



FAQs for COVID-19 Vaccines

1. What is the difference between SARS CoV-2 and Covid-19?

SARS-CoV-2 is the name of the virus. COVID-19 is the name of the disease.

2. What is an Emergency Use Authorization (EUA)?

In an emergency, like a pandemic, it may not be possible to have all the evidence that the FDA would usually have before approving a drug, device, or a test.

When there is a declared emergency, the FDA can make a judgment that it's worth releasing something for use even without all the evidence that would fully establish its effectiveness and safety. If there's evidence that strongly suggests that patients have benefited from a treatment or test, the agency can issue an EUA to make it available.

3. Is the COVID-19 vaccine safe?

A vaccine must be proven to be safe and effective before it's available to the public. That's what the clinical trial process is for.

The COVID-19 vaccines have excellent safety records in clinical trials, where information from tens of thousands of study participants helped the FDA determine the vaccines' safety and effectiveness.

While the COVID-19 vaccines are new, the technology used to develop them—messenger RNA (mRNA) and adenoviruses—has been studied for years. This gave scientists an advantage to quickly develop the COVID-19 vaccines.

4. Should I get the vaccine if I am immunocompromised?

Yes, it is strongly recommended that immunocompromised individuals receive a COVID-19 vaccine, as they have a higher risk of severe disease. Since none of the COVID-19 vaccines contain live virus, they are safe for immunocompromised patients.

5. Since I have a history of serious allergic reactions, should I get the vaccine?

Rare cases of allergic reactions occur after vaccination. If you have a history of allergy to a component of the vaccine, you can apply for a medical exemption that will be reviewed.

6. What if I have an anaphylactic reaction?

To monitor for any immediate reaction, all employees are asked to stay for 15 minutes after receiving the vaccine and employees who have a prior history of anaphylaxis (due to any cause) will be monitored for 30 minutes. In the unlikely event of an anaphylactic reaction, onsite teams are prepared with the equipment and supplies to provide immediate care.

7. Is it safe for a pregnant or breastfeeding woman to get the vaccine?

Yes, the vaccine is safe for breastfeeding women. The vaccine does not contain a live virus and does not shed in breast milk.

Kettering Health, the CDC, and the American College of Obstetrics and Gynecology recommend pregnant women be vaccinated against COVID-19 because they are at risk for more severe illness. We understand that some of our team members who are pregnant may still have concerns, so those team members may submit an exemption request. Note: Individuals who qualify for such exemptions may be required to undergo additional testing and/or screening.

8. How do the vaccines work?

The Pfizer and Moderna COVID-19 vaccines contain messenger RNA (mRNA), and Johnson & Johnson's vaccine contains an inactivated adenovirus. None of those cause an infection. The mRNA and adenovirus tell the cells to make a harmless copy of the spike protein, which is found on the surface of the virus that causes COVID-19. This teaches the immune system to recognize and fight the real virus. The material in the vaccine does not stay in the body, and it cannot change your DNA.

9. Can I get COVID-19 from the vaccine?

No. The vaccines do not contain a live or weakened version of the virus that causes COVID-19, so the vaccine cannot make you sick with COVID-19.

10. What's in the COVID-19 vaccine?

The Pfizer and Moderna COVID-19 vaccines contain messenger RNA (mRNA), and Johnson & Johnson's vaccine contains an inactivated adenovirus. None of those cause an infection. The mRNA and adenovirus tell the cells to make a harmless copy of the spike protein, which is found on the surface of the virus that causes COVID-19. This teaches the immune system to recognize and fight the real virus. The material in the vaccine does not stay in the body, and it cannot change your DNA.

The vaccines also lack some other ingredients that some people may be concerned about. They do not have

- Preservatives, such as thimerosal (which contains an organic form of mercury). Most other vaccines do not use thimerosal or mercury.
- Formaldehyde, which is used to help make some vaccines.
- Eggs, latex, or antibiotics. Some people are allergic to these things.
- Microchips. Scientists are not putting microchips in the vaccines to track us. In fact, it's not even possible to do so.

11. Can I still get COVID-19 after being vaccinated?

Clinical trials showed that rates of COVID illness were reduced by about 95% in those who were vaccinated compared to those who received a placebo shot. It is rare but possible to still get infected.

12. If I have already had COVID-19, should I still get the vaccine?

Individuals with prior COVID-19 infection should still be vaccinated, according to the CDC. Immunity from vaccination will be more long-term than what would naturally follow after having COVID-19. Though immunity does occur after infection, we don't know how long it lasts. The COVID-19 vaccine is the best protection against the virus.

