Frequently Asked Questions
COVID-19 Vaccines

About COVID-19 Vaccines

Q: Why is a COVID-19 vaccine needed if social distancing and wearing masks prevent the COVID-19 virus from spreading?
A: Vaccines boost your immune system, so it will be ready to fight the virus if you are exposed. Vaccination combined with ongoing prevention efforts including wearing face masks that cover the mouth and nose, frequent hand washing and staying at least 6 feet away from others offer the best protection against COVID-19.

Q: How many COVID-19 vaccines are available? Which one should I get?
A: In the United States, three COVID-19 vaccines have been granted emergency use authorization (EUA) from the U.S. Food and Drug Administration (FDA) and recommended for use by the Centers for Disease Control and Prevention (CDC). These vaccines, manufactured by Pfizer-BioNTech, Moderna, and Johnson & Johnson (Janssen), have all been proven safe and effective at preventing serious illness, hospitalization, and death from COVID-19 disease. The CDC recommends getting the first vaccine available to you for protection from COVID-19. While vaccine supply is limited, individuals likely will not get to choose which vaccine to receive, and will be given what is available from their vaccine provider at the time they receive their immunization.

Q: Are all of the COVID-19 vaccines effective?
A: Yes. COVID-19 vaccines from Pfizer-BioNTech, Moderna and Johnson & Johnson (Janssen) have been approved for emergency use by the FDA, and recommended for use by the CDC after a rigorous analysis proved their effectiveness. During studies, all the vaccines were shown to prevent serious illness from COVID-19 at high effectiveness rates. Leading national experts say there are challenges comparing efficacy rates from the clinical studies between the three products because the vaccines were not tested against one another, or under the same conditions or timelines. They are not apples to apples comparisons.

Vaccine efficacy is the percentage reduction in a disease in a group of people who received a vaccination in a clinical trial, compared with those who did not. It tells us how well the vaccine does its job. A summary of the clinical trials efficacy data:

- **Pfizer-BioNTech:** 95% effective at preventing laboratory-confirmed COVID-19 illness in people who received two doses.
- **Moderna:** 94% effective at preventing laboratory-confirmed COVID-19 illness in people who received two doses.
- **Johnson & Johnson (Janssen):** Full (100%) protection against hospitalization and death, 85% effective in preventing severe COVID-19, 72% effective in the U.S. (66% overall) at preventing moderate to severe COVID-19.

The bottom line is all of the vaccines are effective at preventing serious illness, hospitalization, and death from COVID-19 disease, and the CDC recommends getting the first vaccine available to you for protection from COVID-19.

Q: Will I be able to choose which vaccine I want?
A: Due to the limited supply of COVID-19 vaccines, the CDC recommends that individuals take the first vaccine available to them. All three available vaccines are highly effective in preventing hospitalization and death caused by COVID-19. The Pfizer vaccine is approved for individuals age 16 and older, while the Moderna and Johnson & Johnson vaccines are approved for adults 18 and older.

Q: I've seen a lot of rumors on social media about vaccines. How can I tell what is true?
A: The internet is rife with dangerous misinformation about COVID-19 vaccines, and it can be difficult to know what to trust. The best thing you can do is educate yourself about the vaccines with information from trustworthy sources. Learn more about finding credible vaccine information in this article from the CDC, and separate myths from facts on this page from the Ohio Department of Health.

Q: If I already had COVID-19 and recovered, do I still need to get vaccinated with the COVID-19 vaccine when it is available?
A: Yes, COVID-19 vaccination should be offered to you regardless of whether or not you already had COVID-19. You should not be required to have an antibody test before you are vaccinated. However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation.

Q: How many doses of COVID-19 vaccine will be needed? When is the second dose due?
A: Both the Pfizer-BioNTech vaccine and the Moderna vaccine require two doses. The Johnson & Johnson (Janssen) vaccine is a single-dose product. Individuals who receive a dose of a particular vaccine must receive a second dose of the vaccine from the same manufacturer, as they are not interchangeable. For example, if you receive a first dose of the Pfizer-BioNTech vaccine, your second dose must be the Pfizer-BioNTech vaccine administered 21 days after the first dose. If you receive a first dose of the Moderna vaccine, your second dose must be the Moderna vaccine, administered 28 days after the first dose. These recommended intervals, with a standard four-day grace period, should be followed as closely as possible to receive full protection. If the intervals are exceeded, the second dose should be scheduled for administration up to six weeks (42 days) after the first dose, regardless of manufacturer. If the second dose is administered beyond these intervals, there is no need to restart the series, according to Centers for Disease Control and Prevention (CDC) guidance.

