

COVID-19 Vaccine FAQ

**** 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. ****

Last updated 6/21/2022

1. VACCINE DISTRIBUTION & PHASING/TIMELINE:

Q. How can I get the vaccine?

If you are a Denver Health Patient you can access your MyChart account and sign up for your vaccination on your own.

If you are unable to self-schedule a vaccine appointment online, you can call 303-436-7000 to be connected to our call center for scheduling. Due to high demand there may be a significant wait.

If you are not a Denver Health patient, you can receive the vaccine at Denver Health's immunization clinic or through local pharmacies.

Q: What vaccine can I receive from Denver Health?

Denver Health is using three vaccines: one from Pfizer, one from Moderna and a third from Johnson & Johnson.

All three vaccines from Pfizer, Moderna and Johnson & Johnson are safe and effective.

Patients 6 months – 5 years old have the choice of either a 3-shot Pfizer series or a 2-shot Moderna series.

Patients who are 5 to 17 years old will be offered the two-dose Pfizer vaccine, as that is the only vaccine approved for use in this age group.

All adult 18 and older may choose their vaccine manufacturer.

Q: Can I choose which vaccine I am going to receive?

Yes. At the time that you make your appointment online, you'll be able to select a location by vaccine manufacturer or to simply choose the first available appointment that fits your schedule.

*Patients who are 5 to 17 years can only register for the two-dose Pfizer vaccine, as that is the only vaccine approved for use in this age group.

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

If you are a Denver Health patient, you will be able to get your vaccine at your regular clinic. 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 important to be on time for these appointments.

Q: Will I still need to wear a mask after I am vaccinated?

The CDC has [guidelines for vaccinated individuals](#). Because the guidance often changes, we recommend that you visit the CDC link to learn more about what is currently recommended in your area.

When on Denver Health's main campus, or in one of our clinics all individuals regardless of vaccination status are required to wear a mask.

Q: Will I get a document to prove that I am vaccinated?

Yes, vaccine cards are provided to those who receive COVID-19 vaccination. Please keep it as proof that you received the vaccine. If the card is lost, information about the vaccine you received will also be saved in your medical record and can be located on your MyChart account.

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.

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

No, whether you are a U.S. citizen or not, we are all in this together. An ID is not required for access to the vaccine. State and local public health agencies will never share your information for any immigration or law enforcement purposes.

2. COVID-19 VACCINE SAFETY AND EFFICACY:

Q: Are the vaccines safe?

Yes. All three vaccines have been administered to millions of people and have a strong safety profiles.

Q: How effective are these vaccines?

All three vaccines decrease the risk of getting sick with COVID-19 by over 80%, and the infections tend to be less severe. Detailed information about each vaccine can be found on the [CDC's COVID-19 vaccine website](#).

Q: What is a breakthrough infection?

A breakthrough COVID-19 infection is considered to be an infection that occurs in a fully vaccinated individual. As the contagious delta variant continues to circulate, more vaccinated individuals are

developing breakthrough infections. These infections tend to be less severe and rarely cause hospitalization among healthy individuals.

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. It is more common after the second dose of vaccine. Symptoms may 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. The side effects in the Johnson & Johnson vaccine were very similar, though of course they only occurred once since there is only one dose required.

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

No, it is not recommended to take acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) before receiving the vaccine. However, you can take them afterwards if you develop discomfort.

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

Yes, you can receive the COVID-19 vaccine regardless of when you have received other vaccines. For example, you can receive the influenza and COVID-19 vaccine on the same day for convenience.

Q: Why are there 2 doses for the Pfizer and Moderna vaccines?

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: What happens if I get only 1 dose of Pfizer or Moderna vaccine?

The FDA and CDC state that both doses are need 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.

Q: Will the vaccines protect against variants?

While none of the current vaccines are a perfect match for circulating variants, all of the current vaccines decrease the chances of developing severe disease. However, mild-moderate disease still can

occur after vaccination. We are hopeful that updated vaccines will be released in the future and will update you as we have more information.

Q: Do you need to quarantine from family if you receive the vaccine? Can the vaccines cause COVID-19?

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

Q: How do the COVID-19 vaccines work?

The Pfizer and Moderna 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.

