



BHR Bulletin, COVID-19 VACCINATION UPDATES

Updated August 3, 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. (**Note:** V-safe is NOT downloadable. See question #32.)

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.

Updated March 9, 2021

30. Q: If I've had COVID-19, do I need to wait 90 days before getting vaccinated?

A: Not usually. People with COVID-19 who have symptoms should wait to be vaccinated until they have recovered from their illness and have met the [criteria](#) for discontinuing isolation. Those without symptoms should also wait until they [meet the criteria](#) before getting vaccinated. This guidance also applies to people who get COVID-19 before getting their second dose of vaccine. If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 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.

31. Q: Is there a pregnancy registry for those receiving the COVID-19 vaccine?

A: Yes! [V-safe](#), the after-vaccine health checker, includes pregnancy tracking. If you report within [v-safe](#) that you were pregnant at the time of vaccination or had a positive pregnancy test after vaccination, you might receive a phone call requesting your participation in the **v-safe** COVID-19 Pregnancy Registry. Registry participants will be contacted for health check-ins several times throughout their pregnancy, as well as at the end of their pregnancy and when their baby is 3 months old. All participation is voluntary, and participants may opt out at any time. Participation is important because the registry helps monitor the safety of COVID-19 vaccines when administered during pregnancy.

32. Q: Where is the [v-safe](#) app? I can't find it in the Google Play or Apple Store.

A: V-safe is not an app you have to download* — it's a secure, online tool you can access with any smartphone that has a touch screen. See these instructions on [how to](#)

[enroll](#). (*This is a **correction** from the Feb. 23, 2021 BHR Bulletin.)

33. Q: Who is paying for the COVID-19 vaccines?

A: The federal government is providing the vaccine free of charge to all people living in the United States. Vaccination providers can be reimbursed for vaccine administration fees by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund. No one can be denied a vaccine if they are unable to pay a vaccine administration fee.

Updated March 16, 2021

34. Q: What does it mean to be "fully vaccinated" against COVID-19?

A: People are considered fully vaccinated:

- Two weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
- Two weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

If it has been less than 2 weeks since your shot, or if you still need to get your second dose, you are NOT fully protected. Keep taking all [prevention steps](#) until you are fully vaccinated.

35. Q: What changes after someone is fully vaccinated?

A: *Outside the workplace*, if you've been fully vaccinated:

- You can gather indoors at home with fully vaccinated people without wearing a mask.
- You can gather indoors with unvaccinated people from one other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an [increased risk for severe illness from COVID-19](#).

36. Q: What has NOT changed after someone is fully vaccinated?

A: Oregon OSHA guidance is unchanged, so masking and distancing are still required as before while in the workplace. For now, even if you've been fully vaccinated:

- You should still take steps to [protect yourself and others](#) in many situations, like wearing a mask, staying at least six feet apart from others, and avoiding crowds and poorly ventilated spaces. Take these precautions whenever you are:
 - In public.
 - While at work, in a City facility or vehicle.
 - Gathering with unvaccinated people from more than one other household.

- Visiting with an unvaccinated person who is at [increased risk of severe illness or death from COVID-19](#) or who lives with a person at increased risk.

- You should still avoid medium or large-sized gatherings.

- You should still delay domestic and international travel. If you do travel, you'll still need to follow CDC [requirements and recommendations](#).

- You should still watch out for [symptoms of COVID-19](#), especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get tested and stay home and away from others.

- You will still need to follow guidance at your workplace.

Updated March 23, 2021

37. Q: If I have an underlying medical condition, can I get the vaccine?

A: People with underlying medical conditions can receive a COVID-19 vaccine as long as they have not had [an immediate or severe allergic reaction](#) to a COVID-19 vaccine or to any of the ingredients in the vaccine.

38. Q: Why is it important to get vaccinated if I have an underlying medical condition?

A: 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 COVID-19.

