

COVID-19 VACCINE FAQ

COMMUNITY MESSENGER GUIDE

Updated on March 7, 2022

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 is accurate as of March 2022 and will be frequently updated as new 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 now available in the U.S.?

Three COVID-19 vaccines are currently available for use in the U.S.: Pfizer/BioNTech, Moderna, and Johnson & Johnson (J&J).

The FDA has granted full approval to two vaccines. 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+. As of January 2022, the Moderna vaccine (now marketed as “Spikevax”) was also granted full FDA approval for individuals 18+.

Multiple COVID-19 vaccines have received Emergency Use Authorization (EUA) from the FDA. Two-dose primary series vaccines developed by both Pfizer/BioNTech and Moderna (both now granted full approval) received EUA in December 2020. Johnson & Johnson’s (J&J) single-dose vaccine received EUA in February 2021 is also in distribution throughout the country. Use of the Pfizer/BioNTech vaccine in individuals ages 5-15 is approved under the EUA, as are additional doses of Pfizer/BioNTech and Moderna for immunocompromised individuals. Several other COVID-19 vaccines are currently in development.

While all available COVID-19 vaccines in the U.S. are safe and effective, the CDC has updated its recommendation for COVID-19 vaccines with a preference for mRNA vaccines (Pfizer or Moderna).

Who can get the COVID-19 vaccine?

Anyone age 5 and up is eligible—and recommended—to be vaccinated against COVID-19.

Children ages 5-17 are eligible to be vaccinated with the two-dose Pfizer vaccine, while adults ages 18+ are eligible to be vaccinated with the two-dose Pfizer or Moderna vaccines, or the single-dose J&J vaccine.

What is the Omicron variant? How can I protect myself and my family against it?

The Omicron variant is a variant of the coronavirus that was first identified in November 2021. It now accounts for the vast majority of cases across the U.S. It is more transmissible than previous variants, including the Delta variant, meaning that it spread much more easily from person to person. The available vaccines in the U.S. do still provide good protection against severe disease from the Omicron variant, but they offer more limited defense against infection. Booster doses offer the best level of protection against symptomatic infection.

The Omicron variant does appear to be less severe than previous variants, so the risk of hospitalization is lower for people infected with it than with other previous variants. However, it is important to remember that even though

cases of Omicron are more likely to be mild, there are many more cases at once. There may be an overall higher number of people with severe disease, which can overwhelm hospitals.

The best way to protect yourself and your family against the Omicron variant—[as well as other emerging and potential variants](#)—is to get vaccinated and boosted, regardless of prior infection status, as soon as you are eligible. Diligent and consistent masking, with high quality masks, offers good protection. Additionally, you should get tested for COVID-19 if you feel unwell or may have been exposed to someone with COVID-19, and you should quarantine as recommended to avoid getting others sick.

What is a booster shot? How do I know if I need one?

A booster shot is an additional dose of a vaccine given after the initial recommended primary series. Boosters are administered as an additional layer of defense to restore protection which may have decreased over time. In the context of the highly transmissible Omicron variant, boosters offer a substantial increase in protection against symptomatic infection and are recommended by the FDA and CDC for all eligible populations. Over 95 million fully vaccinated people in the U.S. have received an additional or booster dose, offering the highest level of protection against the virus. *The CDC recommends most people receive a booster dose of one of the mRNA vaccines (Pfizer or Moderna) over a Johnson & Johnson booster dose in most situations, where possible. Speak to your doctor to learn more.*

- Any adult 18+ who received the Johnson & Johnson vaccine at least 2 months ago should get a booster shot of any of the available vaccines.
- Anyone age 18+ who received the 2nd dose of either the Pfizer or Moderna vaccine at least 5 months ago should get a booster dose of any of the available vaccines.
- Anyone age 12-17 who received the 2nd dose of the Pfizer vaccine at least 5 months ago is eligible to get a Pfizer booster dose.

Those who receive the Pfizer or J&J booster will receive the same/full original dose, while those who receive the Moderna booster will receive half of the original dose as a booster.

The CDC recommends that some younger children (5-11) who are moderately or severely immunocompromised may be eligible for an additional dose 28 days after their second shot of the Pfizer vaccine. Speak with your health care provider if you have questions about your eligibility for a booster dose.

If I received one type of vaccine, can I receive a different type of vaccine as a booster dose?

Yes. The FDA authorized providers to boost people with a different vaccine from the one they initially received, referred to as “mix-and-match”. If you do choose to receive a booster that is different from the vaccine you received for your primary series/dose, you should do so at the recommended interval for the booster dose of your original vaccine.

