Yale Medicine | Yale NewHaven Health

COVID-19 Vaccination
General Questions and Answers

Updated: 5/13/2021

1. Which COVID-19 vaccine will be offered to employees?

YNHHS is offering all available vaccinations to employees and medical staff. Availability is based on the allocation that the CT Department of Health provides to us. The Pfizer vaccine is a 2-shot series given three weeks apart. The Moderna vaccine is a 2-shot series given four weeks apart. The Janssen (also known as Johnson and Johnson or J&J) is a single injection. All are safe and highly effective in preventing COVID-19.

2. Will I be able to choose the vaccine that I want?

When you sign up for the vaccine you will know if you are signing up for a one dose or two dose vaccine, but not the specific manufacturer. The vaccines are equally effective in preventing COVID-19. We are administering whichever vaccine is allocated to us by the Department of Health at the time of your first appointment. If applicable, your second dose will be from the same manufacturer as your first dose.

We encourage you to take any one of the three vaccines now available, unless you have a medical contraindication (such as a severe allergy to the vaccine or to one of its ingredients).

All three COVID-19 vaccines have been shown to reduce the risk of becoming infected with COVID-19 and being hospitalized. Most importantly, all have been shown to eliminate the risk of developing severe disease and death due to COVID-19.

3. Is the COVID-19 vaccination mandatory for YNHHS employees like the flu vaccination?

No, not at this time.

4. Which employees will be offered the vaccine first?

All YNHHS employees and medical staff have been invited to schedule an appointment for vaccination. If you have not scheduled your first dose, you will now need to schedule and receive your first dose at one of our mass vaccination sites. You can continue to schedule your appointments through MyChart using the invitation you had previously received. When you go through the scheduling process, you will see available appointments at our mass vaccination sites.

5. How do the vaccines work?

The Pfizer and Moderna vaccines consist of genetic material called mRNA encased in tiny particles that transport it into our cells. From there, it stimulates the immune system to make antibodies that protect against the virus. These vaccines do not have any impact on our genes. The vaccine material breaks down in the body shortly after it is taken into our cells. The Janssen vaccine is carried into the cells by an inactive adenovirus (which is a common virus). For more detailed information click here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

6. What is the immunization schedule for the vaccines? When should I get the second dose?

The Pfizer COVID-19 vaccine is a two-dose series. The second dose of the Pfizer vaccine should be given 21 days from the first dose. If scheduling conflicts prevent the second dose from being administered at 21 days as recommended, then it should be given between 19 and 24 days from the first dose.

The Moderna vaccine is a two-dose series. The second dose of the Moderna vaccine should be given 28 days from the first dose. If scheduling conflicts prevent the second dose from being administered at 28 days as recommended, then it should be given between 26 and 31 days from the first dose.

The Janssen vaccine is a single dose.

Re-starting the vaccine series is NOT recommended at this time if there is a delay in administering the second dose of either vaccine type.

All vaccines are extremely effective in preventing COVID-19, and also preventing COVID-related hospitalization and death.

7. Are the vaccines safe?

All vaccines are approved by the Federal Drug Administration (FDA) for Emergency Use Authorization (EUA). In clinical trials, there have been a very limited number of allergic or other severe adverse reactions with these vaccines. Through a reporting system called VAERS, the CDC is actively tracking and investigating severe allergic reactions (e.g. anaphylaxis) and other possible severe reactions to the vaccines. To date, these severe reactions have been very low as a percentage of total vaccinations given, and the CDC continues to all three vaccines as being safe and critical to combating this pandemic.

Side effects such as fever, headaches, body aches, fatigue and nausea are common but typically last 1-2 days only. It is not possible to "catch COVID" from the vaccine.

As an added measure of safety, we ask individuals vaccinated at our clinics to stay on-site for observation for at least 15 minutes after getting the vaccine to make sure they can be treated promptly and correctly if they experience a sudden reaction. Anyone who has had an allergic reaction to any vaccine, injectable drug or food in the past is asked to stay for a 30 minute observation period.

