

COVID-19 Vaccine/Booster 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 3/1/2023

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. If you are not a Denver Health patient, you can receive the vaccine at Denver Health's travel and immunization clinic by calling 303-602-3520, or through local pharmacies.

Q: What vaccine can I receive from Denver Health?

Denver Health's ACS clinics are using vaccines from Pfizer and Moderna. Primary series and bivalent (omicron) booster doses are available and are safe and effective. The Immunization and Travel Clinic at Denver Health offers Pfizer and Moderna COVID-19 vaccines. Denver Health offers Pfizer for ages 6 months and older for omicron booster doses in its ACS clinics. Moderna bivalent boosters are not stocked or available in its ACS clinics. If patients and families are wanting the Moderna bivalent vaccine, it is available at our Travel and Immunization Clinic at the OMC by calling 303-602-3520. The Moderna monovalent primary series vaccine for ages 6 months and older is available throughout Denver Health's ACS clinics.

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. As of March 1, 2023, patients, visitors and staff are welcome, but not required, to wear a mask on Denver Health's main campus or in our clinics, as long as they do not have any symptoms of an upper respiratory infection. Unvaccinated staff and anyone with symptoms such as a cough or runny nose 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 in 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. If you are uninsured, you will not be billed for the administration fee.

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 Covid-19 vaccines have been administered to millions of people and have a strong safety profile.

Q: How effective are these vaccines?

These 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 an infection that occurs in a fully vaccinated individual. As contagious variants continue 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.

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 two 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. Omicron booster doses can be given to anyone ages 6 months or older who has received a primary series and is at least two months past their most recent dose; it does not matter how many monovalent doses they have received. **Please note: Pfizer 6 months – 4 years is a three-dose primary series.

Q: What happens if I get only one 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 one 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.

Q: Will the vaccines protect against variants?

Yes, the bivalent booster, also called “omicron boosters” and “omicron doses,” contain two messenger RNA (mRNA) components of SARS-CoV-2 virus: The original strain of SARS-CoV-2 and the BA.4/BA.5 omicron subvariants of SARS-CoV-2.

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 quarantining 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.

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 the CDC if you have any side effects after getting the COVID-19 vaccine.

3. BOOSTER DOSES:

Q: What vaccines have been approved for booster doses?

As of Aug. 31, 2022, the U.S. Food and Drug Administration amended the [Emergency Use Authorizations](#) (EUAs) of the Moderna COVID-19 vaccine and Pfizer-BioNTech COVID-19 vaccine to authorize bivalent (omicron) formulations of the vaccines for individuals 6 months and older who have completed their primary series and at least two months past their most recent dose.

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

Everyone ages 6 months and older should get one omicron booster dose after receiving a primary series and at least two months after their most recent dose; it does not matter how many monovalent doses they have received.

Q: Are booster shots required to be fully vaccinated?

No, but they are recommended. Currently full vaccination is defined as either a two-dose series of either Pfizer, Moderna or Novavax, or a one-shot vaccination of Johnson and Johnson (however, Denver Health does not provide Novavax or Johnson and Johnson vaccines). Pfizer 6 months-4 years is a three-dose primary series.

Q: What if I am immunocompromised?

While the choice is up to each individual, the FDA and CDC advise immunocompromised individuals to talk with their medical providers and stick with their vaccination series to receive an omicron booster shot, if possible. Adults ages 50 years and older and people ages 6 months and older who are moderately or severely immunocompromised should get one additional monovalent dose after completing their COVID-19 vaccine primary series, then one omicron booster dose two months after their most recent dose.

Q: Can I receive the influenza vaccine on the same day as my booster vaccine?

Yes! The CDC has updated their guidance on the timing of the COVID-19 vaccine. You no longer need to space out the COVID-19 vaccine from other vaccines. You can get more than one vaccination at the same time.

Q: Will additional booster shots be needed every year?

We don't know the frequency with which booster shots will be necessary. We will update you as we obtain more information.

Q: Do I need to wear a mask after receiving a booster shot?

As of March 1, 2023, Denver Health patients, visitors and staff who do not have any symptoms of upper respiratory infection, such as a cough or runny nose, are welcome, but not required, to wear a mask in Denver Health facilities.

Q: How long do I need to be monitored after my booster vaccine?

A 15-minute period of monitoring is recommended after all vaccines, however, persons who have had their initial COVID-19 vaccination series without a serious reaction (rash, hives, swelling or trouble breathing) are not required to stay in the vaccination area after the booster beyond standards recommended after any vaccine.

Q: Should I expect even worse side effects after the booster shot?

It is impossible to predict side effects for each individual since everyone is different. Some people have no side effects. Many people have reported side effects, such as headache, fatigue and soreness at the injection site, which are generally mild and go away within a few days.

4. PEDIATRIC VACCINATION:

Q: Who can get vaccinated?

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

Pfizer: Three-shot series; two doses three weeks apart, followed by a third dose at least eight weeks later.

Moderna: Two-shot series; two doses four weeks apart. The Pfizer and Moderna vaccine can be given to people ages 6 months and older.

Q: Are Pfizer and Moderna safe for children?

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 children?

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 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 affect your child's ability to do daily activities. These symptoms are normal and will usually resolve within a few days (typically <24hrs).

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 (Moderna series) and three shots (Pfizer) 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 the COVID-19 vaccine may not develop until two weeks after the second shot for adults. Children are fully protected after two weeks after completing their primary series. 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.

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 your 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 your 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 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 6 months 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 U.S.

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 Novavax 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](#). [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 primary vaccine and then one omicron booster dose at least two months after the most recent dose.

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 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 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.

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 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.