13. After getting the vaccine, can I still transmit and spread the SARS CoV-2 virus?

You will not be fully protected until about two weeks after the second dose of vaccine. During this time, you can still get and transmit the virus. Breakthrough COVID-19 infections with the Delta variant occur in about 1% of vaccinated patients. Recent data show that although these tend to be mild cases, these individuals can transmit the infection to others.

14. How long will it take for the vaccine to begin protecting me?

It normally takes about two to three weeks for cellular immunity to develop and several weeks for a full antibody response.

15. How long will the vaccine be effective?

The duration of protection from the vaccine is unknown, but is likely to be longer than immunity from having had COVID-19.

16. How many doses of a COVID-19 vaccine will I need?

The Johnson & Johnson vaccine is a single dose, while both Pfizer and Moderna vaccines require two doses. The Pfizer vaccine requires a booster 21 days later and the Moderna vaccine requires a second dose 28 days later. The different vaccine products are not to be interchangeable. The second dose must be completed with the same vaccine brand as the first dose. Both doses are important to ensure full protection.

17. Will the vaccine be effective if the second dose is missed?

No. The vaccine will not be effective unless both vaccines are administered.

18. If I get the vaccine, am I entered into a database for tracking purposes?

If you receive the COVID-19 vaccine, your record of vaccine receipt will be reported, as required, to the Ohio Department of Health's vaccine registry.

19. What are the side effects of the COVID-19 vaccine?

Many people have experienced side effects common with all vaccines, including

- Soreness or redness at the injection site
- Fever
- Chills
- Headache
- Tiredness
- Muscle or joint pain

The Johnson & Johnson vaccine has been associated with rare cases of blood clots in women between the ages of 18 to 50 years old. Kettering Health is not offering this vaccine to women in this age range.

Side effects are normal signs that your body is building protection, and the symptoms usually go away within a few days. As a precaution, eligible employees are encouraged to receive the vaccine on a day adjacent to a day off, to better recover from any possible side effects.

20. What are the long-term side effects of getting the vaccine?

There have been no significant long-term side effects reported so far, after about 6 months of clinical trials.

21. Do the vaccine manufacturers have any liability for near- or long-term side effects?

While the vaccine manufacturers are shielded from liability, there is a federal program called the National Vaccine Injury Program which handles such claims.

22. Should I social distance and wear a mask after getting the vaccine?

Stopping a pandemic requires using all the tools available. IT is still recommended to wear a mask and practice social distancing after receiving the vaccine. Vaccines work with your immune system, so your body will be ready to fight the virus if you are exposed. Other steps, like covering your nose and mouth with a mask and staying at least six feet away from others, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC's recommendations to [protect yourself and others](#) will offer the best protection from COVID-19.

23. How much will the vaccine cost?

There are no out-of-pocket costs for the COVID-19 vaccine, but insurance will be billed. If you do not have insurance, you still qualify for the vaccine with no out-of-pocket cost. If on Medicare, please be sure to locate and bring your traditional Medicare ID card to your vaccination.

24. Will getting the vaccine end the pandemic?

The vaccine is a powerful tool in bringing an end to the pandemic. If most people get them, the spread of COVID-19 could drastically shrink. This means we are one giant step closer to getting our lives back to normal.

25. What if an employee is not able to report to work due to a reaction to the COVID-19 vaccine?

Employees are encouraged to receive the vaccine when they will be off the next day to minimize the need to call off related to a vaccine reaction. Prior to receiving the COVID-19 vaccine, employees will be educated on the potential side effects/risk and will sign a consent.

If employees are unable to work because of a reaction to the COVID-19 vaccine, they should report the absence to the department using normal department call-off procedures and call their campus Employee Health office to report the reaction.

The following guidelines apply to time and attendance:

When employees report absences related to COVID-19 vaccine reactions using normal department call-in procedures, it will be documented in accordance with current attendance guidelines, but we will hold on issuing discipline related to the absence.

Should an employee no call/no show, discipline may be issued as outlined in the HR-KHN Conduct and Discipline policy attendance guidelines.

PTO should be used to cover missed work time.

Absences due to COVID-19 vaccine reactions are considered COVID-19-related and will not impact COVID-19 capacity staffing incentives already earned for that pay period.

26. Where can I learn more about the vaccine?

Learn all about COVID-19 vaccines and vaccination planning in the United States and Ohio.

- [CDC General COVID-19 Vaccine Information](#)
- [FDA COVID-19 Vaccine Information](#)
- [Ohio Department of Health COVID-19 Vaccine Information](#)
- [Pfizer Coronavirus Vaccine](#)
- [Moderna COVID-19 Vaccine](#)
- [Johnson & Johnson COVID-19 Vaccine](#)