8. Should I take medication prior to my COVID vaccination in order to avoid experiencing side effects?

Routine use of prophylactic (preventive) pain medicines before you get your vaccination is not currently recommended, as information on the impact on vaccine-induced antibody responses is not available at this time. However, if you experience side effects after receiving your vaccination (such as swelling or pain at the vaccination site, fever, headaches, or body aches) then taking an over-the-counter pain medicine (such as Tylenol) may be helpful in managing those symptoms.

9. If an individual has had a vasovagal reaction (i.e., fainting) after their first dose of the vaccine, should they receive a second dose?

Yes. Vasovagal reactions, such as fainting or a feeling like you are going to pass out, can happen in different situations including receiving a vaccine, getting your blood drawn, etc., and are considered benign (i.e., there are no long-term consequences). An individual can and should receive their second dose to be fully protected, but they should indicate this to the vaccinator so that they can be vaccinated in a recliner or recumbent position.

10. Can receiving the vaccination give someone COVID-19?

No. The vaccine does not contain live or dead versions of the virus, so it cannot transmit COVID-19 and does not alter human DNA.

11. What are the side effects of the vaccine and how frequent are they?

The following table compares the three COVID-19 vaccines currently available in the U.S. It is important to note that most vaccine side effects from all three vaccines are usually mild, and at worse moderate and typically resolve in 1-2 days post-vaccination:

	Pfizer	**Moderna**	**Johnson & Johnson (Janssen)**
Number of shots	2	2	1
Days Between Shots	21 days	28 days	NA
Contains Live Virus	No	No	No
Contains Latex	No	No	No
Contains Preservatives	No	No	No
Age Authorized	16 years and older	18 years and older	18 years and older
Effectiveness Preventing Hospitalization & Death	Highly effective	Highly effective	Highly effective
Common Side Effects	• injection site pain • fatigue • headache • body aches • fever • nausea	• injection site pain • fatigue • headache • body aches • fever • nausea	• injection site pain • fatigue • headache • body aches • fever • nausea

These side effects are a sign that the vaccine is working, and your body is mounting the immune response it needs to in order to protect you from severe COVID-19 infection. **These side effects are much less severe than actual COVID-19 infection and are not life-threatening.**

Concerns about developing infertility, Bell's palsy, alterations of DNA, and autoimmune conditions are unfounded. These are not side effects of the vaccine and have not occurred more frequently than normal among those who have received vaccine.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death. No severe side effects have been reported from the clinical trials.

12. When should I call the Occupational Health through the Employee Resource Center if I have side effects after receiving the vaccine?

When you leave the vaccine clinic, you will receive specific instructions on how to self-care for side effects. However, if you experience more severe side effects or if they persist more than 72 hours, then you should call Occupational Health through the Employee Resource Center (rather than the Occupational Health clinic) at 844-543-2147 (Option 2).

The Occupational Health clinicians can help sort out whether these are side effects from the vaccine or more likely to be a new COVID-infection and order a COVID test if needed. They are also trained to help you get medical care for severe side effects if needed.

13. Are side effects of the Pfizer and Moderna vaccines more severe after the second dose?

Based on the clinical trials for both vaccines, the second dose results in a higher number of side effects (including fever and chills, headaches, body aches, fatigue and nausea) but there is no evidence for more serious side effects or risk of anaphylaxis from receiving the second dose. The following chart summarizes the most common side effects, by age group, for both vaccines and compares dose 1 to dose 2:

	Moderna COVID-19 Vaccine (18-64 Years of Age)		Moderna COVID-19 Vaccine (≥ 65 Years of Age)		Pfizer BioNTech COVID-19 Vaccine (18-55 Years of Age)		Pfizer BioNTech COVID-19 Vaccine (> 55 Years of Age)	
	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2
Fatigue	38.5%	67.6%	33.3%	58.4%	47.4%	59.4%	34.1%	50.5%
Headache	35.4%	32.8%	24.5%	46.4%	41.9%	51.7%	25.2%	39.0%
Chills	9.2%	48.3%	5.4%	30.6%	14.0%	35.1%	6.3%	22.7%
Myalgia	23.7%	61.3%	19.8%	46.9%	21.3%	37.3%	13.9%	28.7%
Arthralgia	16.6%	45.2%	16.4%	34.9%	11.0%	21.9%	8.6%	18.9%

These side effects indicate that the internal process of stimulating the immune system and making antibodies against COVID-19 is taking place as a result of receiving the vaccine, and are not as concerning as the more severe symptoms of COVID-19 infection and are not considered to be life-threatening.

