



Medical Advocacy & Outreach

COVID-19 VACCINE Q&A

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Here are a few general answers to common questions we are hearing about the COVID-19 vaccines. If you have specific questions about the vaccine and how it relates to your own health status, please reach out to your provider – we are happy to discuss the vaccine and answer any questions for you.

CAN YOU GET COVID-19 FROM GETTING THE VACCINE?

No, you definitely cannot get COVID-19 from getting the vaccine. None of the vaccines approved for COVID-19 contain the live COVID-19 virus. The vaccines contain a tiny piece of code that tells your body how to produce a harmless piece of protein, called the spike protein, that is on the COVID-19 virus. This spike protein itself cannot make you sick, but the vaccine telling your body to produce it then activates your immune system to recognize the spike protein as an enemy it needs to fight off and produce antibodies, or small proteins that can deactivate the virus. This means that if you are exposed to the COVID-19 virus after vaccination, your body would recognize that protein and be able to fight it off.

BUT I KNOW SOMEONE WHO GOT COVID-19 THE WEEK AFTER GETTING THE VACCINE. HOW DID THAT HAPPEN?

If someone gets sick with COVID-19 right after the first dose, it is not because the vaccine caused it; the vaccine did not have time to work yet. The vaccines are not fully effective until about two (2) weeks after your last dose. It takes time for the body to start developing antibodies after the vaccine; so, unfortunately, if someone is exposed to COVID-19 right after they get the vaccine, they don't yet have the protection from the vaccine to fight it off. If someone gets sick right after the first dose, **AGAIN**, it is not because the vaccine caused it; it is just that the vaccine did not have time to work yet.

WHY WAS THE VACCINE DEVELOPED SO QUICKLY? ISN'T THIS TOO RUSHED?

The speed of vaccine development here is a result of so many scientists, companies, and governments all around the world coming together for a single common goal all at once. Even though COVID-19 is a new virus, there are many other coronaviruses like SARS and MERS, and scientists have been working on developing vaccines against them for more than a decade. Instead of needing to start from scratch, this meant that when the pandemic occurred, with more financial resources and collaboration than ever before, scientists were able to use the building blocks they already had in place to quickly develop the vaccine. In fact, due to advances in science, researchers were able to uncover the viral sequence of COVID-19 by January 2020. The time spent on vaccine development over the course of 2020 was entirely about making sure the vaccine was safe and effective. Because so many people wanted to help, it was much easier than usual to get volunteers for the vaccine trials. And, because COVID-19 is so widespread and the volunteers were so frequently exposed to the virus, it was easy to see that the vaccine worked.

HOW DO WE KNOW THE VACCINE IS SAFE?

The U.S. Food and Drug Administration (FDA) insisted that the vaccine trials studied their participants for two full months after the second dose of vaccine. While serious vaccine side effects from other vaccines are rare, we know that when they do rarely occur, like Guillan Barre syndrome from flu vaccine, for example, they happen within the first six weeks. Tens of thousands of people were included in the initial clinical trials, and hundreds of millions of people have now been vaccinated. *The CDC is monitoring vaccine recipients through a safety monitoring system, so they now have huge pools of ongoing safety information. Severe reactions such as allergies, myocarditis (heart inflammation) and blood clots are extraordinarily rare, and these are some of the safest and most effective vaccines in history.* By contrast, the mortality rate of COVID-19 is about 1.7% and the hospitalization and severe illness rate is much higher.

CAN THE VACCINE CHANGE MY DNA?

No. mRNA can only go in one direction – towards making the spike protein. It cannot work backwards and work its way into your DNA.

WILL THE VACCINE WORK AGAINST NEW MUTATION?

The COVID vaccines are very effective overall, though they are slightly less effective against the delta variant that is currently dominant in the United States. With that said, while the vaccine might not be quite as effective against new variants, because they were SO effective to begin with, even with a slight drop off you'll likely get good protection. Vaccinated people are less likely to get infected with delta, and when they do they are much less likely to get very sick, to be hospitalized, or to die from the infection. We know that viruses will continue to mutate as long as they are circulating in our population. This is why it is crucial to get people vaccinated now in order to decrease spread in the community.

WHO NEEDS A BOOSTER SHOT? THIS IS SO CONFUSING!

There is still no recommendation yet for booster shots for people who received the **J&J** as their initial vaccine (we expect there will be a recommendation on this fairly soon).

