



COVID-19 VACCINE FAQ

Safety and Effectiveness

Q: What's in the vaccine? How does it work?

A: There are two vaccines available, and both use messenger RNA (mRNA) technology. Unlike other vaccines, mRNA technology does not use any live virus particles. You will not be exposed to the virus that causes COVID-19. Instead, the vaccines contain instructions for your cells. The mRNA—a piece of genetic code—tells your cells to make the COVID-19 spike protein themselves. Once your cells make the spike protein, your immune system will create the antibodies that fight COVID-19 and protect you from getting sick from this virus, providing a significant level of immunity. To be effective, both vaccines require you to receive two shots, given a few weeks apart.

We want to be sure you have all the information you need to make the best decision about the vaccine.

Q: Can I get COVID-19 from the vaccine?

A: No. There are no live virus particles, and it is impossible to contract the virus from the vaccine.

Q: Will the vaccine cause side effects? If so, how long might they last?

A: Some people who get a COVID-19 vaccine will experience side effects, particularly after a second dose. The vaccine's side effects appear to be minor and temporary. Participants have reported pain at the injection site, fatigue, and occasional fever, headache, or aching muscles and joints. These side effects are common with all vaccines: they are a sign that a vaccine is working and triggering an immune response. The side effects fade within 1-2 days.

If someone is going to have a bad reaction to a vaccine, it is likely to occur in the first six weeks after vaccination.



Q: Are there any long-term side effects?

A: COVID-19 vaccines are still being tested for long-term side effects. At this point, no long-term safety issues have been detected. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) are closely monitoring the vaccination process, and as more people get vaccinated in the coming weeks and months, more information will be available. CDC scientists and medical professionals will continuously review vaccine safety, provide information to the public, and take action on new safety concerns if needed.

We are still learning about COVID-19 vaccines, but here's what we know for sure: getting sick with COVID-19 is dangerous. We know that COVID-19 can cause long-term health problems, even in mild cases. It is unlikely that we will find any vaccine-related side effects that are riskier than having COVID-19.

Q: Has anyone died or become ill after taking the vaccine?

A: No. There are two vaccines—one is from Pfizer and the other is from Moderna. Nearly 73,000 individuals took part in clinical trials for the two vaccines. There were no deaths, and no one reported severe illness following the vaccination.

Q: How effective is the vaccine?

A: Both vaccines have a very high level of effectiveness: Pfizer has a 95% rate and Moderna has a 94% rate. That means that among people who took the vaccines, there were 94–95% fewer cases of COVID-19 than among those who did not receive it.

While it's difficult to compare vaccines for different diseases, for context, flu vaccines are only 40–60% effective in any given year. The high level of effectiveness of the COVID-19 vaccine means it has the potential to significantly prevent the spread of the virus.

Q: Is one vaccine better than the other?

A: No. The two vaccines use the same mRNA technology, and they have similar levels of effectiveness. To be effective, both vaccines require you to receive two shots given a few weeks apart.

Your employer will administer one of the two authorized vaccines, depending on their supply. Once you receive the first dose, you cannot get a second shot from a different vaccine.



Q: How many doses do I need to be fully protected? Is one good enough?

A: To be effective, both vaccines require two shots given a few weeks apart. It is typical for the second dose of vaccine to give a more significant, longer-term boost. Giving a vaccine in two doses is common for many childhood vaccines. The first shot primes the immune system, helping it recognize the virus, and the second shot strengthens the immune response. Pfizer's second shot is given 21 days after the first one, and Moderna's is given 28 days later.

Q: Can I mix and match vaccines?

A: No. For a two-dose vaccine, your second dose must be from the same vaccine as the first. Since the vaccines differ in composition, storage, and time between the two doses, experts say people must take the same vaccine for both doses.

Q: How long does the protection last? Will I need to get a booster shot every year?

A: It's possible you may need to get a booster shot. Because the disease is new, we are still learning about how long immunity might last. The protection may wane over time, and you may be susceptible again. It's also possible that the virus could mutate. Public health experts and scientists will continue to study the virus, monitor people's immunity, and issue guidance accordingly.

Q: Can I still get the virus even if I take the vaccine?

A: Yes. It typically takes a few weeks for the body to build immunity after vaccination, so it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection.

While the vaccine provides significant protection, it is not 100% effective. There is a slight chance you may still get infected, but it will most likely be a mild case of the virus. Contracting the virus without vaccine protection can have potentially deadly consequences—taking the vaccine does not.

Q: Can I still spread the virus even after getting vaccinated?

A: We don't yet know whether vaccinated individuals can spread the virus to others who may not have received the vaccine. That's why it will be critical that everyone continues to wear masks, socially distance, and follow all the necessary public health protocols both at work and elsewhere.

Q: Does the vaccine work better depending on age, weight, or race?

A: Based on the available data, the Pfizer and Moderna vaccines work well regardless of age, weight,



or race. Trials for both vaccines included over 25,000 people from the communities most impacted by COVID-19, including Black, Hispanic, and older people.

Q: I have pre-existing conditions. Will taking the vaccine have harmful effects?

