FAQ for Planned Parenthood Staff on COVID-19 Vaccines
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This document has been compiled to answer some of the questions Planned Parenthood staff may have about the COVID-19 vaccines that are quickly becoming available in the U.S. PPFA supports FDA-approved vaccines that help keep our communities healthy and strong. Our goal is to provide medically accurate and helpful information; this FAQ document will be updated as vaccine information and resources change. We recognize that beyond these questions many of you have legitimate, deep-seated fears about the vaccine and the pandemic itself. We also know that there is well-founded distrust of the medical system and public health authorities — particularly among Black, Latinx, and Indigenous communities — rooted in historic and ongoing racism, abuse, and discrimination against people of color by providers and the medical establishment.

General FAQ:

Is the vaccine actually preventing the spread of the virus or is it just preventing symptoms in the person who receives it?
Can I get any other vaccine and the COVID-19 vaccine at the same time?
When am I considered fully vaccinated against COVID-19?
If I have already had COVID-19, do I still need to get vaccinated?

For additional Q&As regarding clinical considerations when administering the vaccine please see the MS&G Vaccination Services FAQs.

Resources for talking to staff and patients about the vaccine:
Considerations for Health Care Workers
Background and Education for Healthcare Professionals on COVID-19 Vaccines
References for Other Q&A style information on COVID-19 vaccines
Additional Resources

1. **Why are health care workers prioritized for COVID-19 vaccination and who is included in the definition of health care worker?**

In December the CDC Advisory Committee on Immunization Practices (ACIP) recommended that health care personnel and those working and living in long-term care facilities receive highest priority in the early phases of COVID-19 vaccine distribution. The committee defined health care personnel as "paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious material." This includes both licensed and non-licensed staff. Health care personnel are being prioritized because you are on the front lines and risk being exposed to people with COVID-19 each day on the job.
Additional resource: CDC - Why Get Vaccinated?

2. **Why is the FDA using emergency powers to approve a vaccine?**

During public health emergencies the Food and Drug Administration (FDA) has emergency authority to issue temporary approvals of medical products to get them to the public more quickly. Since February, the FDA has used this power to authorize COVID-19 tests and a few treatments. The FDA announced on October 6, 2020 that before approving a potential COVID-19 vaccine, it would need to see two months of follow-up data after volunteers get their second vaccine doses in a clinical trial. While this timeframe is shorter than non-emergency vaccine trials, it is a safeguard that ensures that vaccines are given to thousands of people under stringent monitoring for safety before the vaccine is available to the public more broadly.

Additional resources:

- CDC slide set on FDA licensure process
- Public Health Collaborative Vaccine FAQ document and infographic on steps taken to ensure the vaccines are safe
- FDA's Emergency Use Authorization for Vaccines Explained

3. **How will we know the vaccine is safe?**

Many people were recruited to participate in these trials to see how the vaccines offer protection to people of different ages, races, and ethnicities, as well as those with different medical conditions. The FDA reviewed all the available safety and effectiveness data and determined that the "vaccine's known and potential benefits clearly outweigh its known and potential risks." In addition, the FDA review process also includes public and independent reviews, as is standard for all emergency use authorizations. The CDC and other federal partners are continuing to monitor the vaccines that have been approved for serious side effects (known as adverse events) using well-established vaccine safety monitoring systems. This continued monitoring can detect side effects that may not have been seen in clinical trials. Vaccine safety monitoring data from the first month of COVID-19 vaccine distribution in the U.S. was very positive, and showed that the vast majority of those vaccinated only had mild reactions.

4. **How does the vaccine work?**

COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 (SARS CoV-2) without us having to get the illness. Each vaccine uses a slightly different method to teach the body to recognize and fight the virus. The Pfizer and Moderna COVID-19 vaccines are mRNA vaccines. And they contain harmless pieces of the virus that tell our bodies how to recognize the virus, and build certain white blood cells that will remember how to fight the virus if infection occurs in the future.