39. Q: Which underlying conditions put people at increased risk?

A: Adults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- [Cancer](#)
- [Chronic kidney disease](#)
- [COPD \(chronic obstructive pulmonary disease\)](#)
- [Down Syndrome](#)
- [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
- [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)

- [Obesity \(body mass index \[BMI\] of 30 kg/m² or higher but < 40 kg/m²\)](#)
- [Severe Obesity \(BMI ≥ 40 kg/m²\)](#)
- [Pregnancy](#)
- [Sickle cell disease](#)
- [Smoking](#)
- [Type 2 diabetes mellitus](#)

COVID-19 is a new disease. Currently there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Based on what we know at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- [Asthma \(moderate-to-severe\)](#)
- [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
- [Cystic fibrosis](#)
- [Hypertension or high blood pressure](#)
- [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines](#)
- [Neurologic conditions, such as dementia](#)
- [Liver disease](#)
- [Overweight \(BMI > 25 kg/m², but < 30 kg/m²\)](#)
- [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)
- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)

Updated March 30, 2021

40. Q: How do I find a vaccine?

A: Aside from checking with your healthcare provider and pharmacy, there are two places to check for vaccines. <https://vaccinefinder.org/search/> is a nation-wide search engine that works no matter where you are. Oregon has a vaccine finder tool as well:

<https://getvaccinated.oregon.gov/#/>.

41. Q: Can I choose which vaccine I get?

A: The CDC suggests you get any COVID-19 vaccine that is available when you are eligible. Do not wait for a specific brand. All currently authorized and recommended COVID-19 vaccines are [safe](#) and [effective](#), and CDC does not recommend one vaccine over another.

Learn more about [your COVID-19 vaccination](#), including how to find a vaccination location, what to expect at your appointment, and more.

42. Q: Will the City's vaccine clinic provide shots for anyone that is eligible?

A: The City is not able to vaccinate employees who are outside of our target population, which is determined by the Oregon Health Authority. We anticipate offering vaccine to frontline workers (those unable to telework) first. If you qualify for the vaccine sooner for another reason such as your age or a health condition, you can use the [GetVaccinated.org](#) tool and find other options.

43. Q: I'm a frontline worker with the City. How do I add my name to the list?

A: If you meet the frontline worker definition, have not yet received a vaccine, and would like to have the option to participate in a City vaccine clinic, **please enter your information into this survey by the end of the day on March 31:**

<https://app.smartsheet.com/b/form/60c8172e85714bdd865566bd4b330794>.

Updated April 6, 2021

44. Q: How do I know if my symptoms are related to the vaccine or if I might have COVID-19?

A: Mild vaccine side effects are common, expected, and mean your body is building a protective immune response against the virus that causes COVID-19. Hurray! [Vaccine side effects](#) include a sore arm, mild redness or swelling at the injection site, fever, fatigue, and head or body aches. Vaccine reactions usually start 12-24 hours after receiving the shot, but some may start up to 48 hours later. If your symptoms begin later than 48 hours after the shot, or they are more typical of COVID-19 including a cough, shortness of breath, or loss of smell or taste, then it could be COVID-19 and you should discuss your symptoms with a healthcare provider and consider getting tested. The CDC [V-Safe](#) health checker is also available to guide you, help you keep track of, and report your side effects through a smart phone.

45. Q: Could I get COVID-19 from the vaccine?

A: No. It is impossible to get COVID-19 from any of the vaccines because of how they are made. They do not contain any part of a real coronavirus.

46. Q: How common are side effects?

A: In clinical trials, local (arm pain) and systemic (fatigue, headache) vaccine side effects were noticeable in around 80% of those receiving the vaccine, especially after the second shot. When it comes to severe side effects like anaphylaxis, only between 2-5 per million people (0.0005%) or less had a serious reaction. These serious side effects come within the first 15-30 minutes after vaccination which is why there is an observation period after receiving vaccine with trained medical staff ready to help if that happens.

47. Q: What if I don't have any side effects? Does that mean the vaccine didn't work?

A: The vaccine works even without side effects. We know that around 20% of those vaccinated have no side effects, but the vaccine works 95% of the time which means it works regardless of the severity or presence of symptoms.

48. Q: Can I still work if I have vaccine side effects?

A: Many people have no reaction or only a sore arm after vaccination and work the next day. If you have a fever, fatigue, or other symptoms that would make work difficult, you need to rest at home until the fever is gone, your symptoms are improving, and you feel ready to work. If the symptoms start within 48 hours of the shot, there is no need to quarantine, isolate, or have concern for COVID-19. Most symptoms are gone within 1-3 days, so if they last longer than that, or if you develop increased swelling or redness at the injection site, contact your healthcare provider for an evaluation and treatment if needed before coming back to work.

