

COVID-19 Vaccine FAQ Updated: 2/3/21

**** Please note that information about COVID-19 vaccines is changing rapidly. Please check back often for updates and additional information. We will continue to make updates as more information is available. Thank you. ****

1. VACCINE DISTRIBUTION & PHASING/TIMELINE FAQ

Q: I've heard a lot about different COVID vaccines. Which one will I get from Denver Health?

Denver Health is currently using two vaccines, one from [Pfizer](#) and one from [Moderna](#). These are very similar vaccines in terms of how they work and how effective they are. Both are currently equally recommended under the FDA emergency authorization. Both Pfizer and Moderna vaccines require 2 doses given approximately 3 (Pfizer) or 4 (Moderna) weeks apart. All patients must receive the same type of vaccine for both doses, and Denver Health will help keep track of which one you receive and can schedule your appointment for the second dose as soon as you have received your first.

Q: Who is getting the vaccine first and why?

During the first several months of 2021, the amount of vaccine available won't be enough to give to everyone right away. Denver Health is following guidance from the Colorado Department of Health and Environment (CDPHE), and the Centers for Disease Control and Prevention (CDC) on how to get the vaccine to people who are most at-risk of getting COVID-19 and having severe disease if they do. Current guidance is frequently being updated as we have more doses of vaccine and more information about groups at risk. The current vaccine distribution guidelines can be found on the [CDPHE website](#).

Q. Is Denver Health giving vaccine to patients?

Yes, in accordance with guidance from CDPHE, Denver Health has started vaccinating people as eligible by the current vaccine distribution guidelines, which can be found on the [CDPHE website](#).

Denver Health patients can expect to receive an invitation to schedule an appointment through [MyChart](#) or by email when their priority group opens. Once invitations are sent, patients can schedule an appointment through MyChart or through the Denver Health appointment center at 303-436-4949.

Can I get a vaccine if I'm not an established Denver Health patient?

If you are not a current Denver Health patient, you may indicate your interest in receiving a COVID-19 vaccine when doses are available for your priority group, by submitting a **vaccine interest registration form** online or calling the COVID Vaccine Registration Line at **303-436-7000**. This form is available at [DenverHealth.org/CovidVaccine](#) and will allow you to indicate a preferred method of communication where you can be reached when it is time to schedule a vaccine appointment. This will also automatically place you on a vaccine wait list.

Please be patient, as vaccine doses are limited at this time, and we cannot guarantee when vaccines will be made available to each priority group. If you are unsure which priority groups are currently eligible, please visit [COCovidVaccine.org](https://www.denverhealth.org/covidvaccine). All priority groups are subject to change based on changing guidelines from national, state and city officials.

Q: Can I get my vaccine at my regular doctor's office?

Denver Health will be offering vaccine at several sites in our system, though at the beginning we won't be able to give them at all of our clinics. When making your appointment for the first dose of the vaccine, you will receive information on where it will be scheduled, and you will be given an appointment time. It is extremely important to be on time for these appointments.

Q: I don't have a MyChart account

If you do not currently have a MyChart account, you can easily create a free MyChart account. Instructions to do so are at www.denverhealth.org/mychart.

If you do not have access to MyChart, you are welcome to set up an appointment with the Denver Health appointment center at 303-436-4949. Wait times may be long as volume has increased, but we want to help get your appointment scheduled as soon as possible.

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Q: Why am I not able to schedule beyond a certain date?

Scheduling is limited based on the allotment of vaccines we currently have available. More appointment options will be added as we get additional doses of vaccine.

Q: Can I just call the appointment center to schedule my appointment?

If you have [MyChart](https://www.denverhealth.org/mychart), you can choose an appointment at your convenience online. We will also be able to send you appointment reminders and easily schedule your second vaccine dose as soon as the first dose is complete. Find out more about setting up a MyChart account [here](#).

If you do not have access to MyChart, you are welcome to set up an appointment with the Denver Health appointment center at 303-436-4949. Wait times may be long as volume has increased, but we want to help get your appointment scheduled as soon as possible.

If you are not a current Denver Health patient, you may indicate your interest in receiving a COVID-19 vaccine when doses are available for your priority group, by submitting a **vaccine interest registration form** online or calling the COVID Vaccine Registration Line at **303-436-7000**. This form is available at [DenverHealth.org/CovidVaccine](https://denverhealth.org/CovidVaccine) and will allow you to indicate a preferred method of communication where you can be reached when it is time to schedule a vaccine appointment. This will also automatically place you on a vaccine wait list.

