COVID-19 Vaccine FAQs

Community Messenger Guide

Updated on August 26, 2021

This document is intended to provide trusted messengers with a series of FAQs regarding COVID-19 vaccines to guide conversations with community members. This information is based on currently available scientific evidence, reports, emergency use authorization details, and expert opinion, and is subject to change. This document will be frequently updated as evidence and information about COVID-19 vaccines becomes available.

Why should I get the COVID-19 vaccine?

Getting the COVID-19 vaccine helps prevent you from getting sick with COVID-19. Even in young, healthy people, COVID-19 can cause very serious illness and death. Older adults and persons with health conditions like diabetes or obesity are at an even greater risk. In addition to helping you, the more people who get the vaccine, the better we can protect our families and communities, including young children who are not yet eligible for vaccination. The best way to achieve this is for all of us to get vaccinated for the coronavirus.

What vaccines are available now in the U.S.?

Multiple COVID-19 vaccines have received Emergency Use Authorization (EUA) from the FDA. Two-dose vaccines developed by both Pfizer/BioNTech and Moderna received EUA in December 2020 and are currently being administered across the U.S. Johnson & Johnson’s (J&J) single-dose vaccine received EUA in February 2021 is also in distribution throughout the country. Several other COVID-19 vaccines are currently in development.

As of August 2021, the FDA granted full approval of Pfizer/BioNTech (now marketed as “Comirnaty”), making it the first COVID-19 vaccine fully approved for individuals 16+. Individuals 12-15 will still be able to receive the vaccine under the EUA. Additionally, a third dose for immunocompromised individuals is available under the EUA as well.

What does FDA Approval mean?

Full FDA approval goes beyond the EUA—which allows vaccines to be rigorously tested and distributed during a public health emergency—and includes additional safety testing and research that allows vaccines to be widely distributed after the public health emergency concludes. With the FDA granting full approval for a COVID-19 vaccine, Americans can be even more confident that the COVID-19 vaccines work and are safe.

What about Moderna and J&J?

The vaccines will continue to be safely administered through emergency use authorization as the FDA reviews data about their real-world use. The Pfizer COVID-19 vaccine was the first vaccine to receive EUA, which is why it is the first to have enough data to receive full approval. Moderna has also submitted an application for full approval of its COVID-19 vaccine, and the FDA is currently reviewing that data.

What is the Delta variant? Do the COVID-19 vaccines work against it? I heard about breakthrough cases?

All viruses mutate and change naturally. When mutations fundamentally change the characteristics of a virus (its structure or behavior), we classify them as variants. The Delta variant is now the dominant COVID-19 variant in the U.S. It is spreading rapidly, especially in areas with low vaccination rates. The Delta variant is more transmissible than any other COVID-19 variant we’ve seen, meaning it can spread more easily from person to person. We’re still learning about the Delta variant, but it may also be more deadly and dangerous to those who are infected than previous variants. It appears to be more likely to lead to hospitalization, oxygen requirements, and death compared to previously observed strains of the virus, especially among unvaccinated people.
COVID-19 vaccines are primarily intended to lower your risk of severe illness and death from the virus; they continue to do this very well. Despite vaccine effectiveness, no vaccine is perfect, and some breakthrough cases—meaning positive cases among vaccinated people—are expected. The Delta variant is causing more breakthrough cases than other versions of the virus. However, the vast majority of these cases are either asymptomatic or mild. Unvaccinated people continue to be at significant risk of serious illness or death. Breakthrough cases do not mean the vaccine is not working. Data show that the available vaccines are especially effective against symptomatic infection, hospitalization, and death. The best way to protect yourself and those around you from the Delta variant is to get vaccinated as soon as possible.

Are the vaccines safe?

Medical and public health experts trust the very serious and thorough FDA approval process for the vaccines, as well as the ongoing public health regulatory system that constantly monitors ongoing vaccine safety and effectiveness. Results from both clinical trials and real-world experiences reveal that the vaccines are very safe and work very well at preventing illness.

What about the J&J vaccine? I heard the vaccine was paused for safety reasons?

In April, use of the J&J vaccine was briefly paused so that experts could better understand an extremely rare blood clotting disorder occurring in a very small number of people. After weighing the risk of complications with the risk of getting COVID-19 and developing serious illness, regulators and medical experts determined that the benefits of the Johnson & Johnson vaccine outweigh potential risks. After 10 days, the pause ended and states have resumed use of the vaccine. Of the 7.9 million doses of the J&J vaccine administered as of late April, there were 15 cases of the disorder. This pause is an example of the public health regulatory system working as it should to prioritize patient safety and transparency.