The Janssen/Johnson and Johnson (J&J) COVID-19 vaccine is a viral vector vaccine. Viral vector vaccines take a piece of gene from the SARS CoV-2 virus and put it into another virus that can teach our body to recognize and fight the virus that causes COVID-19 without making us sick. The virus that is in the vaccine doesn't cause infection and it doesn't multiply in the body.

For more information see: CDC - Understanding How COVID-19 Vaccines Work; Understanding How Viral Vector COVID-19 Vaccines Work and here

5. **What are the potential side effects of the COVID-19 vaccine?**

Pfizer Vaccine:

Data from Pfizer's application for emergency use authorization indicates that the vaccine is safe and effective. Pfizer's Phase 3 clinical trial included approximately 38,000 participants over16 years of age who were followed for at least two months after receiving the second vaccine dose. While research participants did experience side effects from the vaccines, including sore arm (84.1%), fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), and fever (14.2%), there were very few (less than 0.5%) serious side effects and no differences across age groups, genders, ethnic and racial groups, or comorbidities. Younger participants (55 and under) tended to experience more side effects than older participants because younger people usually have more responsive immune systems. These side effects are a sign that your immune system is doing exactly what it is supposed to — working and building up protection against COVID-19. Importantly, the vaccine itself does not contain the virus and the side effects are not a sign that the vaccine has caused a COVID-19 infection.

FDA Briefing Document on the Pfizer vaccine

Moderna Vaccine:
Data from Moderna's application for emergency use authorization indicates that the vaccine is safe and effective. Moderna's Phase 3 clinical trial included approximately 30,400 participants over 18 years of age who were followed for at least two months after receiving the second vaccine dose. Research participants did experience side effects from the vaccines, including sore arm (91.6%), fatigue (68.5%), headache (63.0%), muscle pain (59.6%), chills (43.4%), and joint pain (44.8%). But there were few (0.2% to 9.7% of participants) serious side effects that were more frequent after the second dose; and the side effects were generally less frequent in participants over65, when compared to younger participants. That's because younger people tend to have more responsive immune systems. There were no significant differences in the safety profile across
genders, ethnic and racial groups, or comorbidities. These side effects are a sign that your immune system is doing exactly what it is supposed to — working and building up protection against COVID-19. Importantly, the vaccine itself does not contain the virus and the side effects are not a sign that the vaccine has caused a COVID-19 infection.

FDA Briefing Document on the Moderna vaccine

Janssen/Johnson & Johnson (J&J) Vaccine:
Data from Janssen/J&J's application for emergency use authorization shows that the vaccine is safe and effective (66% effective against moderate to severe/critical COVID-19 infection; 85% effective against severe/critical COVID-19 infections 28 days after getting the vaccine). Janssen/J&J's Phase 3 clinical trial included approximately 44,000 participants 18 years and older who were followed to see if they got sick with COVID-19 at 14 and 28 days after receiving just one dose of the vaccine. While research participants did experience side effects from the vaccines including sore arm (48.6%), fatigue (38.2%) and headache (33.2%), there were few (0.4% of participants) with serious side effects and were generally less frequent in participants 59 years of age and older as compared to younger participants because younger people tend to have more responsive immune systems. There were no significant differences in the safety profile across genders, ethnic and racial groups, comorbidities or prior COVID-19 infection. These side effects are a sign that your immune system is doing exactly what it is supposed to do. It is working and building up protection against COVID-19. Importantly, the vaccine itself does not contain the virus that causes COVID-19 and side effects are not a sign that the vaccine has caused a COVID-19 infection.

FDA Briefing Document on the Janssen/Johnson & Johnson vaccine

6. **Are the mRNA vaccines (Pfizer or Moderna) recommended for people with a history of allergic reactions?**

People with a history of severe allergic reactions not related to vaccines, such as food, pet or latex allergies, *can* get either of the mRNA vaccines. If you had a local reaction to the first mRNA vaccine dose, like pain or swelling in your arm, you can still get the second dose.

If you have had a severe allergic reaction or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, you should not get either of the mRNA COVID-19 vaccines that are now available. In addition, people who know they are allergic to polyethylene glycol (PEG) or polysorbate — which are in the mRNA vaccines — should also not get this type of COVID-19 vaccine.