14. If an individual experiences a side effect(s) from the vaccine, should they skip the second dose?

No, don't skip the second dose. You may wish to consider taking Tylenol and/or Benadryl after getting your next dose. You might also want to plan for your second dose 2-3 days before you are scheduled to work in case you need to stay at home. If you take Benadryl, you should not drive as it causes drowsiness.

15. If I get diagnosed with COVID, do I still need to get vaccinated? If so, how long should I wait?

Yes, you should still get vaccinated as the antibodies to COVID-19 that your body made during your infection will last only a few months, and then you are at risk for a repeated infection. If you test positive for COVID-19 prior to your FIRST vaccine, you should wait 4 weeks before getting your first vaccine dose (or 90 days if you received treatment with Monoclonal Antibody Infusion). If you test positive for COVID-19 after the first vaccine but prior to the SECOND vaccine, you should wait 10 days from the positive test (or 90 days if you received treatment with Monoclonal Antibody Infusion) and be fully recovered and non-infectious before receiving the second dose.

16. What do I do about my second vaccine dose if I get diagnosed with COVID between the two doses?

You should wait for 10 days from when you first tested positive and be fully recovered before getting your second dose. You should still get the second dose.

17. How can I tell if side effects are from the vaccine or from actual COVID-19 infection?

Symptoms that are side effects of the vaccine typically go away on their own within a couple of days and are a sign that the immune system is working. If side effects continue for more than 72 hours, they should be reviewed by a clinician. This will be scheduled by Occupational Health through the Employee Resource Center (rather than the Occupational Health clinic) at 844-543-2147 (Option 2).

For severe side effects after usual hours, employees should contact their regular medical provider or an Urgent Care Center.

The vaccine does not cause respiratory symptoms or a loss of taste or smell, which are sometimes seen with a true COVID-19 infection. For these symptoms and/or if you have had a known or suspected COVID-19 exposure within the past 10 days, you should stay off work and be tested for COVID-19. To get tested, call Occupational Health through the Employee Resource Center (rather than the Occupational Health clinic) at 844-543-2147 (Option 2).

18. Are the current COVID-19 vaccines effective against the mutated COVID strains?

Based upon data, our scientific experts agree that the current vaccines will be effective against variants, so you should get vaccinated as soon as possible. There have actually been over 40 variants described to date and more will occur as time goes on. The most important thing we as a society can do to avoid the impact of new variants is to get vaccinated, and continue our efforts to use masks, wash our hands, avoid crowds and maintain social distancing. Our medical leaders will continue to review the scientific data, and we will also follow FDA, CDC and other public health guidance, and provide updates.

19. How much will the COVID-19 vaccination cost?

We will be offering vaccines to all of our healthcare workers at no cost.

20. How long will the vaccine protect those that receive it?

While the studies haven't indicated how long protection will last, the FDA predicts it to be effective months or maybe even years. Booster doses may be required in the future. Experts are continuing to study how long the protective effect lasts.

21. Once fully vaccinated, how quickly would a person be considered protected from COVID?

After receiving the vaccine series (i.e., 2 doses of Pfizer and Moderna, and one dose for Janssen/J&J) an individual is considered immune in 2 weeks. Because the vaccine is very effective, antibody testing after receiving the vaccine is not recommended.