The CDC now recommends the mRNA vaccines (Pfizer and Moderna) as preferred options over the Johnson & Johnson vaccine for primary and booster vaccination due to higher risk of adverse events with Johnson & Johnson.

If vaccinated people are still getting infected with COVID-19, why should I get a booster shot?

COVID-19 vaccines are primarily intended to lower your risk of severe illness, hospitalization, and death from the virus; they continue to do this very well. While more people are becoming infected with the Omicron variant, the vaccines continue to protect well against serious illness if you do become infected; however, booster doses offer a substantial jump in effectiveness against symptomatic infection.

This means that the vast majority of cases among people who are vaccinated and boosted are either asymptomatic or mild. Unvaccinated people continue to be at significant risk of serious illness or death. People admitted to the hospital with serious illness during this surge are overwhelmingly unvaccinated. The best way you can protect yourself from severe illness is to get boosted as soon as possible.

What is a 3rd dose? Is it different than a booster?

A 3rd dose is for people who are severely immunocompromised and is considered a part of their initial series. Vaccine effectiveness for those who are immunocompromised is lower than for those who are not immunocompromised, so the extra dose prompts an additional immune response to increase initial immunity. A booster, on the other hand, is an additional dose recommended to “boost” immunity after it naturally wanes over time.

People ages 5+ who are moderately or severely immunocompromised who received an mRNA vaccine for their 1st and 2nd doses are eligible for a third dose of the shot they received, 28 days after their 2nd dose (note that children ages 5-17 are only eligible to receive the Pfizer vaccine at this time). Those who are moderately or severely immunocompromised and who initially received the Johnson & Johnson vaccine may receive a 2nd additional dose of an mRNA vaccine at least 4 weeks after their initial J&J dose.

The CDC recommends that immunocompromised adults who completed an mRNA COVID-19 vaccine primary series and received a third mRNA vaccine dose may receive a single COVID-19 booster dose (Pfizer, Moderna, or Johnson & Johnson) 2 months (Johnson & Johnson) or 3 months (Pfizer or Moderna) after completing their third mRNA vaccine dose. This means that adults who are moderately and severely immunocompromised may receive a total of four COVID-19 vaccine doses.

This information is constantly evolving; immunocompromised people should speak to their clinical provider to learn more about appropriate timing of vaccination. Learn more about booster doses for moderately and severely immunocompromised on [the CDC website here](#).

Can children get the COVID-19 vaccine?

Currently children age 5 and up are eligible for vaccination against COVID-19. The American Academy of Pediatrics recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a vaccine authorized for their age. As of late October 2021, the two-dose Pfizer vaccine received Emergency Use Authorization (EUA) from the FDA for use in children 5-11. Older children ages 12-17 have been eligible to receive the two-dose Pfizer vaccine since July 2021. Trials for kids under 5 are underway and approvals may be coming soon.

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. Speak to your pediatrician to learn more.

Aren't children at low risk of contracting COVID-19 or becoming sick from it? Why should I vaccinate my child given the lower risk?

Though fewer children have been sick from COVID-19 compared to adults, children can be infected, get sick, and spread the virus to others. While most children have mild symptoms, they can become extremely ill, resulting in hospitalization and death. More than 12.6 million children in the U.S. have tested positive for COVID-19; over 1.2 million of these cases have been in February 2022.

Vaccination for eligible children is safe and effective at preventing them from becoming severely ill from COVID-19. The benefits of vaccination far outweigh the risks of vaccination. More than 215.8 million people, including over 14.2 million children ages 12-17, have already been fully vaccinated in the U.S. as of February 23, 2022. Additionally, since younger children were approved to receive the Pfizer vaccine, over 9.1 million children ages 5-11 have received their first dose and 7.1 million have completed the two-dose series. Vaccination not only safeguards your child's health, but it also protects friends, siblings, grandparents, and others in your community who may be elderly, immunocompromised, or too young to become vaccinated.

Beyond the health benefits of vaccination are the social and developmental benefits. Children have suffered greatly during the COVID-19 pandemic, often missing in-person educational and recreational opportunities that offer stimulation, socialization, and support. Between early August and October, more than 2,000 schools (with more than 1 million students) were forced to close because of outbreaks; now, after the holidays, many districts around the country have reverted to remote learning again due to skyrocketing case counts. Vaccination will allow children to return safely to activities that spur mental, physical, and intellectual growth, without fear they will become sick or pass the virus on to others in their families or communities. The longer the virus is able to travel through our communities, the greater the chance activities (sports, camps, school, etc.) will be shut down again, isolating children and taxing families.