If you had an allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, fromPfizer or Moderna, you should not get the second dose.

Additional Resource:
CDC's Clinical Considerations for the Use of mRNA vaccine
The Pfizer fact sheet for patients and parents/caregivers
The Moderna fact sheet for recipients and caregivers
What to Do if You Have an Allergic Reaction After Getting A COVID-19 Vaccine

7. **Does the COVID-19 vaccine cause COVID-19 infection?**

No. The vaccines do not cause infection and you cannot get COVID-19 from the vaccine. None of the COVID-19 vaccines currently authorized for use or in development in the U.S. use the live virus that causes COVID-19. However, it typically takes a few weeks for your body to build immunity after the second dose of the vaccination. That means it's possible you could get COVID-19 just before or just after vaccination and get sick.

8. **How is the vaccine given and how does it work?**

All of the COVID-19 vaccines are injected into the muscle, typically in the upper outer arm. The Pfizer-BioNTech vaccine is a series of two doses given three weeks apart and the Moderna vaccine is a series of two doses given four weeks apart. If you receive one dose, you should get a second dose of this same vaccine to complete the vaccination series. The J&J vaccine is a one-dose vaccine.

9. **Is the vaccine recommended and/or safe for pregnant or lactating people?**

Yes. If you're pregnant or breastfeeding, and eligible for the COVID-19 vaccine, you can get the vaccine if you want it. In some states, pregnancy is included in the list of health conditions that make you eligible for the vaccine. Talk with your doctor or nurse if you have questions about whether the COVID-19 vaccine is right for you.

Although pregnant people were not specifically included in the Pfizer/BioNTech and Moderna vaccine trials, some participants did become pregnant after receiving the vaccine. There have been no problems reported in those people or in the many more pregnant people who have been vaccinated since. The Pfizer/BioNTech COVID-19 vaccine is currently being studied in pregnant people and findings from that particular study should be available soon. But based on all the information we have so far, there's no evidence that the vaccine is unsafe if you're pregnant or breastfeeding.

The CDC recently released information based on COVID vaccinations provided to over 30,000 people during pregnancy. No unexpected pregnancy or infant outcomes have been observed related to COVID-19 vaccination during pregnancy. Data has demonstrated that side effects and adverse events observed among pregnant people did not indicate any safety concerns. Pregnant people are more likely to die or get very sick from COVID-19 than people who aren't pregnant. And pregnant people who have COVID-19 may have a higher risk of pregnancy complications, like early birth. So if you're pregnant, it's important to do what you can to avoid getting COVID-19 — wear a mask and maintain social distancing — whether or not you get the COVID-19 vaccine.

10. Does the COVID-19 vaccine cause infertility, sterility or miscarriage?

No. The COVID-19 vaccine doesn't make you sterile or affect your fertility.
Misinformation has been spread on social media claiming that the vaccines make your body attack reproductive organs, leading to infertility. This is completely false and is not based on any science or research. Our bodies are smart and the vaccine trains our immune systems to focus their attack on the coronavirus, without attacking our internal organs. COVID-19 vaccines don't give you COVID-19, make you sick, or change your DNA or genetic material. There is no evidence that a person will have problems getting pregnant after receiving the COVID-19 vaccine. In fact, during the vaccine trials, about the same number of people became pregnant in both the placebo group and the vaccine group.

Additional Resources: CDC's Learn About the New mRNA COVID-19 Vaccines; Understanding mRNA COVID-19 Vaccines.

11. When during pregnancy should I get vaccinated?

If you choose to get vaccinated, we recommend that you get it as soon as the vaccine is available to you. But there is no specific time during pregnancy when you should or shouldn't get vaccinated. You do not need to delay getting pregnant after you get a vaccine. Since the current vaccines require two doses, if you find out you are pregnant after you have the first dose of a two-dose vaccine, you should still get the second dose to ensure full protection from COVID-19.

12. One of the possible side effects of the vaccine is a fever, what should I do if I'm pregnant and get a fever after getting the vaccine?