Q: How long does it take for the vaccines to work?
A: For the two-dose vaccines (Pfizer and Moderna), the vaccines provide fullest protection from COVID-19 two weeks after the second dose is administered. For the one-dose vaccine (Johnson & Johnson), the vaccine provides fullest protection from COVID-19 four weeks after receiving the vaccine.

Q: Will the vaccines protect against the new COVID-19 variants now confirmed in the United States?
A: Viruses frequently change through mutation, and new variants of a virus are expected to occur over time. Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic, including strains in the United Kingdom, South Africa, and Brazil. Most variants do not change how the virus behaves, and many disappear. There is no evidence that these variants cause more severe illness or increased risk of death; however, there is evidence that suggests some of the variants could spread more easily from person to person. According to the CDC, scientists are continuing to study how easily this variant and other variants might spread, whether they could cause more severe illness, and whether all of the currently authorized vaccines and treatments will protect people against them. The Johnson & Johnson (Janssen) clinical trials were studied globally, and in areas where some of the strains were prevalent. Pfizer and Moderna clinical trials were complete before the strains emerged; however, both manufacturers are conducting clinical studies of booster doses that would target variant strains of the virus.

The CDC's recommendations for slowing the spread — wearing masks, staying at least 6 feet apart from others, avoiding crowds, ventilating indoor spaces, and washing hands often — will also help prevent the spread of variants.

Q: Does the Johnson & Johnson vaccine work in the same way as the Pfizer and Moderna vaccines? How is it different?
A: All three COVID-19 vaccines have been proven safe and effective at preventing serious illness, hospitalization, and death from COVID-19 disease. There are differences in how the vaccines work to teach the body to build immunity against COVID-19, how they are stored and handled, and in the number of required doses. The Pfizer-BioNTech and Moderna vaccines are messenger RNA (mRNA) vaccines. These vaccines provide instructions for the body to create the harmless surface or "spike" protein found in the SARS-CoV-2 virus (which causes COVID-19); the body responds by building antibodies to destroy the protein. This protein is what allows the virus to attach to cells. When the body kills the protein, it also kills viruses that are attached to it. The Johnson & Johnson (Janssen) vaccine is a viral vector vaccine using a harmless, inactive adenovirus (cold virus) as the transportation device to do the same job. The end result of all three vaccines is the same. They use the harmless "spike" protein to teach the body how to recognize the virus, and to build protection against the virus. None of the vaccines will give you COVID-19 or the cold virus.

The vaccines are stored, transported, and handled differently, which impacts healthcare providers. The Pfizer and Moderna vaccines are stored ultra-cold or frozen, while the Johnson & Johnson (Janssen) vaccine is stored at standard refrigerator temperatures. While Pfizer-BioNTech and Moderna require two doses for the vaccine to build immunity to COVID-19, Johnson & Johnson (Janssen) vaccine only requires a single dose.

While they work differently, all three of these vaccines protect you against severe illness, including hospitalization and death.

Q: Do I have to get the second dose? Will the vaccine still work with just one dose?
A: If you receive the Pfizer or Moderna vaccines, a second dose is required to achieve full effectiveness and protection. Full doses should be administered as directed, and the second dose should be from the same manufacturer as the first dose, and should follow the FDA-recommended intervals (21 days between doses for the Pfizer-BioNTech vaccine, and 28 days between doses for the Moderna vaccine). Read the FDA's statement about the importance of following the authorized dosing schedules for the vaccines. The Johnson & Johnson (Janssen) vaccine is a single-dose product.

Q: Can other vaccines help prevent me from getting COVID-19?
A: Other vaccines, such as those for flu, measles, or other diseases, will not protect you from COVID-19. Only the vaccines designed specifically to protect you from COVID-19, once approved for use by the FDA, can prevent COVID-19. While a flu vaccine will not prevent you from getting COVID-19, it can prevent you from getting influenza (flu) at the same time as COVID-19. Because the flu viruses and the virus that causes COVID-19 will both be spreading during this time, getting a flu vaccine is more crucial than ever.

Q: Who is paying for the COVID-19 vaccine?
A: If you choose to get a COVID-19 vaccine, you will not have to pay. Vaccine doses purchased with taxpayer dollars will be given to Ohioans who choose to receive them at no out-of-pocket cost. Vaccine providers will be able to charge an administration fee for giving the shot. Providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the federal Health Resources & Services Administration's Provider Relief Fund.