What are the main side effects and risk for children who receive the COVID-19 vaccine?

Side effects among children who have received the vaccine are similar to those experienced by adults. This can include pain at the injection site, fatigue, headache, chills, muscle pain, fever, and joint pain. These side effects are usually mild and last 1-3 days. Younger children (age 11 and under) who receive the smaller vaccine dose may actually experience less side effects than adults and older children who receive a larger dose.

As of late February 2022, over 14.2 million children ages 12-17 have been fully vaccinated in the U.S. (and 9.1 million younger children ages 5-11 have received a first dose, while 7.1 million children have completed the two-dose series), safely and with very few reports of major side effects. Experts do not anticipate any long-term issues with the vaccinations and encourage vaccination to protect against the high risk from COVID-19. The CDC, FDA, public health and medical experts are constantly monitoring the safety of the vaccines.

Regulatory agencies are monitoring limited reports of heart issues including myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) after COVID-19 vaccination. Compared to the millions who have been vaccinated with no cardiac issues, the reported cases—mostly among young men and adolescent males after mRNA COVID-19 vaccination (Pfizer or Moderna)—are extremely rare. Furthermore, the risk of these conditions is substantially higher for those who become infected with COVID-19. Most cases following vaccination are mild, and children recover quickly with little to no medical treatment. The CDC and the FDA continue to monitor these instances and constantly evaluate for safety.

Speak with your pediatrician to address any concerns over vaccine safety.

What about the long-term effects of the vaccine on my child?

Experts are confident that the COVID-19 vaccines are safe for children now and into the future. There is no biologically plausible explanation for long-term negative effects for children. The Pfizer and Moderna vaccines use mRNA technology, which works 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 bodies' defenses. Once this process happens, the molecule leaves our bodies, so it is not stored long term and cannot affect our bodies' processes down the line.

There is no evidence that any vaccines, including COVID-19 vaccines, cause issues with puberty or fertility. Experts recommend that your child receive a COVID-19 vaccine as soon as they are eligible, as there are no empiric or theoretical concerns about future puberty or fertility. Like with all vaccines, medical experts will continue to study side effects and will update the public with any new findings as they become available.

Is the vaccine dose different for children than adults?

The Pfizer vaccine dose approved for younger children ages 5-11 is one-third the dose given to people 12+. This is primarily because young children have particularly robust immune systems, and thus need a lower dose to produce a similar antibody response as older children and adults (and minimize side effects). Children ages 5-11 will be given two shots of the Pfizer vaccine three weeks apart.

Can my child receive the COVID-19 vaccine at the same time as other vaccines or if they have recently received other vaccines?

Yes, COVID-19 vaccines may be administered without regard to timing of other vaccines. This means that COVID-19 vaccines can be safely and effectively given with other vaccines, including the flu vaccine, during the same visit and/or recently.

Should I wait to get my child vaccinated against COVID-19?

No, you should not wait to get your child vaccinated—it is recommended that you have your child vaccinated as soon as they are eligible in order to protect them and your family against COVID-19. The FDA trial and approval process to evaluate the safety and effectiveness of the COVID-19 vaccine in children is very thorough and trusted by experts worldwide. There is also a robust public health regulatory system that constantly monitors vaccine safety. You should feel confident that the EUA for children indicates the Pfizer vaccine is safe for your child and effective at protecting your child against severe illness from COVID-19.

Experts recommend that you vaccinate your child as soon as possible at the recommended dose for their current age and not wait until they are eligible for a higher dose at age 12. The sooner your child is able to be protected from severe COVID-19 illness, the better—and this also limits their ability to become infected and transmit the virus to others in their family or community.

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

Yes, the benefits of getting a COVID-19 vaccine far outweigh the risks for both mothers and their babies. Getting vaccinated against COVID-19 while pregnant, planning to become pregnant, or breastfeeding is safe, effective, and recommended.

The CDC strongly recommends that pregnant and lactating women become vaccinated against COVID-19. Pregnant and recently pregnant women who get COVID-19 have been shown to become more sick than non-pregnant women—putting themselves and their babies at risk—so preventing COVID-19 with vaccination is especially important in pregnancy. In fact, if you get vaccinated during 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. 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. 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 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. 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 and older. The Moderna vaccine (now marketed as “Spikevax”) has also been granted full approval by the FDA for individuals 18 and older as of January 2022. With the FDA granting full approval for two COVID-19 vaccines, Americans can be even more confident that the COVID-19 vaccines work and are safe.

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?