For people who received **Moderna** for their first two shots, the CDC recommends that people who are immunocompromised – have organ transplants, uncontrolled HIV, are currently getting cancer treatments or other immunosuppressant drugs for example – and are more than 28 days from their second Moderna dose get a booster. It is likely that these recommendations will broaden soon.

For people who received **Pfizer** for their first two shots, the CDC is now recommending that people who are immunocompromised (as above) and are more than 28 days from their second Pfizer dose get a booster. Additionally, new recommendations are that:

- 1) People 65 years and older and residents in long term care settings **SHOULD** receive a booster shot of the Pfizer vaccine at least 6 months after their second dose
- 2) People age 50-64 with underlying medical conditions* **SHOULD** receive a booster shot of Pfizer at least 6 months after their second dose
- 3) People age 18-49 with underlying medical conditions* **MAY** receive a booster shot of Pfizer at least 6 months after their second dose, based on their individual risks
- 4) People age 18-64 who work in high risk settings (ie healthcare, education) for COVID-19 exposure **MAY** receive a booster shot of Pfizer at least 6 months after their second dose, based on their individual risks

If you have questions about boosters, we recommend that you speak with your healthcare provider to clarify your personal needs.

I'M YOUNG AND HEALTHY, DO I REALLY NEED A VACCINE?

The vaccine will help you protect yourself and, importantly, will also help protect vulnerable populations around you. COVID-19 is certainly more likely to be severe and fatal in older adults, but, unfortunately, many young people have died or are suffering long term effects of disease such as strokes, heart disease, blood clots, chronic fatigue, loss of smell and taste, and long lasting breathing problems. Even for young healthy people, this disease can be devastating. Moreover, as a young healthy person, if you get sick you risk infecting your older relatives and loved ones. It is crucial that both older and vulnerable people AND young and healthy people get vaccinated in order to protect our community.

WHAT ARE SOME OF THE SIDE EFFECTS FROM THE VACCINE?

Instead of calling symptoms after the vaccine “side effects”, it is helpful to think of them as the body’s immune system revving up to fight off COVID-19. We expect as the immune system starts to respond, many people will experience some pain and swelling in the arm at the site of the shot (about 80% of people experience this) and some fatigue (about 60%). Especially after the second shot, some people will experience body aches, headaches, and a minority of people (about 15%) will have low grade fever. You may want to keep your schedule light the day after the second shot and booster shot, and keep Tylenol^R(*), Ibuprofen, and fluids on hand. These symptoms of the immune system activation are temporary. In the trials, younger people tended to have more of these symptoms, likely because their immune systems are stronger.

Ages 12 and older are now eligible to receive the Pfizer COVID-19 vaccine in Alabama. Both the Pfizer and Moderna vaccines are available at MAO for patients, staff, and family members. We are also offering vaccination to the general public at specific events. Select providers may also be offering the Johnson and Johnson vaccine, also not yet authorized for children. If seeking vaccination for ages 12-17 years, visit [vaccines.gov](https://www.vaccines.gov) or contact your provider for options.

HOW MUCH IS THIS GOING TO COST ME?

All COVID-19 vaccines provided through the U.S. government are being given for FREE, including to people without insurance. For insured patients, your information may be collected in order for the vaccine provider to bill for administrative costs; however, you should not be charged for your vaccine.

IF I ALREADY HAD COVID-19, CAN I GET THE VACCINE? DO I NEED IT?

We do not know how long immunity lasts after COVID-19 infection, and we know from the example of other diseases and from real world studies with COVID that vaccination can provide longer lasting immunity than infection. Experts agree that even if you have had COVID-19, you should be vaccinated. If you received monoclonal antibodies for treatment of severe COVID-19, you should wait for 90 days after treatment to get vaccinated in order for the vaccine to be able to be most effective. This helps to ensure that your body is ready to respond to the vaccine and make its own antibodies. You are able to get the vaccine shortly after having COVID-19 as long as you are no longer in quarantine.

CAN I STOP WEARING THE MASK AFTER I GET THE VACCINE?

No! You need to keep wearing a mask and social distancing for now, especially in Alabama where disease burden is extremely high. While we know the vaccine is amazingly effective at preventing symptoms of COVID-19 and preventing severe disease, we do not yet know if it prevents you from being a carrier of COVID-19 and spreading the disease. To protect others around you, you should continue taking all precautions until the majority of the population has been vaccinated, or until we have more data to show that the vaccine prevents you from being a contagious carrier.