Safety and Side Effects

Q: What are normal side effects from the COVID-19 vaccine?
A: When you get a COVID-19 vaccine, you can expect mild side effects, including soreness, swelling or redness at the injection site. Other common side effects are fever, chills, headache, tiredness, and muscle or joint pain. These side effects are normal as your body creates an immune response to protect you from COVID-19, and may increase with the second dose for the two-dose vaccines. Learn more about what to expect in this video from the CDC.

Q: What are the ingredients in the COVID-19 vaccines?
A: All the COVID-19 vaccines give the cells in your body instructions to make a protein that safely teaches your body how to make antibodies (germ-fighting cells) to fight the real COVID-19 virus if exposed. None of the vaccine ingredients remain in your system, nor do they alter any DNA in your body. 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
- Johnson & Johnson COVID-19 vaccine

Q: How will I know that the COVID-19 vaccine is safe?
A: Safety has been a top priority throughout the vaccine development and approval process. COVID-19 vaccine development processes involved several steps comparable with those used to develop other vaccines, such as the flu or measles vaccine. Clinical trials study the safety and effectiveness of a vaccine in thousands of study participants. No serious safety concerns emerged during the clinical trials for the three authorized vaccines. There were more than 116,000 participants between the three clinical studies. The FDA uses rigorous standards and insights from independent medical professionals to evaluate trial data to ensure that a vaccine is safe and effective and the benefits outweigh the risks. After an FDA decision, the CDC also reviews available data before making final recommendations for vaccine use. Safety continues to be a top priority, as vaccine administration is under way, through continuous safety monitoring measures. The CDC and other federal partners continue to monitor the new vaccines for side effects and adverse events, using many vaccine safety monitoring systems. This continued monitoring could reveal effects that may not have been observed in clinical trials.

Q: Will CDC continue to watch for problems with these new vaccines?
A: Yes. While no safety issues arose during the clinical trials, CDC and other federal partners continue to monitor the new vaccines for serious side effects (known as adverse events), using many vaccine safety monitoring systems. This continued monitoring can reveal side effects that may not have been seen in clinical trials. If there is an unexpected side effect with the new COVID-19 vaccines, experts can quickly study it further to determine if it is a true safety concern. Monitoring vaccine safety is critical to ensure that the benefits of COVID-19 vaccines continue to outweigh the risks for people who are vaccinated. The current vaccine safety system is strong and robust, with the capacity to effectively monitor COVID-19 vaccine safety. Existing data systems can rapidly detect if a

vaccine has any possible safety problems, and additional systems and data sources are being developed. Systems being used include:

- **CDC and FDA: Vaccine Adverse Event Reporting System (VAERS)** — The national system that collects reports of post-vaccination adverse effects from healthcare professionals, vaccine manufacturers, and the public. Follow-up with specific studies is conducted for reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns.
- **CDC: V-safe** — A smartphone-based, post-vaccination health checker for people who receive COVID-19 vaccines. V-safe will use text messaging and web surveys to check in with vaccine recipients for health problems following vaccination. The system also will provide telephone follow-up to anyone who reports medically significant (important) adverse events.
- **CDC: National Healthcare Safety Network (NHSN)** — An acute care and long-term care facility monitoring system reporting to VAERS.
- **CDC: Vaccine Safety Datalink (VSD)** — A network of nine integrated healthcare organizations across the United States that conducts active surveillance and research; the system is also used to determine whether possible side effects identified using VAERS are related to vaccination.
- **CDC: Clinical Immunization Safety Assessment (CISA) Project** — A collaboration between CDC and seven medical research centers to provide expert consultation on individual cases and conduct clinical research studies about vaccine safety.
- **FDA: Other large insurer/payer databases** — A system of administrative and claims-based data for surveillance and research.
- **FDA and the Centers for Medicare and Medicaid Services (CMS):** Medicare data — A claims-based system for active surveillance and research.
- **FDA: Biologics Effectiveness and Safety System (BEST)** — A system of electronic health record, administrative, and claims-based data for active surveillance and research.
- **FDA: Sentinel Initiative** — An additional system of electronic health record, administrative, and claims-based data for active surveillance and research.

Ohio's Vaccine Distribution Plan and Eligibility

Q: Will Ohio make COVID-19 vaccination mandatory?
A: No. The vaccine will be available, as supplies allow, to all Ohioans who choose to receive the vaccine.