If you experience fever following vaccination, you should take acetaminophen (Tylenol) if you are not allergic to it. Acetaminophen has been proven safe for use in pregnancy and does not appear to interfere with the effectiveness of the vaccine. If you have any concerns about your symptoms you should speak with your health care provider.

Additional Resources:
CDC: Vaccination Considerations for People Who Are Pregnant or Breastfeeding
CDC: Presentation for ACIP on V-safe data and pregnancy
NIH Presentation on COVID-19 Vaccine in Pregnant Women
Scientific American: Why COVID-19 Vaccines Are Likely Safe for Pregnant People

ACOG: Vaccinating Pregnant and Lactating Patients Against COVID-19

13. Is the vaccine recommended for children?

To date, the Phase 3 COVID-19 vaccine trials did not include anyone 15 years of age or younger. More studies, which are underway by Pfizer and Moderna, need to be conducted before COVID-19 vaccines are recommended for children aged 15 and younger. Currently the only vaccine available for people age 16-18 is the Pfizer vaccine.

14. Will the vaccine cause autism or developmental issues to any children I have in the future?

Vaccines do not cause autism. mRNA vaccines, like the Pfizer and Moderna COVID-19 vaccines, do not change your DNA. Your body gets rid of the material in the vaccine once it's done using it. Therefore nothing from the vaccines can be passed down genetically to children.

15. How do the mRNA vaccines work?

The mRNA vaccine — like all vaccines, whether for measles or polio — teaches your immune system how to fight a disease. But with new mRNA technology these vaccines teach your body how to protect itself without actually including a weak version of the germ that causes the disease itself. Both the Pfizer and Moderna vaccines work by equipping your body to build a piece of the virus. Once it does so, your body's immune system has become programmed to attack it in response — and therefore has learned how to kill the real virus that causes COVID-19 itself. Whether you get the Moderna or Pfizer vaccine, it works by teaching your body what it needs to attack that germ — all without making any long-term changes to your body. While these mRNA vaccines are new, the technology has long been researched for many viruses, including Zika, the flu, and others.

16. How can I trust a vaccine that was developed so quickly?

While COVID-19 is relatively new to us, decades of research have gone into understanding the science of the mRNA vaccines developed by Pfizer and Moderna. Data from the COVID-19 vaccine studies have been reviewed by experts inside and outside the FDA and CDC, and indicate the COVID-19 vaccines authorized for emergency use are safe and effective.

All of the COVID-19 vaccines were researched with extremely high safety standards to make sure they were both effective AND safe. The FDA and many other top medical, research, and health care organizations reviewed the data and all came to the same conclusion — that the vaccines were safe and effective. The speed at which the pharmaceutical companies were able to research, test, and make the vaccines is a testament to what can happen when we collectively invest in and prioritize public health solutions and innovation.

17. What was the diversity representation in the Phase 3 vaccine trials?

Pfizer Vaccine:

Overall, the study group for the vaccine's effectiveness included 49.4% females, 81.9% white, 9.8% African American, 4.4% Asian participants, and less than3% from other racial groups; 26.2% of participants were Hispanic/Latino; and 21.4% of participants were over 65 years of

age. The median age was 51. The most frequently reported comorbidities were obesity (35.1%), diabetes (with and without chronic complications, 8.4%), and pulmonary disease (7.8%). Geographically, 76.7% of participants were from the U.S., 15.3% from Argentina, 6.1% from Brazil, and 2% from South Africa.

Overall, the study group for the vaccine's safety included 83.1% white, 9.1% African American, 4.3% Asian participants, and less than 3% from other racial groups; 28.0% of participants were Hispanic/Latino; 21.6% of participants were over 65 years of age. The median age was 52, and safety data from a total of 103 participants 16 and 17 years of age were included in this submission. The most frequently reported comorbidities were obesity (35.1%), diabetes (without chronic complications, 7.8%) and chronic pulmonary disease (7.8%). Geographically, 76.7% of participants were from the US, 15.3% from Argentina, 6.1% from Brazil, and 2.0% from South Africa.