Q: Will I still need to wear a mask after I am vaccinated? Should I continue to avoid contact with older, at-risk family members even if one or all of us have been vaccinated?

Yes, for now. We know that the vaccine prevents approximately 95% of symptomatic cases of COVID-19, but we are still learning about how well the vaccine can stop the spread of virus from one person to another. It may still be possible for people who had the vaccine to get a COVID-19 infection that doesn't cause any symptoms but could still be passed on to others. As more and more people get vaccinated, we will eventually reach a point where infections are low enough to take off our masks and be able to be around more people, but for now we will need to continue to use the tools we already do to protect ourselves, our families and our communities including wearing a mask, limiting contact with others and maintaining physical distancing.

Q: Are there plans to provide proof of vaccination for those who get it? I can envision this becoming something that airlines will request or foreign governments may ask for in order to permit entry once travel resumes.

Yes, we are going to be handing out vaccine cards to everyone at the time of the first dose, which you should keep as proof that you received the vaccine and which one you received. There will be a place on the card for the second dose as well. If the card is lost, information about the vaccine you received will also be saved in your medical record.

Q: Will I have to pay for the vaccine?

No, at this time all doses are being paid for by the U.S. government. Your insurance carrier may be billed for an administration fee, but you should not receive any bill.

Do I need to be a U.S. citizen to get a vaccine?

Whether you are a U.S. citizen or not, we are all in this together. If you would like a vaccine, you will be able to get one according to what vaccine phase you are in. An ID should not be required for access to the vaccine. State and local public health agencies will never share your information for any immigration or law enforcement purposes. Receiving the COVID-19 vaccine will not count against you in any public charge determinations.

2. COVID-19 VACCINE SAFETY AND EFFICACY FAQ

Q: Are the vaccines safe?

Both the Pfizer and Moderna vaccines were administered to over 70,000 people in large studies who have been closely monitored over several months for any adverse events. Both vaccines appear to be very safe. Additionally, safety of these vaccines will be evaluated on an ongoing basis among people in the clinical trials as well as in the general public.

Q: How effective are these vaccines?

Initial results of studies of the Pfizer and Moderna vaccines show that the vaccine decreased the risk of getting sick with COVID-19 by about 95%. In addition, for people who received the vaccine but did get COVID-19, the infections tended to be less severe.

Detailed information about each vaccine can be found on the [CDC's COVID-19 vaccine website](#).

Q: What are the side effects of these vaccines?

It is important to recognize that part of why these vaccines work so well is that they cause a strong immune response, which can cause people to feel unwell for a day or so after the vaccine. For some, this is described as feeling like they have a hangover, and it is more common after the second dose of vaccine. In the Pfizer and Moderna studies, the most common side effects include soreness, redness, or swelling around the injection site, fatigue, body aches, or headache. These reactions can be treated with ibuprofen (Motrin, Advil) or acetaminophen (Tylenol) if needed.

Q: Should I take acetaminophen or an anti-inflammatory (for example, ibuprofen) before getting the vaccine to prevent side effects?

No. In the studies of these vaccines, these medications were not allowed prior to vaccination as they could possibly lessen the immune response to the vaccine.

Q: Should I get the COVID-19 vaccine if I have recently been given another vaccine?

There is little data about the safety and efficacy of mRNA COVID-19 vaccines when given too closely to another vaccine type. Therefore it is recommended that the COVID-19 vaccine series should be given at least 14 days before or after administration of any other vaccine. Exceptions may be made at times where the benefit or need for vaccination would outweigh the possible, yet unknown, risks of taking them too close together – for example, a tetanus vaccine as part of wound management or a hepatitis A vaccine given to contain an outbreak. If mRNA COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

Q: How long does the protection of the vaccine last?

We don't know at this time. The studies have followed people who received the vaccine for almost 6 months now without any evidence that the protection is wearing off. The hope is that the protection will be long-lasting, but it is possible that we will need booster shots in the future. We will have more information about this in the coming months.

Q: Why are there 2 doses?