If you receive the J&J vaccine, your risk of experiencing this adverse event is very, very small, and it decreases with time, with known cases happening between 6-14 days following vaccination. Be aware of symptoms of the disorder, including severe headache, abdominal or leg pain, and shortness of breath, and contact your medical provider if you experience these symptoms or have concerns. The vaccines approved under the EUA, including the Johnson & Johnson vaccine, are all highly effective against COVID-19, and experts recommend that you continue to get the vaccine available to you to protect yourself and your family.

Why were the vaccines developed so quickly? I am concerned that these vaccines did not undergo enough testing.

Due to the severity of the pandemic, the government called on many top scientists and spent unprecedented amounts of money to encourage pharmaceutical companies to develop coronavirus vaccines so we can save lives and get back to normal. Scientists were able to quickly adapt years of existing vaccine research to make new vaccines to test in clinical trials. No safety standards were changed or cut during this process. The vaccines currently available went through a thorough clinical trial process to ensure that the vaccines are effective and safe before approving them for use, and they are constantly being monitored for safety and effectiveness by public health regulators.

But what about the “new” technology used to make some of the vaccines? mRNA, or whatever it is, in the vaccines doesn’t sound normal.

Messenger RNA, (also known as mRNA) and other technical jargon can be intimidating and challenging to understand. As many doctors describe it, mRNA is like a ‘blueprint’ to help our body ‘build’ the coronavirus proteins so our natural immune process can develop antibodies to respond if the actual coronavirus infects us. The special thing about these mRNA blueprints is they don’t actually make coronavirus, but mimic it to prepare our body’s defenses. This way of building mRNA blueprints is used in two of the approved vaccines, Pfizer and Moderna.
The J&J vaccine uses a different existing technology, called viral vector, which has been in use for many years in gene therapy and in several other vaccines, including one that works to fight Ebola. None of the vaccines can cause COVID.

**Ok, but who did they test these vaccines on? Did people from different backgrounds participate in the clinical studies? Were the vaccines effective for people of all races and ethnicities?**

In the Pfizer trial, 26% of participants identified as Hispanic or Latinx, 10% of participants identified as Black, 4% as Asian, and 1% as Native American or Pacific Islander. In the Moderna vaccine trial, 20% of participants identified as Hispanic or Latinx, 10% of participants identified as Black, 5% as Asian, and 1% as Native American or Pacific Islander. In the Johnson & Johnson trial, 45% of participants identified as Hispanic or Latinx, 17% of participants identified as Black, 4% as Asian, and 9% as Native American or Pacific Islander. The participants in the studies represented the race, ethnicity, age, and sex patterns we see in the U.S. The final results from all approved vaccines revealed that their COVID-19 vaccines are equally effective at preventing COVID-19 illness across all races and ethnicities.

**How will the vaccines affect seniors? Those with underlying medical conditions? Different races and ethnicities?**

The coronavirus vaccine is safe in young and old adults. It is also safe and effective in people with conditions like diabetes and obesity. The vaccine is equally safe for Blacks, Whites, Hispanics, Asians, and American Indians and was tested with those groups in the clinical trials. Individuals who have underlying medical conditions or have concerns are encouraged to speak with a health care provider to help make an informed decision.

Those who are immunocompromised are now able to receive a third dose of either the Pfizer and Moderna vaccines. Individuals who are severely immunocompromised should speak with a health care provider to discuss their eligibility for an additional dose.

**Can children get the COVID-19 vaccine?**

At this time, individuals 12+ are eligible to receive the Pfizer vaccine, and individuals 18+ can receive the Moderna or J&J vaccines. Trials are underway for younger children, with the results of trials for ages 5-11 from Pfizer expected early fall 2021 and from Moderna several months later. Results and eligibility determinations for younger children will follow this initial group.

**Is it safe for my child to receive a COVID-19 vaccine?**

Medical and public health experts trust the very serious and thorough FDA trial and approval process for the vaccines, as well as the public health regulatory system that constantly monitors ongoing vaccine safety and effectiveness. Trials for children under 12 are well underway and have expanded to include more children and acquire more data on safety and effectiveness against the virus—ensuring experts know as much as possible. Speak to your pediatrician to learn more.

**Can pregnant women get the COVID-19 vaccine? What about those trying to become pregnant now or in the future?**

The CDC recommends that pregnant women become vaccinated against COVID-19. No individuals who were pregnant were enrolled in the original clinical trials; however, vaccine surveillance systems have not showed any major safety concerns for pregnant women or their babies. In fact, if you get vaccinated during late pregnancy, it is likely that the antibodies you develop from vaccination will be passed to your baby and may provide some protection against COVID-19. Pregnant women who get COVID-19 have been shown to become more sick than non-pregnant women, so preventing COVID-19 with vaccination is especially important in pregnancy. If you are pregnant and/or lactating, please speak with a health provider to learn more.
If you are trying to become pregnant now or in the future, experts recommend you should receive a COVID-19 vaccine. There is no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems and data has shown no increased risk of miscarriage. Like with all vaccines, medical experts will continue to study side effects; we will update you with any new findings as they become available.

