BHR Bulletin, COVID-19
VACCINATION UPDATES

Updated March 2, 2021 (scroll down)

Information provided is taken from the Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA) resources, with input from our own Joel Michels, Nurse Practitioner, Occupational Health and Well-being Program Manager.

1. **Q: How are vaccines being allocated?**
   A: Both the CDC and OHA have released plans for allocation based on getting vaccine to those at highest risk first, with careful consideration and action to reach those being most affected by COVID-19. The plan is to distribute vaccine in phases -- targeting healthcare personnel, first responders, and people living and working in long-term care and assisted living facilities first. Subsequent phases will get vaccine to those with pre-existing health conditions, older age groups, and frontline essential workers.

2. **Q: Why are there phases? Isn't there enough vaccine for everyone?**
   A: Not yet. Phases are needed to get the vaccine to those at the highest risk and people having complications from COVID-19. Production of vaccine is ongoing and eventually everyone will have an opportunity to be vaccinated.

3. **Q: When will I receive my vaccine?**
   A: It depends on which phase targets you, and when vaccine is available. While you may be offered vaccine from your employer (more on that below), it might be faster to get vaccinated by your primary care provider or a pharmacy if you have a health condition or your age puts you into a high-risk group in one of the earlier phases.

4. **Q: How long until essential workers and other staff are offered shots?**
   A: It depends on how long it takes for everyone in prior phases to get theirs. We are estimating the frontline essential workers' phase may come in early March, but planning is underway preparing for a possible earlier date. No decisions have been finalized about how or where employees will get their shots -- expect more information about this in the coming weeks.

Updated Jan. 19, 2021

5. **Q: What are the most common side effects?**
   A: Pain and swelling at the injection site are the most common. Fatigue, headache, fever, and chills are also possible and indicate that your immune system is responding to the vaccine and creating antibodies to the virus as expected. These usually last 1-3 days and can be managed by taking over-the-counter analgesic medications as directed by your healthcare provider, using or exercising your arm, staying hydrated, and resting.

6. **Q: If I already had COVID-19 do I still need the vaccine?**
   A: Yes. Due to the severe health risks associated with COVID-19 and the fact that reinfection is possible, the CDC advises being vaccinated regardless of whether you already had COVID-19 infection.

7. **Q: What about people who have allergic reactions to vaccines or to other things like penicillin or bee stings?**
   A: If you have had an immediate allergic reaction—even if it was not severe—to a vaccine or injectable therapy for another disease, **ask your doctor if you should get a COVID-19 vaccine.** Your doctor will help you decide if it is safe for you to get vaccinated.

   The CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications—such as food, pets, venom, environmental, or latex allergies—get vaccinated. People with a history of allergies to oral medications or a family history of severe allergic reactions may also get vaccinated.

   If you have had an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, **CDC recommends that you should not get either of the currently available mRNA COVID-19 vaccines.** If you had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, **you should not get the second dose.** Your doctor may refer you to a specialist in allergies and immunology to provide more care or advice.

8. **Q: What are the vaccine ingredients?**
   A: The two COVID-19 vaccines currently available in the United States do **not** contain eggs, preservatives, or latex. For a full list of ingredients, please see each vaccine's Fact Sheet for Recipients and Caregivers:

   Pfizer-BioNTech COVID-19 vaccine

   Moderna COVID-19 vaccine

   People who are allergic to any of the ingredients including polyethylene glycol (PEG) or polysorbate should not get an mRNA COVID-19 vaccine. These recommendations include allergic reactions to PEG and polysorbate. Polysorbate is not an ingredient in

either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines.

9. **Q: Can I get the vaccine if I'm pregnant or breastfeeding?**
   A: While no data are available yet on the safety of COVID-19 vaccines during pregnancy, people who are pregnant and part of a group recommended to receive the COVID-19 vaccine may choose to be vaccinated. Talk with your healthcare provider to help make an informed decision.