Moderna Vaccine:
Overall, the study group for the vaccine's effectiveness included 47.4% females and 25.3% of individuals over 65 years of age. The racial breakdown of the study group included 79.4% white, 9.7% African American, 4.7% Asian and 20% Hispanic/Latino. A majority of the participants (82%) were considered at occupational risk for SARS-CoV-2 exposure, with 25.4% of participants being health care workers. At least one protocol-defined high-risk condition for severe COVID-19 was present in 22.3% of participants, and 4% of participants had two or more high risk conditions.

Janssen/J&J:
Overall, the study group for the vaccine's effectiveness included 44.5% females and 20.4% of individuals over 65 years of age. The racial breakdown of the study group included 62.1% white, 17.2% African American, 3.5% Asian, 8.3% American Indian or Alaska Native and 45.1% Hispanic/Latino. At least one high-risk condition for severe COVID-19 was present in 39.9% of participants.

	Pfizer Efficacy Population	Pfizer Safety Population	Moderna Study Population	Janssen/J&J	2019 U.S. Census Bureau Estimates
White	81.9%	83.1%	79.4%	62.1%	60.1%
African American/Black	9.8%	9.1%	9.7%	17.2%	13.4%
Asian	4.4%	4.3%	4.7%	3.5%	5.9%
Hispanic/Latino	26.2%	28.0%	20.0%	45.1%	18.5%

18. Will I have to pay for the COVID-19 vaccine?

Vaccine doses purchased with U.S. taxpayer dollars will be given to the public at no cost. However, vaccination providers will be able to charge an administration fee for giving the shot to someone.

19. Why is there vaccine hesitancy among Black, Indigenous, and people of color in particular?

Distrust of the medical system and public health authorities, particularly among Black, Latinx, and Indigenous communities, is rooted in historic and ongoing racism, abuse, and discrimination against people of color by providers and the medical establishment. It is important to acknowledge this context of mistrust and exploitation as valid and different from the "anti-vax" stance. From the Tuskegee syphilis study to J. Marion Sims —"the father of gynecology," who performed reproductive experiments on enslaved Black women without anesthesia — the government has been directly involved in approving and supporting medical experiments targeting Black and Brown people, without their consent. This has resulted in a destruction of trust between Black communities and the medical industry, something that Planned Parenthood continues to work to repair and reckon with in terms of the direct role we have played in this harm. COVID-19 has also been disproportionately lethal to Black and Brown communities, amplifying the health and economic disparities that come from years of underinvestment and systemic racism. As such, we will make sure staff have all the information they need as the vaccine becomes available to make decisions that are best for them. In the long term, Planned Parenthood will continue to do what we can to repair the mistrust among communities of color and the medical industry.

20. Is the vaccine actually preventing the spread of the virus or is it just preventing symptoms in the person who receives it?

The coronavirus vaccines stimulate our immune systems to produce antibodies, which keeps most people protected from getting sick with COVID-19. However, it is not clear from the Phase 3 trials of the Pfizer and Moderna vaccines whether individuals who are vaccinated can still have the virus in their nose and potentially spread it to others. The initial data from the vaccine trials looked at efficacy outcomes or protection from symptom development and death (i.e., trials were looking at people who got sick). More data on how vaccines affect the transmission of the virus will be coming out in the coming months. Therefore, even if you are vaccinated, you still need to follow prevention measures such as mask wearing, hand washing and social distancing until we know more about the long-term affect of the vaccines on transmission rates.

21. Can I get any other vaccine and the COVID-19 vaccine at the same time?

No, you can not get the COVID-19 vaccine and any other vaccine (flu, HPV etc.) at the same time. Current medical guidelines say that the COVID-19 vaccine should be given alone or 14 days before or after you get other vaccines.

22. When am I considered fully vaccinated against COVID-19?

You are considered fully vaccinated against COVID-19 two weeks after you get the second dose of a vaccine with a two-dose series (Pfizer or Moderna), or two weeks after you get a single-dose vaccine (Johnson & Johnson). It takes time for your body to build immunity after getting the vaccine.

