs for Healthcare Providers and Professionals

Vaccine storage and handling

Does the vaccine need to be kept in a different container once it reaches a distribution site, or can the boxes be put in a freezer or refrigerator?

The vaccine does not need to be kept in a different container once it reaches a distribution site. The CDC recommends that vaccines and diluents be stored in their original packaging. Note that, upon arrival, shipments of refrigerated and frozen vaccine should be immediately examined for signs of damage, for indication of a temperature excursion during transit, and to guarantee receipt of the appropriate vaccine types and quantities. (Source: CDC) *Response added 1.11.2021*

What should I know ahead of time about planning for a power outage?

Emergencies such as equipment failures, power outages, severe weather conditions, or natural disasters usually happen without warning and may compromise storage conditions. Because of the limited supply of the COVID-19 vaccines, especially during early US vaccination efforts, it is critical that COVID-19 vaccination providers have plans in place for emergency situations. Some key issues to remember include:

- Vaccines may remain inside a nonfunctioning unit as long as appropriate temperatures are maintained. Monitor your Digital Data Logger (DDL) to determine when additional action should be taken.
- Having an on-site generator(s) prevents the need to transport vaccines to an alternative storage facility during a power outage.
- Emergency situations can arise outside of normal business hours, so your office staff as well your facility's building manager and/or security staff, if appropriate, should understand how to implement your emergency operation plans or access your facility if necessary.
- Ensure your facility has the resources on hand to safely pack vaccines for transport during emergencies.

(Source: CDC) *Response added 1.11.2021*

Vaccine distribution phases

Will healthcare workers practicing in Rhode Island who live in a different state be able to receive vaccine in Rhode Island?

Yes. Healthcare workers practicing in Rhode Island who live in a different state will be able to receive the vaccine the same way healthcare workers who live in Rhode Island do. *Response added 1.11.2021*

Administering vaccine and contraindications

How do I sign up to administer the COVID-19 vaccine?

Information about enrolling as a COVID-19 vaccine provider will be shared with healthcare providers on a rolling basis as Rhode Island receives additional doses of vaccine. All organizations and providers that want to administer the COVID-19 vaccine must be enrolled as State-Supplied Vaccine (SSV) providers for the

7/1/2020 - 6/30/2021 calendar year. If you are not currently enrolled in the SSV program learn more about enrolling in the SSV Program.

If you are interested in a paid opportunity, The Wellness Company is hiring vaccinators and administrative staff. For more, please see: http://twc.thewellcomp.com/about/careers. If you are interested in volunteering as a vaccinator, please sign up at: https://www.riresponds.org. For other paid and volunteer opportunities, please see: https://covid.ri.gov/howtohelp.

If a patient has a history of severe allergic reaction (e.g., anaphylaxis), should they receive the COVID-19 vaccine?

A history of the following are contraindications to vaccination with both the Pfizer-BioNTech and Moderna COVID-19 vaccines:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
- Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])*
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)

A history of any immediate allergic reaction to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate) as a precaution but not a contraindication to vaccination for both the Pfizer-BioNTech and Moderna COVID-19 vaccines. These persons should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. Deferral of vaccination and/or consultation with an allergist/immunologist may be considered until further information on the risk of anaphylaxis is available.

Allergic reactions (including severe allergic reactions) not related to vaccines, injectable therapies, components of mRNA COVID-19 vaccines (including PEG), or polysorbates, such as food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications) are **not** a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine.

CDC recommends an observation period following vaccination with mRNA COVID-19 vaccines. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes. *Response added 1.11.2021*

Should patients with a history of Guillain-Barré Syndrome avoid the COVID-19 vaccine?

To date, no cases of Guillain-Barré syndrome (GBS) have been reported following vaccination among participants in the Pfizer-BioNTech or Moderna COVID-19 vaccines clinical trials. With few exceptions, ACIP's general best practice guidelines for immunization does not include history of GBS as a contraindication or precaution to vaccination. Persons with a history of GBS may receive an mRNA COVID-19 vaccine unless they have a contraindication to vaccination. Any occurrence of GBS following mRNA COVID-19 vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS). *Response added 1.11.2021*

Is the COVID-19 vaccine recommended for pregnant or breastfeeding women?

Pregnant and breastfeeding women in groups that are recommended to receive the vaccine (e.g., healthcare personnel) should be offered the vaccine, with the opportunity to discuss risks and benefits with their healthcare providers. Healthcare providers should consider the levels of COVID-19 community transmission, a patient's personal risk of contracting COVID-19 by occupation or other activities, risks to the patient and potential risks to the fetus, vaccine efficacy, vaccine side effects, and the lack of data about the vaccine during pregnancy. Note: There is no recommendation for routine testing for pregnancy prior to receiving the COVID-19 vaccine. *Response added 1.11.2021*

If a patient has received monoclonal antibody treatment, when can they receive the COVID-19 vaccine?