   No data are available yet on the safety of COVID-19 vaccines in lactating women or on the effects of mRNA vaccines on breastfed infants or on milk production/excretion. mRNA vaccines are not thought to be a risk to breastfeeding infants. People who are breastfeeding and are part of a group recommended to receive a COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated.

   To make sure that more information is gathered regarding the safety of these vaccines when administered during pregnancy, pregnant people are encouraged to enroll in **v-safe**, CDC's new smartphone-based tool being used to check-in on people's health after they receive a COVID-19 vaccine.

Updated Jan. 26, 2021

10. **Q: Is it safe to receive the vaccine if I have an underlying health condition?**
    A: People with underlying medical conditions can receive the FDA-authorized COVID-19 vaccines provided they have not had an immediate or severe allergic reaction to a COVID-19 vaccine or to any of the ingredients in the vaccine. Learn more about vaccination considerations for persons with underlying medical conditions. Vaccination is an important consideration for adults of any age with **certain underlying medical conditions** because they are at increased risk for severe illness from the virus that causes COVID-19.

11. **Q: Do I need to wear a mask and avoid close contact with others after I receive two doses of the vaccine?**
    A: Yes. Not enough information is currently available to say if or when CDC will stop recommending that people wear masks and avoid close contact with others to help prevent the spread of the virus that causes COVID-19.

    Experts need to understand more about the protection that COVID-19 vaccines provide in real-world conditions before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision. We also don't yet know whether getting a COVID-19 vaccine will prevent you

from spreading the virus that causes COVID-19 to other people, even if you don't get sick yourself.

Continue using **all the tools** available to protect yourself and others and help stop this pandemic including:

- Wear a mask over your nose and mouth
- Stay at least 6 feet away from others
- Avoid crowds
- Avoid poorly ventilated spaces
- Wash your hands often

12. **Q: Can I get the COVID-19 vaccine at the same time as other vaccines?**
    A: No. Wait at least 14 days before or after getting any other vaccine, including a flu or shingles vaccine.

    If a COVID-19 vaccine is inadvertently given within 14 days of another vaccine, you do **not** need to restart the COVID-19 vaccine series; you should still complete the series on schedule. When more data are available on the safety and effectiveness of COVID-19 vaccines administered simultaneously with other vaccines, CDC may update this recommendation.

Updated Feb. 2, 2021

13. **Q: I believe I'm eligible for a vaccine based on the current phase of distribution (currently 1A). How do I sign up?**
    A: Visit Oregon's vaccine website: https://covidvaccine.oregon.gov/. Check out this short instructional video: Scheduling COVID-19 OCC Vaccinations - How to Guide.

14. **Q: How long does it take for the vaccine to start working?**
    A: It takes a few weeks for your body to produce antibodies after any vaccination. With the Pfizer and Moderna vaccines, you won't get peak protection until after you get the booster shot three to four weeks after the first shot. Trial data from both vaccines indicate they were around 52% effective 1-2 weeks after the first dose and reached 95% efficacy two weeks after the second dose.

15. **Q: What if I can't get the second dose or I miss my appointment?**
    A: Try to stick as closely as possible to the prescribed schedule. If scheduling conflicts prevent you from coming back for the booster shot on the exact day it's due, federal

health officials say that second doses can be given up to four days earlier than the recommended date. The CDC now says that if supplies are low or appointments aren't available, patients may extend the interval between doses up to six weeks if getting it sooner is "not feasible."

16. **Q: Is it safe to take a pain or fever reducer before or after getting my vaccine?**
    A: While it is safe to take a pain or fever reducer like acetaminophen or ibuprofen to relieve discomfort after you get vaccinated, don't try to prevent discomfort by taking these before getting the shot. Several medical and health groups, including the Henry Ford Health System and UCI Health, think taking these medications before receiving a vaccine may lessen your immune response to the vaccine, reducing its overall effectiveness.