23. If I have already had COVID-19, do I still need to get vaccinated?

Yes. You should still get vaccinated even if you have had COVID-19. We don't yet know how long you are protected after you have had COVID-19, so it is important to have the vaccine to strengthen your immunity. If you were treated for COVID-19 symptoms with monoclonal antibodies, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received.

Considerations for Health Care Workers: Interim Considerations for COVID-19 Vaccination of Healthcare Personnel and Long-Term Care Facility Residents

The Advisory Committee on Immunization Practices (ACIP) recommends that vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) be offered to both 1) health care personnel (HCP) and 2) residents of long term care facilities (LTCF). These considerations will be updated as additional information becomes available.

Background and Education for Healthcare Professionals on COVID-19 Vaccines :
Best place to start is the CDC's site: Healthcare Professionals: Preparing for COVID-19 Vaccination.

- CDC's Quick Answers for Healthcare Professionals to Common Questions People May Ask About COVID-19 Vaccines
- Preparing to Provide COVID-19 Vaccines to Your Patients offers training for health care providers and information for identifying vaccine providers, tracking COVID-19 vaccines, storage and handling, and safe vaccination guidance.
- Talking to Patients about COVID-19 Vaccines includes communication strategies and tips for effectively setting expectations and addressing questions from patients.
- Making a Strong Recommendation for COVID-19 Vaccination includes techniques and resources that provide support for discussing vaccination with patients before COVID-19 vaccines are widely available in the U.S.
- Answering Patients' Questions outlines some vaccine topics patients ask about most and tips for how to answer their questions.
- Learn About the New mRNA COVID-19 Vaccines is a new resource on mRNA.
- What Every Physician Should Know About COVID-19 Vaccine Safety is a CDC clinical outreach and communication activity.

Below are slides and training tools that can be used to help further inform health center personnel about provision of COVID-19 vaccines.

- COVID-19 Vaccination Training Programs and Reference Materials
- COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know
- Vaccine Storage and Handling Toolkit
- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
- COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals
- Pfizer Manufacturer COVID-19 Vaccine Training & Education Series

References for other Q&A style information on COVID-19 vaccines:

1. Vaccine Your Family - Questions and Answers about COVID-19 Vaccines
2. NEJM - "When Will *We* Have a Vaccine?" — Understanding Questions and Answers about Covid-19 Vaccination
3. JAMA Network - Answering Key Questions about COVID-19 Vaccines
4. Johns Hopkins Bloomberg School of Public Health - https://www.jhsph.edu/covid-19/articles/a-top-vaccine-expert-answers-important-questions-about-a-covid-19-vaccine.html
5. Example of state Q&A for health care providers - Minnesota Department of Health
6. Children's Hospital of Philadelphia - https://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid
7. CANVAX - COVID-19 Vaccine Safety Q&A - https://canvax.ca/covid-19-vaccine-questions-and-answers-healthcare-providers
8. American Academy of Pediatrics- COVID-19 Vaccine: Frequently Asked Questions

Additional Resources:

- Pfizer-BioNTech COVID-19 Vaccine EUA Letter of Authorization
- Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers
- Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Patients
- Pfizer-BioNTech COVID-19 Vaccine EUA Frequently Asked Questions
- Moderna COVID-19 EUA Letter of Authorization
- Moderna COVID-19 EUA Fact Sheet for Healthcare Providers
- Moderna COVID-19 EUA Fact Sheet for Recipients and Caregivers
- Moderna COVID-19 EUA Frequently Asked Questions
- Janssen/J&J COVID-19 Vaccine EUA Letter of Authorization
- Janssen/J&J COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers
- Janssen/J&J COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers
- Janssen/J&J COVID-19 Vaccine EUA Frequently Asked Questions
- COVID-19 Vaccines
- Emergency Use Authorization for Vaccines Explained
- Emergency Use Authorization for Vaccines to Prevent COVID-19; Guidance for Industry
- Development and Licensure of Vaccines to Prevent COVID-19; Guidance for Industry

- ACOG COVID-19 Resources

For questions related to vaccine guidance, please reach out to our general COVID-19 email address, covid19.info@ppfa.org, which is monitored 24/7.