Updated April 13, 2021

49. Q: How long does it take to build up immunity to COVID-19 after being vaccinated?

A: After you finish your COVID-19 vaccination series, whether it's the two-dose series or the single dose, you need to wait two weeks to get the full benefit of the COVID-19 vaccine. Even then, when you have the full benefit of your COVID-19 vaccine, COVID-19 is still circulating in the community. There is no widespread immunity yet. Therefore, people still need to wear masks and practice social distancing.

50. Q: Why do people who have been vaccinated for COVID-19 still have to wear a mask and practice social distancing while in public?

A: It's frustrating that we're not quite there yet, but taking off your mask and letting

down your physical distancing while in public right now is a little bit like deciding that you don't need to wear your seat belt because you're a good driver. You can't control all the risks out there, and no COVID-19 vaccine is 100% effective. So right now, until more of the population is protected, you should not relax those precautions.

51. Q: How do I code my timesheet and get paid if I have vaccine side effects and can't work?

A: Employees who have a vaccine side effect may use sick time or FFCRA type leave. Contact your bureau timekeeper or leave coordinator for help in completing FFCRA paperwork.

Updated April 20, 2021

52. Q: Is there a difference between the first and second doses of the Pfizer or Moderna vaccine? If these are the same, what causes people to have more adverse side effects with the second dose?

A: First and second doses of Pfizer and Moderna vaccines are exactly the same. The second shot can trigger more of a noticeable immune response and cause side effects because your body has already been "primed" by the first dose which has begun protecting you with antibodies. This second reaction boosts the effectiveness of the vaccine even higher and ensures you will have even longer lasting protection. While some feel more noticeable side effects after that second dose, this is normal and a sign that your immune system is responding as expected.

53. Q: How do I find a vaccine site, and how do I sign up?

A: There are several resources to help locate vaccine and then sign up for the shot. The CDC has a locator called [VaccineFinder](#) that displays information about the vaccine provider including:

- types of COVID-19 vaccines available
- website and phone number
- hours of operation
- instructions on how to take the next step to get vaccinated

Some additional links to find and sign up for vaccines:

- [Get Vaccinated Oregon](#)
- [OHSU's Vaccine Tool](#)
- [Walgreens](#)
- [RiteAid](#)
- [Safeway](#)

- [Costco](#)
- [Salem Health Vaccine Website](#)

54. Q: Is the City tracking who is vaccinated and who is not? Will vaccinated employees be allowed to work together without masks or travel together in the same vehicle?

A: The City is not tracking who gets vaccinated and has no plans to change any working conditions or remove any safety protocols based on vaccination status at this time. We are following Oregon OSHA rules that do not yet include any variation for vaccinated employees. Also, the uncertainty around how long vaccination immunity will last makes it safest for everyone to continue wearing face coverings, keeping six feet of distance, washing hands frequently, and avoiding medium or large gatherings. We will continue to follow CDC and OSHA guidance as well as the science on how well the vaccines protect the workplace, and revisit any policies relating to vaccinated employees as we learn more.

Updated April 27, 2021

55. Q: Why should I get vaccinated for COVID-19?

A: Getting vaccinated will help keep you from getting COVID-19. Getting vaccinated also helps keep you from getting seriously ill even if you do get COVID-19. It may also protect people around you, [particularly people at increased risk for severe illness from COVID-19](#). The vaccines have been shown to be safe and effective in clinical trials and continuing as hundreds of millions of people are being successfully vaccinated. [After you are fully vaccinated for COVID-19](#), you may be able to start doing a bit more like gathering indoors with other friends or family who are fully vaccinated. Being vaccinated is a much safer and longer-lasting way to help build protection than getting sick with COVID-19 which can have [serious, life-threatening complications](#). Vaccination will be an important tool to help stop the pandemic as well. We need to use all available tools to effectively stop the spread of COVID-19, and vaccinated people are less likely to be infected without symptoms and are potentially less likely to spread the virus.