22. What if I am sick with COVID-19 or another acute respiratory illness during the time period offered?

You should wait until you are completely better and then schedule your appointment. If you develop new symptoms ahead of a scheduled vaccination appointment, please cancel and reschedule your appointment so the time slot can be filled by someone else. If you have difficulty with scheduling your vaccine, you should call Occupational Health through the Employee Resource Center at 844-543-2147 (Option 2).

23. What if I am in quarantine when I am offered the vaccination?

To protect others, you must wait until after your quarantine period ends to get vaccinated.

24. What if I am not available to get my vaccine during the time period offered, but want it at a later date?

Healthcare workers were the first group offered vaccination, so we recommend that you receive your first dose of vaccine as soon as possible. Your vaccination invitation from YNHHS will be available for 90 days from the date of the original email, but again we recommend that you schedule it soon. If your invitation does expire, you may make an appointment using the online open scheduling system available at https://www.ynhhs.org/patient-care/covid-19/vaccine/get-your-covid-vaccine.aspx

25. If I receive the Pfizer or Moderna vaccine, can I be sure that I will be scheduled at the correct time and receive the same vaccine for the second dose?

Yes, you will have the opportunity to schedule your second dose as soon as you receive your first dose. We do not anticipate any shortages for the second vaccine dose.

26. Should individuals who are pregnant receive the vaccine?

We are offering the vaccine to individuals who are pregnant or breast-feeding. Based upon what we know at this time, pregnant women are at an increased risk for severe illness from COVID-19. Additionally, pregnant women with COVID-19 infection might be at an increased risk for other adverse pregnancy outcomes such as pre-term birth and stillbirth.

Given the absence of detailed study of these vaccines during pregnancy, pregnant and breastfeeding individuals should discuss the risks and benefits of vaccination with their obstetrician, pediatrician, and/or midwife.

27. Should individuals who wish to become pregnant receive the vaccine?

We are aware of concerns in the public about fertility after the COVID-19 vaccine. However, these concerns are unfounded. The safety data reported to the FDA for the Pfizer vaccine demonstrated that equivalent proportions of individuals became pregnant in the vaccine groups as the placebo groups. Among the people who did get pregnant in the studies, there were no self-reported pregnancy related adverse events in the groups that received vaccine. At this time, we support offering the vaccine to individuals planning pregnancy.

28. Should individuals who are breastfeeding receive the vaccine?

We are offering the vaccine to individuals who are breastfeeding, who should discuss this with their pediatrician to help weigh the risks and benefits of getting vaccinated. We will continue to review additional data and guidelines on the safety and effectiveness of vaccination against COVID-19 for pregnant and breastfeeding individuals as they become available.

29. Should individuals who had a prior anaphylactic reaction to another vaccine receive the COVID-19 vaccine?

If you previously have had an anaphylactic reaction to another vaccine or medication, you still may receive the COVID-19 vaccine, but we will ask you to notify the staff and be monitored in the vaccination clinic for 30 minutes after you receive your injection.

However, the FDA is recommending that individuals who have severe allergic reactions to any ingredients of a vaccine should not receive that vaccine. The ingredients of each vaccine are listed in the FDA facts sheets which can be accessed at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html

There are safety protocols in place at our clinics to quickly address severe allergic reactions following vaccine administration. Also, if you experience an allergic reaction to a vaccine, you may be referred to an Allergist for evaluation.

For Pfizer or Moderna vaccines: if you experience an anaphylactic reaction to a first vaccine dose, you should not receive the second dose and instead consider getting the Janssen (J&J) vaccine.

30. Should individuals who carry an Epi-Pen® receive the COVID-19 vaccine?

The rate of allergic reactions to COVID-19 vaccines in the clinical trials was very, very low.

However, we recommend individuals who carry an Epi-Pen® discuss the risks and benefits of vaccination with their Allergist before scheduling their vaccination. You should also notify the staff at our vaccination site of any prior allergic reaction before receiving the COVID-19 vaccine.

All vaccination sites will be prepared to respond to any allergic reactions in the unlikely event that they occur.

31. Is it safe to receive the vaccine if I have a known allergy to a medication, a different vaccine or to some sort of food?