Q: How many vaccine doses are available?
A: Vaccine manufacturers are working hard to manufacture and distribute vaccines safely, quickly, and effectively. Each state will be informed, on a weekly basis, of how many vaccine doses they will receive that week. The addition of the Johnson & Johnson (Janssen) vaccine, coupled with a partnership with Merck on manufacturing and ongoing efforts by Pfizer and Moderna to increase supply, will allow more people to receive the vaccine.

Q: When will there be enough vaccine for everyone in Ohio?
A: During the early phases of administration of COVID-19 vaccines in the United States, supply is limited. This means that not everyone will be able to be vaccinated right away. While supply is limited, Ohio is offering the vaccine first to those at highest risk for death from COVID-19. As vaccination production ramps up, every Ohioan who chooses may receive a vaccine as soon as large quantities are available. It is hard to predict when the vaccine will be widely available for everyone, as it is based on supply.

Q: Are there special considerations for who will receive the COVID-19 first in Ohio?
A: At first, there will be a limited supply of COVID-19 vaccine, with a phased approach to offering the vaccines. However, it is important that the initial vaccines are given to people in a fair, ethical, and transparent way. Those who are at highest risk of contracting and transmitting the virus have been among the first to be vaccinated. Ohio's distribution has been guided by recommendations from the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), and the National Academies of Sciences, Engineering, and Medicine (NASEM), and has been customized to meet Ohio's specific needs.

Q: Who can get the vaccine in Ohio?
A: Initially, there will be a limited number of vaccines available, and Ohio is committed to making it widely and quickly available for those who want to receive it as shipments of vaccine arrive. Ohio's distribution has been guided by recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of

Sciences, Engineering, and Medicine (NASEM), and has been customized to meet Ohio's specific needs. Currently eligible individuals include older Ohioans who have the highest risk for severe illness, hospitalization, and death from COVID-19; individuals with specific medical conditions or disorders; Ohioans who live or work in congregate settings; healthcare workers who regularly treat COVID-19 patients; K-12 school staff; and people in certain occupations, including child care services, funeral services, law enforcement and corrections, and firefighting. **Read a complete list of all eligible Ohioans at coronavirus.ohio.gov.**

Q: If I am in an eligible audience, how will I know when I can get the vaccine? Who do I call? How do I sign up?
A: A statewide Vaccine Provider Locations search is available at vaccine.coronavirus.ohio.gov, allowing Ohioans to search by county and ZIP code to find a provider in their area to contact to receive the vaccine. Ohio's new Vaccine Management Solution (VMS) is a state-supported, all-in-one tool for determining eligibility, finding a provider and scheduling an appointment, submitting health information, and receiving updates and reminders. The VMS is available at **gettheshot.coronavirus.ohio.gov**. Learn more about the VMS, and read step-by-step guidance on how to use the VMS at coronavirus.ohio.gov.

Q: I am not in one of the audiences that have been announced. When can I get the COVID-19 vaccine?
A: The vaccine distribution plans for future priority populations are still under development and will be shared publicly as soon as they are finalized. As more information becomes available on who can receive the vaccine, and when they can receive the vaccine, we will communicate this information publicly through the news media and share information at coronavirus.ohio.gov/vaccine. Ohio continues to make plans to distribute vaccines in a way that is fair, equitable, and transparent. Ohio's distribution plan has been guided by recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine (NASEM), and has been customized to meet Ohio's specific needs. The speed at which Ohio will move through the phases depends on the number of vaccines available.

Q: What are acceptable forms of identification when I go to get my vaccine?
A: Once you are eligible to receive a COVID-19 vaccine in Ohio and are preparing for your vaccine appointment or clinic, make sure you bring an acceptable form of identification with you. The vaccine provider will need identification to verify your **identity, name, and age**. You do not need to show proof of citizenship or residency status. Your identification will still be accepted if it is expired or from another state or country. If you are eligible to receive the vaccine based on your employment (e.g., a K-12 school employee or healthcare employee), the State of Ohio is not requiring any additional documentation for proof of eligibility; however, providers may develop their own screening and monitoring procedures to evaluate eligibility. Before your appointment, we recommend you check with your vaccine provider to confirm what documentation you will need for your appointment. Acceptable forms of identification are listed below:

- Driver's license or any photo ID, regardless of expiration date or place of origin.
- Active/retired military ID.
- Physician statement (including shot records).
- Census records.
- Adoption records.
- Naturalization certificate.
- Birth certificate: Birth record, either original or certified copy.
- Consulate ID or matricula consular.
- Passport or a passport card.
- Certificate of citizenship.
- Permanent resident card.
- Application for replacement naturalization/citizenship document.
- Department of State forms.
  - Military service records (DD-214).
  - Certification of Birth Abroad of a Citizen of the United States (FS-545).
  - Certification of Report of Birth Abroad of a United States Citizen (DS-1350).
  - Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240).
  - Employment Authorization Document (I-766/EAD).
  - Transportation letter (I-797F).

