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 AFTER GETTING THE VACCINE. HOW DID THAT HAPPEN?**

If someone gets sick with COVID-19 it is not because the vaccine caused it. 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. However, you may get sick after vaccinated for any number of reasons. Vaccines are designed to reduce risk - they can’t completely prevent you from getting symptoms, severe illness, hospitalization, or death.
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. As of 7/25/22, 604 million doses of vaccine had been given in the U.S.

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. This continues to be confirmed well into the 3rd year of the pandemic. 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 MUTATIONS?

The COVID vaccines are very effective overall, though they are slightly less effective against the omicron 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 omicron, and when they do they are much less likely to get very sick, to be hospitalized, or to die from the infection. With subsequent mutations, the vaccines still offer the best protection against severe disease. 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!

Booster shots are now recommended for all people 5 years of age and up after their primary vaccination. Adults 50 years of age and older and people who are 12 years old or older who also are moderately or severely compromised should get a 2nd booster. We strongly urge you to get your booster shot if you are due.

For people who received Moderna or Pfizer 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 or Pfizer dose get a third dose. They can get either Moderna or Pfizer as their booster options.

For people who received Pfizer for their first two shots, the CDC is now recommending that everyone 6 years of age and up get a booster dose at least 5 months after completing their primary vaccination series. Adults 18 years and up can get either Moderna or Pfizer for their booster, and teens 16 - 17 can get Pfizer. The 2nd booster is given at least 4 months after the 1st booster. Boosters are not recommended for children under 5 years of age.

For people who received the Johnson and Johnson vaccine (which should be 18 years of age and older), they should get a booster dose of Moderna or Pfizer at least two months after completing their initial vaccine. A 2nd booster can be given 4 months after the 1st booster, using either Pfizer or Moderna for people 50 years of age and older.

If you have questions about boosters, we recommend you speak with your healthcare provider.

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 and neurological 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. Recent data showed that unvaccinated people 12 years of age and older, had 17 times the rate of COVID-associated deaths compared with people vaccinated with a primary series and a booster dose.
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®(†), 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.

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?

You need to keep wearing a mask and social distancing for now, especially in Alabama where disease burden is again on the rise. While we know the vaccine is very effective at preventing symptoms of COVID-19 and preventing severe disease, we know you can still get infected after vaccination and that you risk spreading the disease to others if you are not careful. To protect others around you, you should continue taking all precautions until the overall risk of disease is much lower.

*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 initial 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), and, at this point, hundreds of thousands of PLWH have been vaccinated. It is possible that some PLWH, especially those who are not well controlled on HIV medications, might not respond as strongly to the vaccines. This is one reason why everyone should get booster shots and continue all safety precautions.

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 College of Obstetrics and Gynecology recommend that all pregnant individuals be vaccinated against COVID-19. 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 continues to provide the Moderna and Pfizer COVID-19 vaccine series (including boosters) to adult residents at the Copeland Care Clinic located at 2900 McGehee Road in Montgomery during regular clinic hours. For other site locations, we encourage our clients to call first.

We will keep our MAO.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

Office of the Governor & Alabama Department of Public Health
COVID-19 Information Hub
https://covid19.alabama.gov

Find out more about the vaccines and where they are available:
https://covid19.alabama.gov/vaccine

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STAY CONNECTED!

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