The J&J vaccine will continue to be safely administered through emergency use authorization as the FDA reviews data about its real-world use. While the three available COVID-19 vaccines are safe and effective, the CDC has updated its recommendation for COVID-19 vaccines with a preference for mRNA vaccines (Pfizer and Moderna) in most situations due to the risk of serious adverse events (which are rare but may occur).

As of December 21, 2021, more than 17.2 million doses of the J&J vaccine have been administered in the U.S. From that group, the CDC and FDA have identified 57 confirmed reports of people who received the J&J vaccine and later developed a rare blood clotting disorder, known as thrombosis with thrombocytopenia syndrome (TTS).

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 J&J 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.

What side effects will the vaccines 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. 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.

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 bodies’ 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-19.

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 additional doses 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.

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 as a part of your primary series. If you are moderately or severely immunocompromised, older than 65, or otherwise in need of rapid protection due to increased concern about community transmission or risk of severe disease, you should receive your 2nd shot either 21 (Pfizer) or 28 days (Moderna) after the 1st dose depending on whether you get the Pfizer or Moderna shot. The CDC now offers considerations for longer intervals between the 1st and 2nd doses for other adult populations, which means that you may wait anywhere between 3 and 8 weeks between your 1st and 2nd shot of an mRNA vaccine. Refer to your local healthcare provider or the [CDC website](https://www.cdc.gov) for more information. If you receive the J&J vaccine, you will receive a single shot as your primary dose. The vaccine will be injected into your arm.

Certain immunocompromised individuals are able to receive an additional 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 additional doses.

People 12+ are also eligible for booster doses, which are recommended to increase protection against the Omicron variant. See above for more details.

Can I get COVID-19 from the vaccine?

No. 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?

Yes. You should be vaccinated regardless of whether you already had COVID-19 or have tested positive for antibodies. It is advised everyone should be vaccinated, regardless of previous infection. There is some evidence which shows immunity from vaccination is stronger than immunity after infection, although there are studies undergoing to better understand and evaluate this.

I am currently infected with COVID-19. When can I get the vaccine?

The CDC recommends that anyone currently infected with COVID-19 should wait to be vaccinated until their isolation period has ended, which is usually 10 days after symptoms begin or, if they are asymptomatic, 10 days after they test positive.

If I get sick with COVID-19 after receiving the 1st dose, when should I get the 2nd dose?

You can receive the 2nd shot at the recommended interval (i.e., 21 days for Pfizer; 28 days for Moderna) after COVID-19 disease as long as your illness has resolved and after you have met the criteria to discontinue isolation.

If you received monoclonal antibodies as treatment for COVID-19 infection, then you should wait 90 days after the monoclonal antibodies to get the vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

Do I still need to wear a mask and follow social distancing protocols after taking the vaccine?

The CDC recently updated its masking guidance, relaxing previous recommendations for near-universal mask wearing. Under the current guidance, most people in the U.S. (living in areas classified as low- or medium-risk) can now go maskless indoors in most cases. The CDC recommends continued mask use in communities at high risk where serious cases of COVID-19 are straining hospitals. You can [check your community's COVID-19 risk levels here](#).

The CDC does recommend continued and consistent mask use for people who are personally at high risk, and for people with COVID-19 symptoms or a positive test, or exposure to someone with COVID-19. You must continue to adhere to local guidelines for mask wearing that may include settings such as public transportation or healthcare settings. Additionally, you can actively take steps to protect yourself and your family by getting vaccinated and boosted, masking and social distancing in poorly ventilated spaces and crowds, [cleaning and handwashing](#), and [socializing largely outdoors](#).

Where can I get vaccinated?

Anyone eligible for vaccination (5+), will be able to get their vaccine at a variety of locations, including your doctor's office, schools, pharmacies, mobile clinics, or other types of sites. You can search online for locations in your area here: <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-19 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 flu vaccine? Can I get the COVID-19 vaccine on the same day as other vaccines?

The COVID-19 vaccine does not take the place of the flu vaccine. Experts recommend that everyone who is eligible be vaccinated against both the flu and COVID-19. You may safely receive a COVID-19 vaccine during the same visit as other vaccines, including the flu vaccine. Please consult with your health care provider regarding which vaccines and vaccine schedule are recommended for you.

The ideas presented in this document reflect the latest public health thinking and scientific evidence as of March 2022. You are advised that the COVID-19 vaccine landscape remains highly fluid, and it is your responsibility to ensure that decisions are made based on the most up-to-date information available. Partners In Health does not provide medical advice, diagnosis or treatment in the United States. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition. The information, including but not limited to, text, graphics, images and other material contained in this document, are intended for informational purposes only.