Additional Information for Vaccine Administrators on screening Questions and Other FAQ's

Screening Questions	If a Patient Answers Yes
Do you have a history of allergies to food, oral medication, environment, pets, insects, venom or latex?	If patient states allergic reaction was severe (anaphylaxis), must be observed for 30 minutes post-vaccination. (OK to Vaccinate)
Have you ever had a serious reaction (anaphylaxis) due to any vaccine or any injectable medications?	Do not vaccinate, tell patient they must consult with their PCP.
Are you sick now with a moderate or severe illness?	Do not vaccinate and have reschedule
Are you pregnant or breast-feeding?	OK to vaccinate and provide Fact sheet
Do you have a bleeding disorder or are you taking a blood thinner?	OK to vaccinate but take care to use small fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes
Have you received passive antibody therapy as treatment for COVID-19?	May vaccinate if it has been > 90 days from therapy. If< 90days since therapy inform the patient the vaccination should be deferred for at least 90 days following therapy and to follow up with their PCP.
In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due toCOVID-19 infection or exposure?	Do not vaccinate and have reschedule

Note: If patient has questions regarding immunocompromised inform them according to the manufacturer "Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine".

FAQ's

Have you received any other vaccines in the last 14 days? On May 13, 2021 the CDC released a statement updating guidance on the co-administration of other vaccines. The American Academy of Pediatrics supported this, citing that the benefits outweigh the theoretical risks. COVID-19 and other vaccines may now be administered

without regard to timing. This includes simultaneous administration of COVID-19 and other vaccines on the same day, as well as co-administration within 14 days.

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?
Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, **should be observed for 30 minutes after vaccination.** All other persons should be observed for 15 minutes.

Have you received passive antibody therapy as treatment for COVID-19?
Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, **vaccination should be deferred for at least 90 days,** as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

Was the severe allergic reaction after receiving a COVID-19 vaccine?
History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine.

Was the severe allergic reaction after receiving another vaccine or another injectable medication?
A history of mild allergic reaction to a vaccine or injectable therapy is not a precaution to vaccination. History of severe allergic reaction (e.g., anaphylaxis) to another vaccine or a component of another vaccine OR anaphylactic reaction to any other injectable medication is a **precaution to currently authorized COVID-19 vaccine.** Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. These individuals should be observed for 30 minutes after vaccination.

Do you have a bleeding disorder or are you taking a blood thinner?
COVID-19 vaccine may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle

Can I get vaccinated if I have a history of dermal filler use?
Infrequently, persons who have received dermal fillers may develop swelling at or near the site of filler injection (usually face or lips) following some infections, dental procedures and administration of vaccines including the mRNA COVID-19 vaccines. This appears to be temporary and can resolve with medical treatment, including a brief course of corticosteroid therapy and oral antihistamines. mRNA COVID-19 vaccines should not be discouraged or withheld from persons who have received injectable dermal fillers who have no contraindications to vaccination No additional precautions are needed. However, these persons should be advised to contact their healthcare provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination.

Can I receive the COVID-19 vaccine if I am allergic to latex?

Yes. People with a latex allergy can receive the COVID-19 vaccine. There is no latex in the vaccine and the vaccine vial's rubber stopper does not contain latex. It is still important to let your healthcare provider know about any latex allergies, so they can ensure they do not use any latex containing products (ex. gloves) when administering the vaccine.

Should I get vaccinated if I already had COVID-19?

It is recommended that you get vaccinated even if you have had COVID-19, though the recommendation is to consider holding off temporarily.

• Because this is a new virus, we are still learning about short and long-term immunity. Medical professionals are not certain how long a person can remain immune after having been infected and studies have shown that some people have lower titers of neutralizing antibodies than others.

• Therefore, those vaccinated will either gain immunity or potentially extend or strengthen existing immunity. If you currently have COVID-19, you should wait to get vaccinated until you are past the quarantine period, and after you have recovered from the acute illness.

• Thus, while vaccine supply remains limited, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection

• If you happen to come down with COVID after Dose #1 of the Pfizer or Moderna vaccine, the recommendation is to wait as above until you are past the quarantine period / recovered, and then arrange to receive Dose #2.

How many doses of COVID-19 vaccine are required to complete the vaccine series?

- The Pfizer COVID-19 vaccine requires two doses separated by 21 days.
- The Moderna COVID-19 vaccine requires two doses separated by 28 days. Ideally, individuals would also receive both doses from the same facility.
- The Johnson & Johnson COVID-19 (Janssen) vaccine requires only one dose.

If the COVID-19 vaccine I receive requires two doses, do I need to get the same vaccine to complete my vaccine series?