Unless you have had an allergic reaction to a previous dose of the type of COVID-19 vaccine you are planning to get or are allergic to one of the ingredients in the vaccine (e.g., polyethylene glycol or polysorbate), you should be able to get the vaccination. If you have concerns regarding your history of allergic reactions, you should discuss this with your regular clinician before getting vaccinated.

32. If I am taking medications, are there any contraindications to receiving the vaccine?

No, but if you are receiving immunosuppressant medication (such as steroids, certain drugs to treat inflammatory conditions, current cancer therapy, etc.), you should talk with your prescribing clinician as the medication might interfere with your body's ability to develop a full immune response to the vaccine. They may be able to help you better time when you get vaccinated.

33. How long should an individual wait to receive the COVID-19 vaccine after receiving another vaccine?

COVID-19 and other vaccines may now be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 and other vaccines on the same day.

34. Can an immunocompromised individual receive the COVID-19 vaccine?

Yes, immunocompromised individuals should get vaccinated. Individuals with immunocompromising conditions (such as HIV or who have received an organ or stem cell transplant) or who take immunosuppressive medications or therapies might be at risk for increased severe COVID-19 disease. The current mRNA COVID-19 vaccines do NOT contain live virus and cannot cause COVID-19, so there are no specific safety concerns in immunocompromised individuals. However, they may wish to discuss COVID-19 vaccination with their specialist if they have specific questions or concerns.

Although the effectiveness of COVID-19 vaccination may be reduced in an immunocompromised individual, such individuals are still advised to receive the COVID-19 vaccine if they do not have any other contraindications for vaccination.

35. Can we stop wearing masks and eye shields at work once we receive both doses of the COVID-19 vaccine?

No, stopping a pandemic requires using all the tools available. While the vaccine is extremely effective, a very small percentage of those who receive it may not be fully protected. Also, because not everyone will be vaccinated, it will take a while before COVID-19 is no longer circulating widely.

Therefore, while at work we all need to continue to wear masks and other PPE (such as eye shields or goggles for direct patient care, and N95 respirators for aerosol-generating procedures), as well as practice social distancing (i.e., keeping at least 6 feet apart), and continue to wash our hands frequently and use hand sanitizers.

We should also continue to mask while in public places, practice social distancing, and use hand sanitizers.

We will continue to monitor COVID-19 transmission rates within CT and RI and follow the guidance from Department of Health before making any decisions to change our safe practices at work, including universal masking inside all our facilities, following the same social distancing and masking rules in breakrooms, etc.

36. Why should someone get the vaccine even though they are doing other things such as wearing a mask, washing their hands often and practicing social distancing?

Vaccines work with your immune system so your body will be ready to fight the virus and reduce or eliminate illness if you are exposed. Other steps, like covering your mouth and nose with a mask and staying at least six feet away from others, help reduce your chance of being exposed to the virus or spreading it to others.

37. If I have a significant household exposure to an individual with COVID, but have received my 2 doses of COVID vaccine, do I still need to quarantine at home for 10 days following last exposure to the individual?

Given that the vaccine is 95% protective and the universal masking at work, if it has been 2 weeks since you received your second dose you will not be required to quarantine unless you develop symptoms and need to be tested. Instead, you can come to work but you need to call Occupational Health through the Employee Resource Center at 844-543-2147 (Option 2) to help

arrange for you to be tested at day 5 and again at day 12 from the date you were exposed. You must also continue to self-monitor for fever and symptoms.