Many vaccines require multiple doses, such as those for pneumonia, Hepatitis B and measles/mumps/rubella (MMR)—all require multiple doses to ensure full immunity. The first shot shows the immune system a piece of the virus which stimulates an initial immune response. The second shot is the booster, allowing the immune system to fully develop responses that are both effective and long-lasting.

Q: Do I really need the second dose of the COVID-19 vaccines?

Both the Pfizer and the Moderna vaccines were studied as 2 doses – Pfizer as 2 doses separated by 21 days and Moderna separated by 28 days—so the information we have about how well these vaccines work is based on people receiving both doses.

Q: What happens if I get only 1 dose?

The FDA and CDC state that both doses are needed for full immunity and no one should consider themselves protected with only 1 dose. You may not develop protection, or your partial immunity may also go away after some time and you could still be at risk for contracting severe disease associated with COVID-19. Thus, it is essential to get your second dose as soon as it can be scheduled. At the same time, because there are limited doses available, it is possible that the scheduling of a second dose may be delayed by up to a few weeks; this is ok as long as the second shot does happen—see below.

Q: I heard some countries are spacing out the timing for the 2nd dose. Can I wait?

Some countries like the United Kingdom are delaying the second dose of the vaccines for weeks or months beyond what is recommended by the manufacturers. The best data we have comes from the clinical trials in which the second dose was scheduled at 21 days (Pfizer) or 28 days (Moderna). We have limited knowledge about how efficacy or side effects may be affected by delaying the second dose, so the current recommendations from the FDA and CDC are that people get the second dose as close to the intended time as possible. However, most experts believe that very short delays (up to a few weeks) if unavoidable because of vaccine supply will still work well.

Q: Are the first and second doses different?

For both the Pfizer and Moderna vaccines, the first and second doses are the same. It is very important that you do not mix and match—your vaccine provider will help track which vaccine you received on the

first dose. If you received Pfizer for your first dose then Pfizer must also be your second dose. The same goes for Moderna.

Q: Will the vaccine protect against the new strain of coronavirus that has been in the United Kingdom and was recently found in Colorado?

A strain of coronavirus that has several mutations that help it spread more easily from person to person was identified in the United Kingdom (UK) and is now popping up in the US, including in Colorado. Fortunately, there is no evidence that this strain causes a more severe illness, and scientists believe that the current vaccines will work just as well against this strain.

Q: Do you need to quarantine from family if you receive the vaccine?

No. There is no virus in the vaccine so quarantine after receiving the vaccine is not necessary.

Q: Are there pediatric vaccines coming?

According to the Food and Drug Administration, the Pfizer vaccine can be given to people 16 years and older. The Moderna vaccine is only for adults 18 years and older. There are ongoing studies involving children age 12-15 years so we may learn more about how well they work and if they are safe in that age group. It is unlikely that a vaccine for younger children <12 will be available any time in the first half of 2021, but experts believe that we can control the pandemic without needing to vaccinate small children.

Q: I heard one of the vaccine trials was suspended due to a serious adverse event in a participant. Should I be worried?

A study of the vaccine made by AstraZeneca (which is still being studied in the US) was temporarily suspended because a participant in England developed a rare but serious condition called transverse myelitis (inflammation of the spinal cord). After investigation, it was determined that the vaccine had not caused the event, and the study has since resumed.

Q: Can the vaccines cause COVID-19? How do they work?

The Pfizer and Moderna vaccines do not contain whole virus so they cannot cause COVID-19. The vaccines consist of mRNA that cause your body to make a protein that is on the surface of the virus and your body makes an immune response to this protein. The vaccine is basically telling your immune system what to watch out for and to be prepared to respond quickly if it ever sees the real thing. “mRNA” often makes people think of “DNA” and wonder if the vaccines interact with our genes: they do not! mRNA works in a completely different part of our cells.

Q: How many COVID-19 vaccines are currently under development?

As of December 28th, 28 vaccines have begun (and 3 have completed) large-scale (Phase 3) clinical trials around the world, including 5 in the US. There are more than 100 potential COVID vaccines in various

stages of development. In addition to the Pfizer and Moderna vaccines, a few others have already been approved in other countries, including the AstraZeneca vaccine in the United Kingdom. It is likely that 2 or 3 new vaccines will seek authorization by the Food and Drug Administration in the US in the first quarter of 2021.