Q: Will my children be able to receive the COVID-19 vaccine?
A: Currently, COVID-19 vaccines are not available for children. The Pfizer-BioNTech vaccine is currently recommended for individuals who are 16 years of age or older. The Moderna and Johnson & Johnson (Janssen) vaccines are currently recommended for individuals who are 18 years of age or older. Additional clinical trial data is being gathered involving children. In the meantime, children, like adults, should wear masks, continue social distancing, wash their hands, and avoid congregating in groups in order to protect themselves from COVID-19.

Q: I'm pregnant. Should I take the vaccine?
A: The CDC and groups such as the American College of Obstetricians and Gynecologists say all three vaccines should be made available to those who are pregnant, but they leave the choice about whether to get vaccinated up to each individual. Pregnant women were not included in the initial clinical trials for all three vaccines, so there's no data specific to pregnant women. There are no known risks to pregnant women or developing fetuses, according to the CDC. Women who are pregnant are at higher risk of a severe case of COVID-19 if they do become infected. Women are encouraged to discuss whether or not they should receive the vaccine with their healthcare providers.

Vaccine development

Q: How were COVID-19 vaccines developed so quickly?
A: The process has been quicker as a result of efforts to run concurrent trial phases, as well as a commitment to help condense timelines and reduce or eliminate months-long waiting periods during which documents would be prepared or be waiting for review. There were no shortcuts in the testing of the vaccines. In addition, manufacturing began while testing was being completed, allowing many doses to be ready to distribute immediately upon authorization.

Years of research laid the groundwork for development of COVID-19 vaccines. The approved vaccines use different methods to achieve the same end result, which is to teach our bodies how to recognize COVID-19's spike protein and create antibodies against it. Messenger RNA (mRNA), used by two of the authorized vaccines (Pfizer-BioNTech and Moderna), has been studied for years and was being developed for other infectious diseases. Recent technological advancements in RNA biology and chemistry, as well as delivery systems, have allowed these COVID-19 vaccines using mRNA to be developed as safe and effective vaccines. Adenovirus/viral vector vaccines, the method used by Johnson & Johnson, are common. Read more about how the different COVID-19 vaccines work at coronavirus.ohio.gov.

Q: What is the difference between an emergency use authorization (EUA) and an approval from the FDA?
A: An Emergency Use Authorization (EUA) authorizes the use of an unapproved medical product, or unapproved use of an approved medical product, for use during a public health emergency if the benefits of its use outweigh any known or potential risks. The Pfizer-BioNTech, Moderna, and Johnson & Johnson (Janssen) COVID-19 vaccines have been granted EUA following rigorous review. In the past, EUAs have been issued for products, devices, and drugs related to Ebola, H1N1, Zika, and others. The EUAs are valid until the pandemic is over, the FDA revokes the EUAs, or the products are approved for traditional licensure by the FDA. The FDA closely monitors each vaccine for safety after the EUA is issued. Drug manufacturers are encouraged to obtain traditional FDA licensed vaccine approval as soon as possible.

Q: Were minorities or people with high-risk health conditions included in the clinical studies?
A: Yes. During the clinical studies for all three FDA approved COVID-19 vaccines, minorities or people with high-risk health conditions were included. The Phase 3 clinical trials for the Pfizer-BioNTech (more than 43,000 participants), Johnson & Johnson (Janssen) vaccines (more than 43,000 participants) and Moderna vaccines (more than 30,000 participants) included communities that have historically been under-represented in clinical research and have been disproportionately impacted by COVID-19.

The clinical studies included participants:
• From communities of color (42% of Pfizer-BioNTech's participants, 37% of the Moderna participants, 35% of U.S. Janssen participants).
• Older than age 65 (21% of Pfizer-BioNTech participants; 23% of Moderna participants); older than 60 (34% of Janssen participants).
• With high-risk chronic diseases that put them at increased risk of severe COVID-19, such as diabetes, severe obesity, and cardiac disease (46% of Pfizer-BioNTech participants; 42% of Moderna participants, 40% of Janssen participants).

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For additional information, visit coronavirus.ohio.gov. For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

Your mental health is just as important as your physical health. If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available 24 hours a day, seven days a week. Call the COVID-19 CareLine at 1-800-720-9616.