38. Will I be able to travel anywhere I want to after getting the second dose of the vaccine?

You should continue to follow requirements from the CDC and the state health departments and avoid unnecessary travel to states and countries with COVID-related travel notices. As of 1/27/2021, this continues to include all states and territories except CT, NY, NJ and RI. For updated information on these affected states and countries see:

- Affected U.S. States: https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Travel-In-or-Out-of-CT
- Countries with a CDC Level 3 COVID-19 travel notice: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

If you do travel to any of these affected states and countries for more than 24 hours, you will still need to have a negative COVID test within 72 hours of your return to work date. For your convenience you can self-schedule a test by logging onto: https://ocucovidtesting.ynhhs.org/

39. If I get vaccinated, can I stop wearing my mask in public?

While the COVID-19 vaccines are highly effective in helping prevent COVID, they are not perfect and a small percentage of those vaccinated may still be susceptible to COVID. Further, most people still have yet to be vaccinated and the vaccine roll-out will take some time. As for masking, this remains critical to help prevent transmission and should be used in the community as well as at work until transmission rates of COVID-19 are much lower. In addition, we still need to stay at least 6 feet away from others, avoid crowds and poorly ventilated spaces, cover coughs and sneezes, wash hands often, follow CDC travel guidance, and follow workplace guidance - including PPE use and COVID-19 testing guidance.

40. For someone who has had both doses of the vaccine, if they have cold symptoms (such as runny nose, cough, or sore throat) but otherwise they feel fine, can they come to work? Or should they stay home until symptoms and fever resolve?

Per YNHHS policy, anyone with an acute respiratory illness (with a temperature of 100ºF or more) should stay off work until there is a resolution of symptoms and fever (i.e., temperature <100°F for at least 24 hours, without the use of fever reducing medications such as Tylenol or Advil). It is also important to note that if you have symptoms and have had a known exposure to a COVID positive individual, you should be tested for COVID-19 as cold and COVID symptoms can be similar. Also, cold symptoms are not side effects of the COVID vaccine and should not be attributed to that. It is best to get advice for your situation by calling Occupational Health through the Employee Resource Center at 844-543-2147 (Option 2) between 7 am - 7 pm, 7 days a week.

41. What is the appropriate quarantine period for an employee who has a close family member with a positive COVID test living with them? Please clarify as we are hearing different things.

The quarantine period begins from the last time you had close contact with your infected family member without the use of your mask. If you have received your second dose of the COVID vaccine more than two weeks ago and can isolate from the individual, you can return to work as long as you self-monitor for fever and symptoms. You must be tested for COVID-19 at day 5 and again at day 12 from the date you return to work. If you have not received your second dose or it has not been two weeks since that dose, you must quarantine for a period of 10 days, be tested on day 10 and you may then return to work on day 11 assuming the test is negative. In that case, an Occupational Health clinician can help gather details from you and inform you when you can return to work, and also the COVID testing requirements once you return to work. The clinician can also help you understand better how to keep yourself safe at home even though you are living with a COVID positive individual. Call Occupational Health through the Employee Resource Center at 844-543-2147 (Option 2).

42. If I need to call out for side effects after getting a vaccine dose, will I be given points because of an unexplained absence?

It is best to contact your supervisor to ask that question as situations vary. A way to avoid this situation is to schedule your vaccine the day before your usual day(s) off to avoid having to stay out of work. To help with planning, you can actually reschedule your second vaccine dose for up to 7 days after the recommended date

43. I have read that the COVID vaccine can cause swollen lymph nodes in the underarm on the side of the injection that can be detected on a mammogram. Should I delay scheduling my routine screening mammogram?

Swollen lymph nodes in the underarm on the same side as the injection site may occur after COVID vaccination and may persist for up to several weeks. While swollen lymph nodes due to the vaccine are not worrisome, they may be detected on a routine screening mammogram and might need additional testing. If possible, try to schedule both doses of your COVID vaccine series before an upcoming mammogram. If that is not possible and if it will not result in undue delays, try to schedule your routine screening mammogram approximately 4-6 weeks after your second dose of a COVID-19 vaccine.

44. I am on warfarin due my increased risk of stroke, and am wondering if I should receive my COVID vaccine given my risk of bleeding following an injection?