56. Q: Why was there a pause with the Johnson & Johnson COVID-19 vaccine?

A: The pause was implemented on April 13 after reports of six cases of blood clots were reported among six women who received Johnson & Johnson's COVID-19 vaccine. These were in women 18 - 48 years old and occurred an average of 8 days after vaccination. The CDC and Food and Drug Administration (FDA) recommended a pause in the use of the vaccine for several reasons including: determining if the vaccine caused these clots, examining the data closely including watching for more cases in those most recently vaccinated, being fully transparent with the public about this risk, and educating healthcare providers about this type of blood clot and how to recognize and treat it

effectively.

On April 23, the CDC's Advisory Committee on Immunization Practices (ACIP) met to review the data and weigh the benefits of the vaccine against its risks. The panel estimated that in women 18 - 49 years of age, Johnson & Johnson vaccine would prevent far more deaths and intensive care unit admissions than the potential number of vaccine-related blood clots. ACIP voted that the Johnson & Johnson vaccine again be recommended for persons 18 years of age and older in the U.S. population under the FDA's Emergency Use Authorization. The Food and Drug administration has followed the recommendation and lifted the pause, adding a warning about the potential for rare blood clots in women under age 50. It's important to note that the concerns about clots with the J & J vaccine do NOT apply to the other two vaccines (Pfizer and Moderna).

57. Q: Is it possible to get COVID-19 after being fully vaccinated?

A: Even though COVID-19 vaccines are [effective](#), a small percentage of people who are fully vaccinated will still get COVID-19 if they are exposed to the virus that causes it. These "vaccine breakthrough cases" mean that while people who have been vaccinated are much less likely to get sick from it, it may still happen. Experts continue to study how common these cases are. No vaccine is perfect, but current estimates are that around 95% of those vaccinated will be protected. This leaves some who are vulnerable. It's also possible a person could be infected just before or just after vaccination and still get sick since it takes about two weeks for the body to build protection. Until we know more, it is safest to continue physical distancing, avoiding crowds, wearing your face covering, and washing hands frequently when you are at work or outside your home, even after vaccination.

Updated May 18, 2021

58. Q: How are the virus variants behaving in Oregon? What is the research showing about vaccine effectiveness against these variants?

A: There are five [variants of concern](#) circulating in the US, and they are also here in Oregon. We are still learning about these variants and how they:

- May spread more easily from person-to-person
- Cause milder or more severe disease in people
- Are detected by currently available viral tests
- Respond to medicines currently being used to treat people for COVID-19
- Change the effectiveness of COVID-19 vaccine

In Oregon, we are seeing increasing cases of the B117 variant, probably related to how

easily it spreads and the more severe illness that it causes. We also have high numbers of the B1427 and B1429 variants probably because they originated in California. The good news is that so far, the variants are detectable by our current tests, and some treatments still help, especially with B117. There is also some [recent evidence](#) that vaccines are effective and protect against these variants, so do your part to limit the spread of the variants by getting your COVID-19 shot.

59. Q: Is it OK to schedule routine medical procedures and screenings just before or after receiving the COVID-19 vaccination?

A: Most routine medical procedures or screenings can be performed before or after getting a COVID-19 vaccine. These can include:

- Routine blood work
- Dental procedures
- CT scans (also known as CAT scans or computed tomography), with or without IV contrast dye
- EKGs (also known as ECGs or electrocardiograms)
- Cardiac stress tests (also known as exercise tolerance tests or treadmill tests), with or without radiographic dye
- Colonoscopies
- Ultrasounds - Other medical screening exam.

60. Q: What about scheduling my routine mammogram?

A: If you are due for a mammogram and have been recently vaccinated for COVID-19, ask your healthcare provider how long you should wait after vaccination to get your mammogram. People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram. Some experts recommend getting your mammogram before being vaccinated or waiting four to six weeks after getting your vaccine.

Updated May 25, 2021

61. Q: Is it safe for my child to get a COVID-19 vaccine?

A: Yes. Studies show that COVID-19 vaccines are [safe](#) and [effective](#). Like adults, children may have some [side effects](#) after COVID-19 vaccination. These side effects may affect their ability to do daily activities, but they should go away in a few days. Children 12 years and older are now eligible to get vaccinated against COVID-19. COVID-19 vaccines have been used under the most intensive safety monitoring in U.S. history, including

studies in children 12 and older. Your child cannot get COVID-19 from any COVID-19 vaccine.