What side effects will the vaccine have? Are there going to be long-term side effects?

Side effects can include pain at the injection site, fatigue, headache, chills, muscle pain, fever, nausea, and joint pain. These side effects are usually mild and last 1–3 days. Generally, side effects are more common in younger vs. older patients, and the 2nd dose associated with more side effects than the 1st. Talk to your doctor or vaccine provider about taking over-the-counter medicines for managing any discomfort you may experience after getting vaccinated. Historically, long-term effects from vaccines are very rare. But just to reassure you, the CDC will continue to watch very closely as this is rolled out more widely.

How is the COVID-19 vaccine administered and how many shots will I need?

If you receive the Pfizer or Moderna vaccine, you will require two shots. The 2nd shot will be administered either 21 or 28 days after the 1st dose depending on whether you get the Pfizer or Moderna shot. If you receive the J&J vaccine, you will receive a single shot. The vaccine will be injected into your arm.

Certain immunocompromised individuals are now able to receive a 3rd dose of the Pfizer or Moderna vaccines. This specifically includes solid organ transplant recipients or those diagnosed with conditions with similar levels of immunocompromise. Individuals who are immunocompromised should speak with a health care provider to discuss their eligibility for an additional dose.

If I receive the Pfizer or Moderna vaccines, do I really need the 2nd dose? I heard the side effects from the second are worse than the 1st?

For the Pfizer and Moderna vaccines, a person is considered fully vaccinated 14 days after the 2nd dose. The 2nd dose of these approved COVID vaccines increases long-term immunity to the virus and should be taken either 21 (Pfizer) or 28 (Moderna) days after the 1st dose, depending on which shot you received. For the J&J vaccine, a person is considered fully vaccinated 14 days after receiving a single dose. Studies have not shown significant side effects. Delaying or skipping doses can result in less individual immunity from the virus and also may lead to the emergence of new variants that can be more dangerous to you and your community.

Can I get COVID-19 from the vaccine?

For a vaccine to cause an infection, it has to contain the live virus. The coronavirus vaccines approved for use do not contain the virus, so you cannot get COVID-19 from them. You may experience some symptoms after getting the vaccine like pain or swelling in the arm where you got the shot, or you might have a temporary fever or feel a headache or feel tired.

Do I need the vaccine if I had COVID-19 and recovered?

At this time, it is recommended that everyone is vaccinated, even if they have had COVID-19 before and recovered, or tested positive for antibodies. Early evidence suggests natural immunity from COVID-19 may not last forever, but more studies are needed to better understand this. There is no minimum recommended period between infection and vaccination. You’re advised to become vaccinated after your symptoms resolve (if you are symptomatic) and after completing requirements for isolation.

Do I still need to wear a mask and follow social distancing protocols after taking the vaccine?
Mostly, yes. The CDC has recently updated its guidance to better protect people, recommending masking regardless of vaccination status. The CDC now recommends masking indoors for anyone—regardless of vaccination status—living in areas of substantial or high spread, which currently describes the vast majority of the country. Country transmission levels can be found here. Those older than 65, with a compromised immune system or a chronic disease, or living with people who fit into one of these categories, may also want to consider masking indoors, regardless of local transmission. Getting COVID-19 while outdoors is very unlikely in most scenarios, but if in crowded spaces, people may want to consider wearing a mask.

**Where can I get vaccinated?**

Anyone eligible for vaccination (12+), will be able to get their vaccine at a variety of locations, including pharmacies, mobile clinics, or other types of sites. You can search online for locations in your area here: [https://www.vaccines.gov/search/](https://www.vaccines.gov/search/). Refer to your local health department or doctor for more details, as there may be opportunities not listed on this website.

**Will I need to pay for a COVID vaccine? Do I need to show any paperwork?**

No, the COVID vaccine is free for everyone. You do not need to show your ID or immigration status to get the vaccine. If you have insurance, you may be asked for your insurance card during your appointment, but you will not get a bill.

**Does the COVID-19 vaccine take the place of the pneumonia vaccine or the flu vaccine?**

No, the COVID-19 vaccine does not take the place of the pneumonia vaccine or the flu vaccine. It is recommended to remain up to date on pneumonia and flu vaccines in addition to COVID-19. Please consult with your health care provider regarding which vaccines and vaccine schedule are recommended for you.