Yes, you should go ahead and get your COVID vaccine unless have a known allergy to the vaccine. To ensure safety for individuals with an increased risk of bleeding following an injection, the following are expert guidelines to help ensure your safety:

- For individuals receiving prolonged anticoagulation or antiplatelet therapy (such as warfarin and other prescribed anticoagulant therapy, including daily aspirin):
    - These medications are considered to present only a low risk of complications related to prolonged bleeding after an injection.
    - After the injection, you should apply firm pressure over the site of the injection for 5 minutes.
- For individuals with a history of Hemophilia (or other severe bleeding disorder) or platelet count less than 50,000/uL:

- First consult with your specialty physician for guidance prior to vaccination. If that physician agrees that the benefit of the intramuscular (IM) vaccination outweighs possible risks, the following steps at the time of vaccination are recommended:
  - If you take replacement clotting factors, then the IM vaccination should be administered as soon as feasible after the dose of the clotting factor.
  - Nursing staff who routinely perform IM injections are preferred to administer the vaccination.
  - An ice pack should be applied to the site before the injection.
- After the injection, you should apply firm pressure over the site of the injection for 5 minutes.

45. When do you think the State will lessen their restrictions on social gatherings at restaurants and bars, and also at home? Last year was very difficult, particularly around the holidays when we usually have our extended family get-togethers.

Phase 2.1 of the State of Connecticut's COVID-19 response plan (effective 11/6) limits private gatherings both indoors and outdoors to 10 people. This is to ensure that you and your loved ones are as safe as possible. Remember, even with a small gathering size, you should still make sure you wear a mask, keep a distance of at least 6 feet apart, wash your hands, and avoid leaving your home all together if you feel sick.

We expect that the CDC and state and local health departments will loosen their guidance and restrictions for restaurants, bars and gatherings when the spread of COVID is under control.

The latest guidance can be accessed by logging onto: https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Latest-Guidance

46. Will the vaccine be given to our family members as well?

Non-healthcare family members of front-line workers are not among the groups designated by the State of Connecticut DPH for early vaccination, and we are required to take their direction on this. Eligible groups, based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and the Governor's vaccine advisory group are:

- Healthcare Personnel: Paid and unpaid people serving in healthcare settings with potential for direct or indirect exposure to patients of infectious materials
- Medical First Responders: Individuals who respond to medical 911 calls and face risk of exposure to COVID-19

- Long-Term Care Facility Residents: Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently
- Residents and Staff of select congregate settings: Staff and residents of halfway homes, inpatient mental health facilities, correction facilities, homeless shelters, domestic violence shelters, substance use and residential treatment facilities along with others
- Individuals 65 and Older: Residents and workers within the State of CT who are 65+
- Educators and Child Care Providers: Pre-K-12 Teachers, paraprofessionals, custodial staff, food service providers, school bus drivers and childcare providers as well as in-school administrative staff. Does not include individuals who are not required to work on-site in a school.
- Individuals 55 and Older: Residents and employees within the State of CT who are 55+

The following groups will be able to start scheduling appointments on March 19.

- Individuals 45 and Older: Residents and employees within the State of CT who are 45+

47. I have just tested positive for COVID even though I have completed my COVID-19 vaccination. What should I do?

COVID-19 vaccine breakthrough is defined as having a positive test for COVID-19 at least 14 days after completing both doses of a two-dose COVID-19 vaccine (Pfizer or Moderna) or one dose of the Janssen (J&J) vaccine.

We recommend that you contact your primary care provider to notify them of your positive COVID-19 test and the date of your last COVID-19 vaccination. Your primary care provider will then notify the Connecticut Department of Public Health (DPH) about the possibility of vaccine breakthrough. This is part of a national effort directed by the Centers for Disease Control and Prevention (CDC) to monitor COVID-19 infections among vaccinated people.

If it has been more than 14 days since you completed your vaccination, it is very unlikely that you will develop severe symptoms or require hospitalization due to COVID-19. However, you should still monitor any symptoms that develop and seek medical evaluation if your symptoms worsen. You will also need to self-isolate according to the CDC guidelines until ten days have passed since the date of your positive COVID-19 test, and any COVID-19 symptoms are improving, and you have gone at least 24 hours with no fever and no fever-reducing medications.