62. Q: Should my child get the COVID-19 vaccine?

A: COVID-19 vaccination can help protect your child from getting COVID-19. Although fewer children have been sick with COVID-19 compared to adults, [children can be infected with the virus that causes COVID-19](#), can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Getting your child vaccinated helps to protect your child and your family. Vaccination is now recommended for everyone 12 years and older. Currently, the [Pfizer-BioNTech COVID-19 Vaccine](#) is the only one available to children 12 and older.

63. Q: I'm hesitant to get the COVID-19 shot because I'm scared of needles. Can't I just keep wearing a face covering instead?

A: While face coverings help limit the spread of COVID-19, being fully vaccinated provides much stronger protection which is why the CDC has issued [updated guidance](#) that allows fully vaccinated people to resume some activities without wearing a mask or distancing. Case numbers in the United States and Oregon are starting to go down which is being attributed to so many people getting the vaccine, not the use of face coverings.

Facing your fear of needles isn't easy but knowing what to expect and talking with others may help you once you decide to get vaccinated. Know that you are not alone. One in four adults has some anxiety about needles, and one in 10 may avoid shots altogether unless they work to overcome this fear. Start by understanding [what to expect](#) ahead of time. Review the questions you will be asked at the vaccination site by visiting their web page. Vaccine clinics are well organized, calm, and provide the opportunity for you to ask questions and talk about your fear of needles with staff which will allow them to help address your concerns. Having a solid plan for vaccination day can also help -- such as how you will distract yourself, who you want to go with you, how you will get there, how you will celebrate after, and then stay with your plan.

Updated June 8, 2021

64. Q: Is it true that the availability of the "first dose" will soon no longer be available in the Portland area? How much longer will we be able to receive the first dose in our area?

A: As demand for vaccines declines, the larger mass-vaccination sites will begin to close. COVID-19 vaccines will remain available through healthcare providers and pharmacies.

It's never too late to get vaccinated!

65. Q: Can people who have autoimmune conditions receive the COVID-19 vaccine?

A: People with autoimmune conditions may receive a COVID-19 vaccine. However, they should be aware that no data are currently available on the safety of COVID-19 vaccines for people with autoimmune conditions. People from this group were eligible for enrollment in some of the clinical trials.

66. Q: Can people who have previously had Guillain-Barre syndrome (GBS) receive the COVID-19 vaccine?

A: People who have previously had GBS may receive a COVID-19 vaccine. To date, no cases of GBS have been reported following vaccination in participants in the mRNA COVID-19 vaccine clinical trials. One case of GBS was reported in a vaccinated participant in the Johnson & Johnson Janssen COVID-19 Vaccine clinical trial (compared to one GBS case among those who received placebo). With few exceptions, the independent Advisory Committee on Immunization Practices' (ACIP) general best practice guidelines for immunization do not include a history of GBS as a precaution to vaccination with other vaccines.

67. Q: Since the COVID-19 vaccines are approved under emergency use only under the FDA, and not yet officially approved and licensed, can proof be required by schools, employers and other institutions, or would vaccine exemptions (like religious, personal or medical) be accepted for the COVID-19 vaccine in Oregon?

A: Proof of vaccination may be requested or even required by workplaces or businesses. If you have a valid reason such as medical or religious, you may qualify for an exemption. If requested but not required, you have the option to withhold your proof of vaccination and continue wearing your face covering and following other safety protocols like distancing, or you may do your business elsewhere. The effectiveness of the vaccine, even though it was an emergency use authorization, makes it a valid safety consideration for businesses and employers. It continues to be well studied and will likely receive full use authorization in the coming months.

Updated June 15, 2021

68. Q: If someone has a severe allergic reaction from the first dose, and is advised not to get the second dose can that individual be classified as "fully vaccinated?" How is it documented?

A: If someone only receives one shot from a two-shot series, they are considered "partially" vaccinated, not fully. Their vaccine card will only have one vaccine documented. We do not yet know how much protection or how long the protection

lasts this case. This too is being studied with more direction expected from the CDC eventually.

69. Q: Some vaccine clinics have been providing COVID-19 shots without asking for identification or insurance card information. Do these people still receive a vaccination card? How are they scheduled for the second shot if they were not originally identified?