*Tylenol is a trademarked product of Johnson & Johnson. Medical provider preference of any specific brand named product herein should not be interpreted as an official endorsement of this or any medication by Medical Advocacy and Outreach (MAO) or its affiliates.

HOW WILL THE VACCINE AFFECT PEOPLE LIVING WITH HIV?

All of the vaccine trials that have announced their effectiveness included people living with HIV (PLWH). The Pfizer study included 196 PLWH, Moderna included 176, and AstraZeneca included 160. No additional side effects or concerns were reported in PLWH and in this small group there was no difference in vaccine effectiveness in PLWH. Because the mRNA vaccines do not contain live virus, there is no reason to think that they would be less safe in people living with HIV (PLWH). It is possible that PLWH, especially those who are not well controlled on HIV medications, might not respond as strongly to the vaccines. This is one reason why people with uncontrolled HIV should get booster third shots. However, even if vaccines are slightly less effective in PLWH, because they are SO effective overall they likely will still offer a lot of protection to PLWH. This is another reason why it is so important that everyone in the community get vaccinated. If there are people with health conditions like HIV for whom the COVID-19 vaccine proves slightly less effective, the herd immunity from the community being protected will help to protect people who are more vulnerable.

On August 13, 2021, [Rochelle P. Walensky, MD, MPH, Director of the Centers for Disease Control and Prevention \(CDC\)](#), publicly shared the [Advisory Committee on Immunization Practices' recommendation of an additional dose of an mRNA COVID-19 vaccine be administered to people who are moderately to severely immunocompromised](#).

This recommendation applies to people living with advanced or untreated HIV infection among other critical health concerns. **On September 24, 2021, these guidelines broadened to recommend a third dose for people who received the Pfizer vaccine for their first two doses if they are over 65, have underlying medical conditions (including HIV, obesity, diabetes, a smoking history, kidney disease, heart disease, and more), or work in high risk settings (such as healthcare) where they are likely to be exposed to COVID-19.**

CAN I GET THE VACCINE IF I AM PREGNANT OR BREASTFEEDING?

Pregnant and breastfeeding patients are strongly urged to get the Pfizer or Moderna vaccines. Vaccination is recommended in any trimester, and at any point in breastfeeding. Pregnant patients who get COVID-19 are at substantially increased risk of severe illness, including hospitalization, ICU admission, need for invasive treatment, and death, as well as miscarriage and stillbirth. CDC data looking at pregnant patients who received COVID vaccination during pregnancy show no increased rates of complications, side effects, or miscarriage. Patients who are vaccinated during pregnancy transfer antibodies to their fetus, offering some level of protection against COVID-19 to the baby as well. The vaccine is much safer than contracting COVID-19, for both parent and baby.

CAN THE VACCINE AFFECT FERTILITY?

Because the COVID-19 mRNA vaccines do not contain live virus, there is no reason to believe that they carry a risk of infertility, miscarriage, stillbirth, or congenital anomalies. The American Society of Reproductive Medicine recommends that people undergoing fertility treatment be encouraged to get vaccinated and there is no indication to delay conception after getting the COVID vaccine.

WHEN WILL MAO BE OFFERING THE COVID VACCINE?

NOW! As of the date of this message, MAO can provide the Moderna and Pfizer COVID-19 vaccine series (including boosters for eligible people) to residents of the Montgomery area at the Copeland Care Clinic located at 2900 McGehee Road. We are open to patients, staff, and family members during our regular clinic hours, and offer vaccination to the broader public at specific events.

Please access the back entrance of the Clinic where team members will be waiting to administer vaccinations. Existing MAO clients, their immediate family members and staff can walk in for vaccination any time during regular service hours.

We will keep our [MAOI.ORG](https://www.maoi.org) website updated, and follow guidance from the State of Alabama and the CDC on distribution and allocation of vaccines as they are made available.

ADDED RESOURCES FOR YOU

Centers for Disease Control and Prevention - COVID-19

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

Office of the Governor & Alabama Department of Public Health
COVID-19 Information Hub

<https://covid19.alabama.gov>

AL COVID-19 Information Hotline (general questions) - 1 (800) 270-7268

AL COVID-19 Vaccine Hotline - 1 (855) 566-5333

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