48. I have a severe allergy* to polyethylene glycol (commonly called PEG). Is it safe for me to receive a COVID-19 vaccine?

If you have a severe allergy to polyethylene glycol (PEG), then vaccination with either the Pfizer or Moderna COVID-19 vaccine is CONTRAINDICATED.

However, the Janssen (J&J) vaccine does not contain PEG so it is an option for COVID-19 vaccination. Recent guidance by the CDC does allow vaccination of individuals with a severe PEG allergy to receive the Janssen (J&J) vaccine after a review of risks. This is best done in consultation with an allergist. Please contact your primary care provider or other provider who can assist you with a referral to an allergist. If you do not have a healthcare provider, you may call Yale New Haven Allergy/Immunology at 203-287-6200 and request an allergy evaluation for COVID vaccination.

If the allergist determines that it is safe for you to receive the Janssen (J&J) vaccine, the Call Center can assist with scheduling your vaccination appointment at a time and location that is offering this vaccine. The Call Center can be reached at 203-688-1700 (toll-free 833-484-1200).

*A “severe allergy” is defined as anaphylaxis, hives, swelling of face/lips, or respiratory distress (e.g., wheezing, stridor).

49. I have a severe allergy* to polysorbate, can I receive a COVID-19 vaccine?

If you have a severe allergy to polysorbate then vaccination with Janssen (J&J) COVID-19 vaccine is CONTRINDICATED.

However, the Pfizer or Moderna COVID-19 vaccines do not contain polysorbate so either vaccine is an option for COVID-19 vaccination. Recent guidance by the CDC does allow vaccination of individuals with a severe polysorbate allergy to receive either the Pfizer or Moderna vaccine after a review of risks. This is best done in consultation with an allergist. Please contact your primary care provider or other provider who can assist you with a referral to an allergist. If you do not have a healthcare provider, you may call Yale New Haven Allergy/Immunology at 203-287-6200 and request an allergy evaluation for COVID vaccination.

If the allergist determines that it is safe for you to receive the Pfizer or Moderna vaccine, the Call Center can assist with scheduling your vaccination appointment at a time and location that is offering one of these vaccines. The Call Center can be reached at 203-688-1700 (toll-free 833-484-1200).

*A “severe allergy” is defined as anaphylaxis, hives, swelling of face/lips, or respiratory distress (e.g., wheezing, stridor).

50. I had a severe, immediate allergic reaction* to the first dose of an mRNA COVID-19 vaccine (Pfizer or Moderna) and was told not to receive the second dose of that vaccine. Can I safely receive the Janssen (J&J) vaccine as my second dose?

The current CDC guidance allows for consideration of the Janssen (J&J) COVID-19 vaccine (at 28 days after the mRNA vaccine was given) in this situation as it uses a different mechanism to stimulate the immune system and has different components from the mRNA vaccines.

This is best done in consultation with an allergist. Please contact your primary care provider or other provider who can assist you with a referral to an allergist. If you do not have a healthcare provider, you may call Yale New Haven Allergy/Immunology at 203-287-6200 and request an allergy evaluation for COVID vaccination.

If the allergist determines that it is safe for you to receive the Janssen (J&J) vaccine in place of the second dose of the Pfizer or Moderna vaccine, the Call Center can assist with scheduling your vaccination appointment at a time and location that is offering the Janssen vaccine. The Call Center can be reached at 203-688-1700 (toll-free 833-484-1200).

*A “severe, immediate vaccine allergy” is defined as anaphylaxis, hives, swelling of face/lips, or respiratory distress (e.g., wheezing, stridor) occurring within 4 hours of receiving a prior dose of a Pfizer or Moderna COVID-19 vaccine.

51. How can I learn more?

Ask your healthcare provider; call your local or state health department; or contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 (1-800-CDC-INFO) or visit CDC’s vaccine website: www.cdc.gov/coronavirus/2019-ncov/vaccines.

YNHHS will continue to update and distribute more generally asked questions and answers as more information becomes available.