A: The vaccinations are being paid for by the federal government. Healthcare providers can charge an administration fee, but people do not have any out of pocket cost associated with the COVID-19 vaccine. Information is gathered during the registration and consent process that allows the clinic to log the vaccination into the State's Immunization Information System (IIS) and provide you a proof of vaccine card. Most sites schedule you for your second dose during your visit, so you leave with your second appointment on the calendar. If you lose your card, you can contact your State's IIS for proof of vaccination, or your healthcare provider has access to this information and can provide it as well.

70. Q: Has anyone asked if identifying one's vaccination status is a privacy issue?

A: For some, the decision to become vaccinated against COVID-19 is both personal and private. We all have different reasons for choosing whether or when to become vaccinated. It can bring up trust issues and be triggering for those who have experienced discrimination or are aware of our country's history of racist medical practices and experiments performed on Black people. It makes sense that for some, even disclosing your vaccination status could feel like a violation of privacy. While workplaces and business are legally permitted to ask IF you are vaccinated, they are not allowed to ask you WHY. The personal reasons why you made the decision and your medical history are off limits when it comes to asking about your vaccine status.

Updated June 22, 2021

71. Q: If I already had COVID-19 and recovered, do I still need to get vaccinated with the COVID-19 vaccine?

A: Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again. Studies have shown that vaccination provides a strong boost in protection in people who have recovered from COVID-19. Learn more about [why getting vaccinated is a safer way to build protection](#) than getting infected.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 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.

If you or your child has a history of multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)), consider delaying vaccination until you or your child have recovered from being sick and for 90 days after the date of diagnosis of MIS-A or MIS-C. Learn more about the [clinical considerations](#) people with a history of multisystem MIS-C or MIS-A.

Experts are still learning more about how long vaccines protect against COVID-19. CDC will keep the public informed as new evidence becomes available.

72. Q: Can I choose which COVID-19 vaccine I get?

A: Yes. All currently authorized and recommended COVID-19 vaccines are [safe](#) and [effective](#), and CDC does not recommend one vaccine over another. The most important decision is to get a COVID-19 vaccination as soon as possible. Widespread vaccination is a critical tool to help stop the pandemic.

People should be aware that a risk of a rare condition called thrombosis with thrombocytopenia syndrome (TTS) has been reported following vaccination with the J&J/Janssen COVID-19 Vaccine. TTS is a serious condition that involves blood clots with low platelet counts. This problem is rare, and most reports were in women between 18 and 49 years old. For women 50 years and older and men of any age, this problem is even more rare. There are other COVID-19 vaccine options available for which this risk has not been seen (Pfizer-BioNTech, Moderna).

Learn more about [your COVID-19 vaccination](#), including how to find a vaccination location, what to expect at your appointment, and more.

73. Q: I would like to have a baby and may become pregnant soon. Can I still get the COVID-19 vaccine?

A: Yes. If trying to get pregnant now or in the future, would-be parents can receive a COVID-19 vaccine. There is currently no evidence that **any** vaccines, including COVID-19 vaccines, cause female or male fertility problems—problems getting pregnant. CDC does not recommend routine pregnancy testing before COVID-19 vaccination. If you are trying to become pregnant, you do not need to avoid pregnancy after receiving a COVID-19 vaccine. Like with all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will report findings as they become available.

74. Q: I have a weakened immune system due to a medical condition. Can I get the COVID-19 vaccine?

A: People with a weakened immune system due to illness or medication [might be at increased risk for severe COVID-19](#). They may receive a COVID-19 vaccine. However, they should be aware of the limited safety data:

- Information about the safety of COVID-19 vaccines for people who have weakened immune systems in this group is not yet available.
- People living with HIV were included in clinical trials, though safety data specific to this group are not yet available at this time.
- If you have a condition or are taking medications that weaken your immune system, you may NOT be fully protected even if you are fully vaccinated. Talk to your healthcare provider. Even after vaccination, you may need to continue taking all [precautions](#).

75. Q: I have had Bell's palsy in the past. Can I get the COVID-19 vaccine?

A: People who have previously had Bell's palsy (an unexplained episode of facial muscle weakness or paralysis involving the 7th cranial nerve) may safely receive a COVID-19 vaccine. Cases of Bell's palsy were reported following vaccination in participants in the COVID-19 vaccine clinical trials. However, the Food and Drug Administration (FDA) does **not** consider these to be more than the rate expected in the general population. They have **not** concluded these cases were caused by vaccination.