Updated Feb. 9, 2021

17. **Q: What is an mRNA vaccine, and how does it work?**
    A: An mRNA vaccine uses a piece of messenger RNA — a set of instructions that tells a cell to make a specific protein. For SARS-CoV-2, this is the spike protein that is found on the surface of the viral envelope. The mRNA used in the vaccine does not enter the cell's nucleus and consequently has no interaction with a cell's DNA. It is also not a full virus and cannot replicate itself. The mRNA is rapidly broken down by the cell once the instructions have been transmitted, so it does not cause mutations or cellular defects, and has not been associated with infertility. Once the spike protein is made, it is put on the surface of the cell, where it is seen by the immune cells and causes them to become activated and respond.

    The result is the production of neutralizing antibodies. If a person who is immunized becomes infected with the virus, the neutralizing antibodies will bind to the virus and prevent it from entering cells and causing disease.

18. **Q: Can an mRNA vaccine cause COVID-19?**
    A: No. An mRNA vaccine is not a virus and can't cause disease. Because it activates the immune system, it can cause mild symptoms in some people (e.g., fatigue, achiness, fever). Based on data from the clinical trials, the most common reactions to the vaccine are pain at the injection site, fatigue, headache, and muscle aches. These symptoms are very common with other vaccines, including the flu shot, and are a sign that the body is responding to the vaccine.

19. **Q: Are COVID-19 vaccines safe?**
    A: All the COVID-19 vaccines being used have gone through rigorous studies to ensure

they are as safe as possible. Systems that allow the CDC to watch for safety issues are in place across the entire country.

The U.S. Food and Drug Administration (FDA) has granted Emergency Use Authorizations for COVID-19 vaccines that have been shown to meet rigorous safety criteria and be effective as determined by data from the manufacturers and findings from large clinical trials. Watch a video describing the emergency use authorization.

Clinical trials for all vaccines must first show they meet rigorous criteria for safety and effectiveness before any vaccine, including COVID-19 vaccines, can be authorized, or approved for use. The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine. Learn more about how federal partners are ensuring the safety of COVID-19 vaccines in the United States.

20. **Q: Do I still need to wear a mask and physically distance if I have the vaccine?**
A: Yes! While the vaccines provide protection against COVID-19 disease, they have not yet been shown to prevent infection, so people who are immunized may still be able to transmit the virus. Additionally, the greater than 94% efficacy in preventing disease was not observed until several weeks after the second dose of the vaccines. Everyone will still need to wear a mask and practice physical distancing until a large section of the population has developed immunity, which may not be until late 2021. Even then, more data will be needed to see how long immunity lasts. Additional rounds of immunizations may be needed.

Updated Feb. 16, 2021

21. **Q: Which lasts longer, immunity from having been infected by COVID-19, or protection from the COVID-19 vaccine?**
A: The protection someone gains from having an infection, called "natural immunity," varies depending on the disease, and it varies from person to person. Because this virus is new, we don't know how long natural immunity might last. Current evidence suggests that getting the virus again (reinfection) is uncommon in the 90 days after the first infection. We won't know how long immunity lasts after vaccination until we have more data on how well COVID-19 vaccines work in real-world conditions. Experts are working to learn more about both natural immunity and vaccine-induced immunity, so stay tuned!

22. **Q: What's the easiest way to find out if I'm eligible or sign up for the vaccine?**
A: Check out https://covidvaccine.oregon.gov/. There is a chat function that can

automatically tell you who is currently eligible, and if it is your turn. The site will help you sign up. This site also has lots of helpful vaccine and COVID-19 information.

23. **Q: What percentage of the population needs to get vaccinated to reach herd immunity?**
    A: Experts do not yet know. Herd immunity means that enough people in a community are protected from getting a disease because they've already had the disease, or they've been vaccinated. Herd immunity makes it hard for the disease to spread from person to person, and it even protects those who cannot be vaccinated, like newborns. The percentage of people who need to have protection to achieve herd immunity varies by disease. CDC and other experts are studying herd immunity and will provide more information as it becomes available.