A: We don't yet know for certain how individuals with different pre-existing conditions will react to the vaccine. It is clear, however, that those with other health complications are at a higher risk of contracting severe cases of COVID-19 without a vaccine. If you have a pre-existing condition, you should consult your doctor on what's best for you.

Q: I already had COVID-19—do I still need a vaccine?

A: There is not enough information currently available to say if or for how long after infection someone is protected from getting COVID-19 again. Early evidence suggests that natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. The CDC has not issued a recommendation on whether people who have already had COVID-19 should get a COVID-19 vaccine.

Q: Will I still need to wear PPE and follow public health protocols even after getting the vaccine?

A: Yes. We will still need to wear masks and practice physical distancing until a large proportion of the population is vaccinated and we are certain the vaccine provides long-term protection. Initially, there won't be enough vials to vaccinate everyone who wants the vaccine, and the virus will still be transmitted. While the vaccine provides significant protection, it is not 100% effective. We also don't know whether vaccinated individuals can still carry and spread the virus to people who haven't been vaccinated. Everyone should continue to wear personal protective equipment (PPE) and follow public health protocols both at work and elsewhere.

Development and Approval Process

Q: The vaccines were made so quickly—how do I know it is safe and not rushed?

A: The mRNA vaccines produced by Pfizer and Moderna are faster to develop because they are not using live virus particles. Instead, the mRNA is easy to make in the laboratory—saving several years of development.

These vaccines have been carefully studied, tested, and regulated before they can be used. The companies that created the vaccines submitted extensive applications to multiple government



agencies and independent bodies of scientific experts, which will only permit the vaccine to be used if the evidence shows it is safe.

Q: Health care workers will be among the first who can take the vaccines. How robust were the trials? How many people were involved and how thorough was the study?

A: In clinical trials by Pfizer and Moderna, over 73,000 people from the US and around the world received injections of the vaccine. Both vaccines have a very high level of effectiveness.

Q: Did the clinical trials by Pfizer and Moderna include people from the groups most affected by COVID-19, especially Black, Hispanic, and older people?

A: Yes. While vaccines work the same in people of different races or ethnicities, it is important to make sure vaccines are tested in diverse population groups before they are released. The clinical trials conducted by Pfizer and Moderna included over 25,000 people from the communities most impacted by COVID-19, including Black, Hispanic, and older people.

Q: Did President Trump pressure vaccine companies or the FDA to speed up the process?

A: No. Public health leaders, including Anthony Fauci, MD, carefully monitored the vaccine process, and it moved forward without interference by President Trump and Republicans. The companies that created the vaccines submitted extensive applications to multiple government agencies and independent bodies of scientific experts, which only permitted the vaccine be used when the data and evidence showed it is safe for people. There is no time limit on the process, and no one—not even the President—can rush it.

Q: How does the vaccine approval process work?

A: In the United States, vaccines must be approved by the FDA before they can be used. The FDA bases its decision to approve or not approve a vaccine on data from clinical trials. The data is reviewed by independent, non-government experts who are not part of the government or pharmaceutical companies, and by career FDA scientists and physicians who are experts in vaccine safety and effectiveness and not politically appointed.

The scientists look for unexpected side effects that the vaccine might have caused, which helps determine the vaccine's "safety." In general, the fewer and less severe the side effects are, the more the vaccine is considered safe. If the clinical trial data shows enough evidence of efficacy and safety, the FDA will approve the vaccine and license it for use in the US.



Q: I hear that the FDA has granted EUA status to the Pfizer and Moderna COVID-19 vaccines. What does EUA mean?

A: Sometimes, the FDA will allow a medical product that has not yet been fully approved to be used in an emergency to diagnose, treat, or prevent a serious illness. This is called “emergency use authorization” or “EUA.” An EUA may be issued when the FDA determines that the product “may be effective” against the disease based on all the available scientific evidence. This is a lower standard than what is required for full approval of a product, but it still uses data gathered from clinical trials.

Vaccine Distribution

Q: Can the government or my employer force me or other health care workers to take the vaccine? What about my patients—will they be forced to take it?

A: No, it is not mandatory for health care workers or patients to take the vaccine. However, health care workers are encouraged to take it given their frequent contact with COVID-19 patients, as well as to protect loved ones and neighbors. While health care workers have the first opportunity to take it due to their work, the general population will be eligible to take it after. Mass vaccination is the best way to stop the spread of COVID-19, save lives, and begin to resume normalcy.

Q: Will those who are vaccinated be assigned to work with patients with COVID-19 more frequently?

A: No, the immunization status of a health care worker will not affect his/her work assignment.

Q: Will certain health care workers be able to take the vaccine earlier than others? How do we know when we are eligible?

A: Your employer will notify you when you are eligible to take the vaccine. Since there is no centralized registry of all health care workers, employers will handle the administering of the vaccines.

Q: Is the vaccine free? Will my insurance cover it?

A: You will not have to pay for the vaccine. The vaccine itself is free for all Americans (CARES Act 2020).

Q: Will I have a chance to take the vaccine later if I decline the first opportunity?

A: Due to limited doses of the vaccine, choosing not to take it when it is first available may mean you will have to wait to have an opportunity to do so again.