Updated June 29, 2021

76. Q: I'm fully vaccinated. What are the risks to me or children/grandchildren in my household or "pod" when I mix with people who are not vaccinated? Can I carry the virus to others even after being fully vaccinated?

A: COVID-19 vaccines are effective and are a critical tool to bring the pandemic under control. However, no vaccines are 100% effective at preventing illness in vaccinated people. There will be a small percentage of fully vaccinated people who still get sick from COVID-19. There is some evidence that vaccination makes illness less severe for those who are vaccinated and still get sick. Although the risk is low, it is in this small number of [breakthrough cases](#) where transmission could potentially occur. We know that the amount of circulating virus is generally lower in breakthrough cases though, so getting vaccinated is still the best way to lower risk and protect your family.

77. Q: Where can I find COVID-19 vaccination clinics for myself or my family?

A: There are several ways to find a convenient place to get vaccinated. Your local pharmacy or your primary care provider may be able to vaccinate you or direct you to a partner. Check out Multnomah County's website on [Upcoming COVID-19 Vaccination](#)

[Clinics](#) or Oregon's [Find a COVID-19 Vaccine](#) website. You can also use the CDC's tools which include a visit to [vaccines.gov](#), text your ZIP code to 438829, or call 1-800-232-0233 to find locations near you in the United States.

78. Q: Do I need to do anything to prepare for my COVID-19 vaccination?

A: Reading up on what to expect and the different vaccine options should help you feel even more confident with your decision. Check out the CDC webpage on [Preparing for Your COVID-19 Vaccination](#) to learn more.

79. Q: Should I stop any medications before my COVID-19 vaccination appointment?

A: While it is generally not recommended to avoid, discontinue or delay medications for underlying medical conditions around the time of your COVID-19 vaccination, you should talk with your healthcare provider about what is known and not known about the effectiveness of vaccination when taking medications that suppress the immune system. It is not recommended you take over-the-counter medicine such as ibuprofen, aspirin, or acetaminophen before vaccination for the purpose of trying to prevent vaccine related side effects since it is not known how these medications might affect how well the vaccine works.

Updated July 6, 2021

80. Q: How do I know which COVID-19 vaccine information are accurate?

A: It isn't always easy to separate fact from myth, so before considering vaccine information on the internet, check that the information comes from a credible source and is updated on a regular basis.

CDC's vaccines and immunization web content are researched, written and approved by subject matter experts, including physicians, researchers, epidemiologists, and analysts. Content is based on peer-reviewed science. CDC leadership makes the final decision on the words, images and links to best serve the information needs of the public as well as healthcare providers, public health professionals, partners, educators, and researchers. Science and public health data are frequently updated. Most pages are reviewed yearly.

CDC's National Center for Immunization and Respiratory Disease is a [member](#) of the World Health Organization's (WHO) [Vaccine Safety Network](#) and follows web content and credibility criteria defined by the [Global Advisory Committee on Vaccine Safety](#) (GACVS).

[CDC's vaccines safety site](#) is one of WHO's [20 English language certified web sites](#).

As you surf for vaccine information, consider guidance from these sources:

- The Immunization Action Coalition suggests [questions you should ask](#).
- The University of California San Francisco's [Evaluating Health Information](#) page lists “Red Flags” every consumer needs to know.
- The [Medical Library Association](#) translates medical jargon ([Medspeak](#)) into language everyone can understand.

While it's a useful tool for researching health-related issues, the Internet does not replace a discussion with a healthcare professional.

81. Q: Are there any serious or long-term side effects from the COVID-19 vaccine?

A: Over 324 million doses of the COVID-19 vaccine have been given in the United States from December 14, 2020 through June 28, 2021. Vaccines have proven to be safe and effective.

Long-term side effects have not been found and are unlikely.

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose.

Serious safety problems are rare.

To date, the systems in place to monitor the safety of these vaccines have found only two serious types of health problems after vaccination, both of which are rare. These are anaphylaxis and thrombosis with thrombocytopenia syndrome (TTS) after vaccination with J&J/Janssen COVID-19 Vaccine.