You can keep track of which trials are going on and where they stand from several websites. Here are two good examples:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

Q: How do I report a problem or bad reaction after getting a COVID-19 vaccine?

The CDC and FDA encourage the public to report possible adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). This national system collects these data to look for adverse events that are unexpected, appear to happen more often than expected or have unusual patterns of occurrence. Learn about the [difference between a vaccine side effect and an adverse event](#). Reports to VAERS help the CDC monitor the safety of vaccines.

The CDC has also developed an additional way of communicating concerns about vaccine adverse reactions called [V-safe](#). V-safe is a smartphone-based tool 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

Q: If I am or might be pregnant, should I get the COVID vaccine?

Pregnant women are at increased risk of severe disease when they get COVID-19 and the FDA and CDC have stated that pregnant women may receive the Pfizer or Moderna vaccines. However, because the trials did not enroll pregnant women, at the present time it is not possible to say if there are additional safety concerns for pregnant women, or if the vaccine will work as well as it does in people who are not pregnant. There are no specific reasons to believe that an mRNA vaccine like the Pfizer or Moderna COVID vaccines would pose a risk to a pregnant woman or the fetus, but any certainty about safety in pregnancy will have to wait for future study. There is no evidence that any of the COVID-19 vaccines have any impact on fertility.

If you are or might be pregnant, you are encouraged to discuss with your doctor if you have questions; [CDC information is also available here](#). It is not necessary to have a pregnancy test before receiving your vaccine. It is recommended that pregnant women avoid medications such as ibuprofen (Advil, Motrin) or Naproxen. Therefore, if you are or might be pregnant, it is important that you only use acetaminophen (Tylenol) for any symptoms that might arise after vaccination.

Q: Is the vaccine safe if I am breastfeeding?

Breastfeeding mothers were not enrolled in the Pfizer or Moderna vaccine studies, and therefore we do not know with certainty the safety of the vaccine in this scenario or any impact on lactation. However, there is no specific reason to suspect that the vaccine or any of its components would enter breast milk or be harmful to your baby. If you have questions or concerns, you are encouraged to speak to your doctor; [further information is also available from the American Academy of Pediatrics](#). And [CDC information is also available here](#).

Q: Can I receive the vaccine if I am immunocompromised?

The COVID-19 vaccine was not studied in immunocompromised individuals, though the vaccine studies did have some participants with HIV infection. While it is not expected to be harmful to individuals who are immunocompromised, we do not yet know if it will be as effective in this population. Because each immunocompromised patient can have different health issues, we recommend that those who are immunocompromised discuss the risks and benefits with their primary provider. [CDC information is also available here](#).

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

Yes. The CDC currently recommends vaccination for people who have had COVID-19 as long as they have fully recovered and are no longer required to self-isolate.

Q: I have heard about severe allergic reactions to the vaccine. What do I need to know about that?

Severe allergic reactions were not observed in the vaccine studies but have occurred in a small number of individuals since the vaccine has been administered more widely. These events occurred in people with a history of severe allergy reactions. We are asking everybody who has had a severe allergic reaction (including to food or medications) that required medical treatment to stay in the post-vaccine waiting area for 30 minutes after the vaccine and to inform our staff immediately if there are any worrisome symptoms arise.

Q: Can I receive the vaccine if I have a severe penicillin allergy? What about eggs?

Yes. There is no cross-reactivity between the penicillin antibiotics and the vaccine. The Pfizer and Moderna vaccines are not manufactured using eggs so can be received by those with egg allergies.

Q: What are the ingredients in the Pfizer and Moderna vaccines?

These vaccines have a simple formulation and contain few ingredients, including the mRNA, a lipid capsule that protects the mRNA until it reaches our cells, sodium and potassium salts and other buffers to balance the pH to match our bodies, and sugars to help the vaccine stay effective at room temperature. Links to the precise ingredients in the [Pfizer](#) and [Moderna](#) vaccines are available.

Q: Is it recommended to administer the COVID vaccine to any person who has received the flu shot this season?

Yes, everyone who received the flu shot can get the COVID vaccine.

Q: Is there any risk because of the extreme cold that the Pfizer vaccine requires for storage?

No. This vaccine must be fully thawed to room temperature in order to prepare it for administration. While the long-term storage needs of this vaccine vary from those we normally administer, once the vaccine is brought to normal temperature range and prepared, the administration process is the same as other vaccines.