The Johnson & Johnson vaccine is made using an adenovirus (common cold virus) that has had its ability to replicate removed. All the vaccine virus can do is make copies of the COVID spike protein for your body to recognize, and it is eliminated from the body after a short time.

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.

3. BOOSTER DOSES:

I'm already fully vaccinated. Do I need to get a booster COVID-19 vaccine?

Three COVID-19 vaccines are used in the United States to prevent COVID-19. Pfizer-BioNTech or Moderna (COVID-19 mRNA vaccines) are preferred. You may get Johnson & Johnson's Janssen COVID-19 vaccine in some situations.

Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series.

Adults ages 50 years and older and people ages 12 years and older who are moderately or severely immunocompromised should get 2 boosters after completing their COVID-19 vaccine primary series.

Are booster shots required to be a fully vaccinated?

No, but they are recommended. Right now full vaccination is defined as either a two-dose series of either Pfizer or Moderna or a one-shot vaccination of Johnson and Johnson.

Can I mix and match my booster vaccination?

Yes, the CDC has approved individuals to mix and match their booster doses.

Data submitted to the FDA shows that J&J offers the weakest protection of the three vaccines. Preliminary findings showed J&J recipients who got a booster with the Moderna vaccine saw their antibody levels rise 76-fold within 15 days, compared with only a fourfold rise if they received a booster shot of Johnson & Johnson. A Pfizer-BioNTech booster raised antibody levels in Johnson & Johnson recipients 35-fold. The trial only looked at antibody levels, which on their own are an insufficient measure of how well different combinations of vaccines would protect people. Only antibody levels — one measure of the immune response — were calculated as part of the preliminary data, not the levels of immune cells primed to attack the coronavirus, which scientists say are also an important measure of a vaccine's success.

4. PEDIATRIC VACCINATION:

Q: Who can get vaccinated?

The FDA recently approved both Pfizer and Moderna for children 6 months – 5 years old. The vaccination series differs depending on the manufacturer.

Pfizer: 3-shot series; 2 doses, 3 weeks apart followed by a 3rd at least 2 months later. (One-tenth).

Moderna: 2-shot series; 2 doses, 4 weeks apart. (One-quarter).

The Pfizer vaccine can be given to people 5 years and older. The Moderna and Johnson & Johnson vaccines are only for adults 18 years and older.

Is Pfizer safe for 5-11 year old's?

Yes. Data from research studies suggest that vaccination protects children and adolescents from complications such as hospitalization and/or long COVID. Young people who do not have underlying health issues, often do not get very sick with COVID-19, but that does not mean all kids are safe from complications related to COVID-19 infection.

Q: What other benefits are there to vaccinating 5-11 year old's?

Vaccination of this age group not only protects the individual but also protects the people they live or spend time with. Many young children live with caregivers who are at high risk of COVID-19 related health complications. Vaccinated people are less likely to infect others.

Q: Will vaccination interrupt my child's in-person learning?

No, in fact, vaccination can help keep your child in school. COVID-19 has had a negative impact on children and families. If your child is fully vaccinated, they are much less likely to be asked to miss school, sports, or other activities.

Q: What will the dosage be for kids aged 5-11?

The amount of COVID-19 vaccine given to children aged 5-11 will be different. With the Pfizer vaccine, children will receive 1/3 of the dose that those 12 and older receive and they will still need 2 doses separated by at least 21 days.

Q: What should I look out for once my child has received the vaccine?

On the arm where your child got the shot they may have pain, redness, or swelling. Your child may also experience fever, chills, tiredness, pain, headache, or nausea. Side effects may feel like flu and even effect your child's ability to do daily activities. These symptoms are normal and will typically resolve within a few days (typically <24hrs).

Q: What have the trials shown for 6 month – 5 year olds?