Anaphylaxis

A small number of people have had a [severe allergic reaction](#) (called “anaphylaxis”) after vaccination, but this is **rare**. Anaphylaxis can occur after any vaccination. If this occurs, vaccination providers have medicines available to effectively and immediately treat the reaction.

After you get a COVID-19 vaccine, you will be asked to stay for 15-30 minutes so you can be observed in case you have a severe allergic reaction and need immediate treatment.

Thrombosis with Thrombocytopenia Syndrome (TTS) after vaccination with J&J/Janssen COVID-19 vaccination

After receiving the J&J/Janssen COVID-19 Vaccine, there is risk for a rare but serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS). Women younger than 50 years old should especially be aware of

their increased risk for this rare adverse event. There are other COVID-19 vaccines available for which this risk has not been seen.

This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

CDC Monitoring Reports of Myocarditis and Pericarditis

CDC has received increased reports of myocarditis and pericarditis in adolescents and young adults after COVID-19 vaccination. The known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the possible risk of myocarditis or pericarditis. **CDC continues to recommend COVID-19 vaccination for anyone 12 years of age and older.**

Updated July 20, 2021

82. Q: I'm fully vaccinated and face coverings are no longer required by the Oregon Health Authority or my workplace. How do I explain my continued use of a mask?

A: After many months of wearing face coverings, many people may find they are struggling with the sudden change in requirements.

Some individuals may continue to wear a face covering because they are more likely to become severely ill if they get COVID-19. This could be due to their [older age](#), [medical conditions](#) or [being pregnant or recently pregnant](#).

Those who have children who are too young for COVID-19 vaccination, may also decide to continue wearing a face covering to reduce their risk of getting COVID-19. Wearing a face covering can prevent transmission to their children or other people in their lives who are at [higher risk of being severely ill](#).

If you choose to continue wearing a face covering, you may find this raises questions for some of the people in your life, and some may not feel comfortable masking up if you ask them to. Here are some things to consider when having a conversation with colleagues, friends, or family about wearing a face covering:

- Ask them to understand that not everyone feels comfortable without a face covering yet. "It may take me a while to feel comfortable without a mask since I'm so used to wearing it."
- If you're comfortable with it, explain the reason you are wearing a face covering. "I have a health condition and my healthcare provider recommends that I continue to wear a mask even though I'm fully vaccinated."

- Ask them to join you. “I’m still not feeling comfortable without a mask. I’d like to spend time with you, but it will be easier for me to enjoy our conversation and time together if we both wear masks.”
- If you’d like them to mask up when you’re together, avoid shaming or scare tactics, such as criticizing people who don’t wear a face covering. This type of talk is more likely to shut down conversations.
- If others around you are not wearing a face covering, there are still things you can do to protect yourself and feel more comfortable. Distancing, wearing your own face covering, and meeting outdoors are still effective strategies to reduce risk.

You can find OHA’s [recommendations for face coverings here](#) as well as information on the places face covering are still required.

Updated August 3, 2021

83. Q: If the vaccines are effective, why do we have to wear face coverings again?

A: All COVID-19 vaccines currently authorized in the United States are effective against COVID-19, including serious outcomes of severe disease, hospitalization, and death. But no vaccine is perfect, and we know there are breakthrough cases among the fully vaccinated. To limit the spread and protect those who are at higher risk for serious infection including the immunocompromised or unvaccinated, the CDC now recommends wearing a face covering indoors regardless of vaccine status.

84. Q: Can I still spread the virus even if I’m fully vaccinated and without symptoms?

A: A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech or Moderna) are less likely than unvaccinated persons to acquire SARS-CoV-2 or to transmit it to others. However, the risk for SARS-CoV-2 breakthrough infection in fully vaccinated people cannot be eliminated as long as there is continued community transmission of the virus. Once infected, we know that it’s possible to spread the virus to others even when fully vaccinated and regardless of symptoms.

85. Q: What guidance has changed considering recent data about breakthrough cases and the Delta variant?

A: The CDC released [Interim Public Health Recommendations for Fully Vaccinated People](#) that include:

- Updated information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States.

- Added a recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of [substantial or high transmission](#).
- Added information that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at [increased risk for severe disease](#) from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.
- Added a recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result.
- CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.

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.