24. **Q: What can I do to protect myself from COVID-19, including the new virus variants while I'm waiting for my turn to be vaccinated?**
    A: The variants spread the same way as the main SARS-CoV-2 virus. To protect yourself and others, follow these recommendations:
    - Wear a mask over your nose and mouth
    - Stay at least six feet away from others
    - Avoid crowds
    - Avoid poorly ventilated spaces
    - Wash your hands often
    - Don't come to work if you're sick

    If you believe guidelines are not being followed in your workplace, you may remove yourself from the situation and contact your supervisor/manager, your bureau's Human Resources Business Partner, or your bureau's Safety Officer for resolution. Get more information about these and other steps you can take to protect yourself and others from COVID-19.

Updated Feb. 23, 2021

25. **Q: How can people with mobility, technology, or language challenges sign up for the vaccine when it is their turn?**
    A: While the Oregon Convention Center is the primary location for vaccinations, people with mobility concerns and seniors who would be best served in a vehicle, may use the drive-through clinic at the Portland International Airport Red Economy Parking Lot. Visit www.CovidVaccine.Oregon.gov to register for both mass vaccination clinics. Seniors and

any others who need help navigating the tool, can dial 2-1-1. People who read or speak a language other than English can dial 2-1-1 for interpreter support.

26. **Q: How are COVID-19 vaccine side effects tracked?**
A: The CDC is tracking side effects through a smartphone application called **V-safe**. This smartphone-based tool uses text messages and web surveys to provide personalized health check-ins after you receive the COVID-19 vaccine. Through this app, you can quickly tell CDC if you are having side effects and depending on your answers, someone from CDC may call you to check on you or get more information. **V-safe** also sends a reminder to get your second COVID-19 vaccine dose if you need one. Register at www.vsafe.cdc.gov.

27. **Q: What is herd immunity, and how do we reach it?**
A: Herd immunity occurs when enough people become immune to a disease to make its spread unlikely. As a result, the entire community is protected, even those who are not themselves immune. Herd immunity is usually achieved through vaccination, but it can also occur through natural infection. According to a report by the Center for Infectious Disease Research and Policy, current data suggests that around 70 percent of the population would need to be immune to achieve herd immunity to coronavirus.

Updated March 2, 2021

Saturday, Feb. 27, the FDA granted emergency use authorization for the Johnson & Johnson single shot Jansen viral vector vaccine for COVID-19 prevention. This updated section answers general questions about the new vaccine option.

28. **Q: How does the Johnson & Johnson viral vector vaccine work?**
A: Viral vector vaccines use a modified version of a different virus (the vector) to deliver important instructions to our cells. For COVID-19 viral vector vaccines, the vector (not the virus that causes COVID-19, but a different, harmless virus) will enter a cell in our body and then use the cell's machinery to produce a harmless piece of the virus that causes COVID-19. This piece is known as a spike protein, and it is only found on the surface of the virus that causes COVID-19.

The cell displays the spike protein on its surface, and our immune system recognizes it doesn't belong there. This triggers our immune system to begin producing antibodies and activating other immune cells to fight off what it thinks is an infection.

At the end of the process, our bodies have learned how to protect us against future infection with the virus that causes COVID-19. The benefit is that we get this protection

from a vaccine, without ever having to risk the serious consequences of getting sick with COVID-19. Any temporary discomfort experienced after getting the vaccine is a natural part of the process and an indication that the vaccine is working.

29. **Q: What are the advantages and disadvantages of the Johnson & Johnson vaccine?**
    A: While the vaccine's overall effectiveness against moderate disease is less than the mRNA vaccines (66% overall vs. 95%), it still works quite well, especially at preventing serious disease from COVID-19 (85% vs. 95%). It also prevented all hospitalizations and deaths from COVID-19 in those vaccinated. The J & J vaccine seems to work well against the South African variant (B.1.351) while the other vaccines are still under investigation with the variants. J & J only requires one shot, and it doesn't need the freezing cold storage that the mRNA vaccines do. This means more people, even in more remote places, can be effectively vaccinated. The possible side effects are similar for both types of vaccine and include a sore arm, fever, chills, tiredness, and headache.

The intent of this information is to help you make an informed decision about vaccination. If you have questions and/or concerns, please contact Joel.Michels@portlandoregon.gov.