Safety was evaluated in approximately 1,700 children 6 through 23 months of age who received the vaccine and 600 who received the placebo. Of these, approximately 1,100 vaccine recipients were followed for safety for at least two months following the second dose. For participants 2 through 5 years of age, approximately 3,000 received the vaccine and approximately 1,000 received a placebo; approximately 2,200 vaccine recipients were followed for safety for at least two months following the second dose. In clinical trial participants 6 months through 5 years of age, the most commonly reported side effects across all age subgroups included pain, redness and swelling at the injection site, fever and underarm (or groin) swelling/tenderness of lymph nodes in the same arm (or thigh) as the injection. In clinical trial participants 6 through 36 months of age, the most commonly reported side effects also included irritability/crying, sleepiness, and loss of appetite. In clinical trial participants 37 months through 5 years of age, the most commonly reported side effects also included fatigue, headache, muscle ache, chills, nausea/vomiting and joint stiffness

The available safety data to support the EUA in children 6 through 23 months of age include approximately 1,170 who received the vaccine and approximately 600 who received placebo;

approximately 400 vaccine recipients were followed for safety for at least two months following the third dose. For the participants 2 through 4 years of age, approximately 1,800 received the vaccine and approximately 900 received placebo; approximately 600 vaccine recipients were followed for safety for at least two months following the third dose. The most commonly reported side effects in clinical trial participants 6 through 23 months of age who received the vaccine were irritability, decreased appetite, fever and pain, tenderness, redness and swelling at the injection site. These side effects were also reported for the vaccine recipients 2 through 4 years age, in addition to fever, headache, and chills.

Q: What can I give my child to help with any side effects?

If your child has pain or discomfort after the vaccine, talk to your doctor about giving an over-the-counter medicine, such as ibuprofen or acetaminophen. It is not recommended to give these medications to your child before they get their immunization.

Get your child the second shot even if they have side effects after the first one, unless a vaccination provider or your doctor tells you not to do so. It takes time for the body to build protection after any vaccination. Full protection from COVID-19 vaccine may not develop until two weeks after the second shot. It is important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Your child should still cover their mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, stay home when sick, and wash their hands often.

Q: When should I call the doctor?

If any side effects from the vaccine, such as fever, tiredness, headache, nausea, or flu like symptoms persist for three days or more after vaccination you should call your doctor to confirm that you child is not ill with COVID-19 or any other illnesses. Cough and shortness of breath are not side effects of the vaccine and should also be discussed with a provider if severe or progressive. If you child experiences severe hives, throat swelling or tightness, or loss of consciousness after receiving the vaccine call 911 immediately.

Q: Have there been any reported side effects in pediatric patients receiving the vaccine?

Yes. The CDC recently announced that since April 2021, several cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in older adolescent males. These cases are extremely rare given the number of vaccine doses administered.

Q: What do we know about the cases of myocarditis that have been reported?

Cases have predominantly occurred in male adolescents and young adults 16 years and older. Onset is typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. In most cases, patients who presented for medical care responded well to medications and rest and had rapid improvement of symptoms.

Q: What are myocarditis and pericarditis?

Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the tissue that forms a sac around the heart. In both cases, the body's immune system is causing inflammation in response to an infection or some other trigger. Symptoms can include chest pain, shortness of breath, or palpitations (fast heart rate). The severity of cases of myocarditis and pericarditis can vary. For the cases reported after mRNA COVID-19 vaccination, most have had onset within several days after vaccination (more often after the second dose), and most who presented to medical care responded well to medications and rest.

Q: Is vaccination still safe for pediatric patients based on these new findings?

Yes. The CDC continues to recommend COVID-19 vaccination for individuals 5 years of age and older given that the known risks of COVID-19 illness and related complications, such as long-term health problems, hospitalization, and even death, are still occurring at high rates for children and adolescents in the US.

5. UNDERLYING CONDITIONS, IMMUNOCOMPROMIBILITY, PREGNANCY:

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, Moderna or Johnson & Johnson](#) vaccines.

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?

Yes, COVID-19 vaccines are safe during breastfeeding. Antibodies are passed in breastmilk, so your infant will receive additional protections if you are vaccinated against COVID-19. 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?

Yes. Immunocompromised individuals are at higher risk of having a severe infection with COVID-19. It is recommended that immunocompromised individuals receive THREE doses of the Pfizer or Moderna vaccine, or TWO doses of the Johnson and Johnson vaccine.

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 vaccines?

The Pfizer and Moderna 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.

The Johnson & Johnson vaccine contains the replication-incompetent viral vector as well as some preservatives and buffers to keep it stable at lower temperatures. The link to the precise ingredients for Johnson & Johnson is [here](#).

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.