CDC advises waiting 90 days after monoclonal antibody treatment before receiving the COVID-19 vaccine. *Response added 1.11.2021*

Should patients who have recently received other vaccines receive the COVID-19 vaccine?

The COVID-19 vaccine series should be administered alone. People who have received any other vaccine within the past 14 days should not receive the COVID-19 vaccine. Also, other vaccines should not be given in the 14 days following vaccination with the COVID-19 vaccine. This is mainly to avoid confusion should vaccine side effects occur. *Response added 1.11.2021*

If a patient has tested positive for SARS-CoV-2, when can they receive the COVID-19 vaccine?

CDC advises deferring vaccination until recovery from acute illness (if person had symptoms) and until after criteria have been met to discontinue isolation. *Response added 1.11.2021*

If there is a delay in timing of the second dose, at what point does the vaccination have to start over?

The second dose should be administered as close to the recommended interval as possible. However, there is no maximum interval between the first and second dose for either vaccine. *Response added 1.11.2021*

Does v-safe remind patients that they need a second dose?

V-safe is an opt-in smartphone-based app that allows patients to submit information about side effects to CDC. This information helps CDC monitor the safety of COVID-19 vaccines in near real time. If any serious health problems are reported, they can be quickly investigated by CDC's medical experts and scientists. V-safe also provides second vaccine dose reminders if needed, and telephone follow up to anyone who reports medically serious adverse events.

RIDOH is looking into several different methods to help people remember which vaccines they received and to notify people when they need to get their second dose. *Response added 1.11.2021*

Does v-safe document which vaccine a patient received?

Yes. The patient is prompted to enter this information into v-safe when setting up the program. For more, see: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html *Response added 1.11.2021*

Do staff (e.g., long-term care facility staff) need to continue surveillance testing if they receive vaccine?

Yes. It is important to evaluate the effectiveness of the vaccine in preventing COVID-19 among staff and residents of long-term care facilities, as well as in all settings and in the community where surveillance testing is recommended. *Response added 1.11.2021*

Talking with patients about myths and misconceptions

Does the vaccine contain a microchip?

No. There is no vaccine microchip, and the vaccine will not track people or gather personal information into a database. This myth started after comments made by Bill Gates from the Bill & Melinda Gates Foundation about a digital certificate of vaccine records. The technology he was referencing is not a microchip, has not been implemented in any manner, and is not tied to the development, testing, or distribution of COVID-19 vaccines. *Response added 1.11.2021*

Can mRNA vaccines alter your DNA?

No. The COVID-19 vaccines currently available, which are messenger RNA (mRNA) vaccines, will not alter your DNA. Messenger RNA vaccines work by instructing cells in the body how to make a protein that triggers an immune response, according to CDC. Messenger RNA injected into your body does not enter the cell nucleus where DNA is located and will not interact with or do anything to the DNA of your cells. Human cells break down and get rid of the messenger RNA soon after they have finished using the instructions. *Response added 1.11.2021*

Will the vaccine give you COVID-19?

No. None of the COVID-19 vaccines currently in development or in use in the US contain the live virus that causes COVID-19. The goal for each of the vaccines 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. *Response added 1.11.2021*

It typically takes a few weeks for the body to build immunity after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick, but this is not because they got the vaccine. This is because the vaccine has not had enough time to provide protection. *Response added 1.11.2021*

Is it better to get natural immunity to COVID-19 rather than immunity from a vaccine?

No. While you may have some short-term antibody protection after recovering from COVID-19, we don't know how long this protection lasts. Vaccination is the best protection, and it is safe. People who get COVID-19 can have serious illnesses, and some have debilitating symptoms that persist for months. *Response added 1.11.2021*

Will the flu vaccine protect me from COVID-19?

No. Getting a flu vaccine will not protect against COVID-19; however, flu vaccination has many other

important benefits. Flu vaccines have been shown to reduce the risk of flu illness, hospitalization, and death. Getting a flu vaccine this season will be more important than ever, not only to reduce your risk from flu but also to help conserve potentially scarce healthcare resources. *Response added 1.11.2021*

Can I get the COVID-19 vaccine if I am Catholic?

Yes. The Pontifical Academy for Life stated that while the vaccines have some connection to cell lines that came from tissue taken from abortions, the cell lines have been modified so much that it is not immoral to receive a vaccine developed with human cells. Further, the Pontifical Academy for Life considers vaccination coverage a moral obligation; vaccines protect health and save lives. By getting vaccinated, you can protect those who cannot be vaccinated due to underlying conditions.

The Catholic Health Association and the US Conference of Catholic Bishops' Committee on Doctrine used the arguments of The Pontifical Academy to confirm that the Pfizer and Moderna vaccines are "morally acceptable." The Catholic Health Association encourages Catholic health organizations to distribute these vaccines. *Response added 1.11.2021*

Will the COVID-19 vaccine cause me to test positive for COVID-19?

No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the US cause you to test positive on viral tests (for example a nasal swab), which are used to see if you have a current infection.

If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results. *Response added 1.11.2021*