Yes. If you receive a vaccine product that requires two doses, the second dose must be the same brand/manufacturer as the first dose. Ideally, individuals would also receive both doses from the same facility

What is the window for second vaccination?

The second dose should be administered as close to the recommended interval as possible. ([21 days Pfizer-BioNTech] or [28 days Moderna]) Persons should not be scheduled to receive the second dose earlier than recommended. However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

If that is not medically feasible, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. Even if the second dose is provided more than 6 weeks after the first dose, there is no need to re-start the vaccination series.

Do I need a third dose or a booster dose?

Everyone without a compromised immunes system is considered fully vaccinated two weeks after their second dose in a 2-shot series, such as the Pfizer-BioNTech or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J/Janssen vaccine.

For severely immunocompromised individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, a third dose is generally required to achieve full immunity. People in this group are eligible for a third dose at least 28 days after a second dose of **Pfizer-BioNTech** or **Moderna**'s COVID-19 vaccine.

Booster doses are recommended for the following groups of individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, 6 months or more after their initial series:

- 65 years and older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions
- Age 18+ who work or live in high-risk settings

For individuals who received the Johnson & Johnson COVID-19 vaccine, a booster shot of any one of the three available vaccines is also recommended for those who are 18 and older and who were vaccinated two or more months ago.

Can a COVID-19 vaccine cause COVID-19?
No. None of the vaccines currently in development in the United States use the live virus that causes COVID-19. Vaccination with COVID-19 vaccine could cause side effects, such as fever and body aches. This is not COVID-19. These symptoms are normal after vaccination and are a sign the body is building immunity.

Can a COVID-19 vaccine cause you to test positive on COVID-19 viral tests?
No. COVID-19 viral tests will not show a positive result after receipt of the COVID-19 vaccine.

Are Covid-19 Vaccine products interchangeable?
There is no preference between the currently available COVID-19 vaccines. However, the first two doses of the COVID-19 mRNA vaccines (Pfizer or Moderna) should not be mixed.
Eligible patients who receive booster doses may choose which vaccine they receive. Some patients may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots.

How does the efficacy of the Pfizer, Moderna and Janssen vaccines compare to other vaccines?
The Pfizer, Moderna and Johnson & Johnson vaccines' efficacy is among the best we have available compared to routinely recommended vaccines. For example, compare the efficacy of COVID-19 mRNA vaccines to other routinely recommended vaccines:
- Pfizer novel coronavirus vaccine (2 doses): 95%
- Moderna novel coronavirus vaccine (2 doses): 94.1%
- Johnson & Johnson novel coronavirus vaccine (1 dose): 72% - U.S. Trial
- Influenza vaccine (1 dose): ~44%
- Chickenpox/Varicella vaccine (2 doses): 90%
- Measles (MMR-2 doses): 97%

If one product has slightly higher efficacy than another vaccine, isn't it better to get the better vaccine with higher efficacy?
Although you may see different numbers for demonstrated efficacy for different vaccines, you cannot compare them to each other. These vaccines were studied in different populations under different circumstances, at different times and with different end point definitions. All of the COVID-19 vaccines that

are authorized for use in the United States have met the FDA's rigorous guidelines regarding EUA and have been reviewed by both VRBPAC and the ACIP (expert committees that provide recommendations and guidance on immunizations). All of the vaccines are highly effective at preventing severe disease, hospitalizations and death from COVID-19. With the COVID-19 vaccine supply extremely limited and so many people who need to get vaccinated, if someone is given the opportunity to receive a COVID-19 vaccine, it means they are in a high priority group and should receive the vaccine that is available. It is important for everyone to be vaccinated when it is their turn so we can return to normal sooner.

Can vaccinated individuals asymptomatically transmit SARS-CoV-2?

The currently available COVID-19 vaccines are quite efficacious at preventing symptomatic COVID-19. Yet, we do not yet have evidence whether getting vaccinated prevents asymptomatic infection and transmission. Studies are expected in the coming months that better answer this question. It is important to note that even if the vaccine does not prevent asymptomatic COVID and only prevents symptomatic COVID, it is still extremely valuable.

Can I still donate blood if I have received a COVID-19 vaccine?

The FDA guidelines state that individuals that have received an mRNA COVID-19 vaccine (Pfizer & Moderna vaccine) or a nonreplicating COVID-19 vaccine (Johnson & Johnson vaccine) can donate blood without a waiting period after having received the vaccine. The Red Cross stated that if you have been vaccinated against COVID-19 you can still donate blood. Be prepared to provide the manufacturer name of the COVID-19 vaccine you received when you come to donate blood. Individuals should also consider bringing their Vaccination Record Card to their donation appointment.