

## COVID-19 Vaccination for PEH Webinar - Questions and Answer Session January 19, 2021

Please also refer to CDC's page on [general information on COVID-19 vaccination](#) and [resources for responding to COVID-19 among people experiencing homelessness](#) for more information.

### Vaccine Effectiveness

- Can you contract COVID between the vaccine doses?
  - It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot. It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often. For more information, see [here](#).
- Can I get a COVID-19 vaccine at the same time as another vaccine?
  - Wait at least 14 days before getting any other vaccine, including a flu or shingles vaccine, if you get your COVID-19 vaccine first. And if you get another vaccine first, wait at least 14 days before getting your COVID-19 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. For more information, see [here](#).  
Additionally, mRNA COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus toxoid-containing vaccination as part of wound management, measles or hepatitis A vaccination during an outbreak) or to avoid barriers or delays to mRNA COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations prior to/upon admission or onboarding). For more information, see [here](#).
- Will this vaccine protect against the new strains we are seeing?
  - Scientists are working to learn more about these variants and whether currently authorized vaccines will protect people against them. Information on the new COVID-19 variants can be found [here](#). These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. Currently, there is no evidence that these variants cause more severe illness or increased risk of death. However, an increase in the number of cases will put more strain on health care resources, lead to more hospitalizations, and potentially more deaths. For more information, see [here](#).

- If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?
  - **Yes.** Due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, you should be vaccinated regardless of whether you already had COVID-19 infection. If you were treated for COVID-19 symptoms 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.  
Experts do not yet know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called “natural immunity,” varies from person to person. It is rare for someone who has had COVID-19 to get infected again. It also is uncommon for people who do get COVID-19 again to get it within 90 days of when they recovered from their first infection. We won’t know how long immunity produced by vaccination lasts until we have more data on how well the vaccines work.  
Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are working to learn more about, and CDC will keep the public informed as new evidence becomes available. For more information, see [here](#).
- Are these vaccines effective for youth under 18? What is the minimum age requirement for vaccine?
  - As of December 18, 2020, two COVID-19 vaccines have been authorized for use under an Emergency Use Authorization (EUA), but only the Pfizer-BioNTech COVID-19 vaccine is authorized for use in persons aged 16–17 years. For more information, see [here](#).
  - On December 12, 2020, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation\* for use of the Pfizer-BioNTech COVID-19 vaccine in persons aged ≥16 years for the prevention of COVID-19. For more information, see [here](#).
  - On December 19, 2020, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation\* for use of the Moderna COVID-19 vaccine in persons aged ≥18 years for the prevention of COVID-19. For more information, see [here](#).

### **Vaccine Safety**

- Can a COVID-19 vaccine make me sick with COVID-19?
  - **No.** None of the authorized and recommended [COVID-19 vaccines or COVID-19 vaccines currently in development in the United States](#) contain the live virus that causes COVID-19. This means that a COVID-19 vaccine **cannot** make you sick with COVID-19. There are several different types of vaccines in development. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19. Learn more about [how COVID-19 vaccines work](#).

It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection. For more information, see [here](#).

- Will a COVID-19 vaccine alter my DNA?
  - **No.** COVID-19 mRNA vaccines do not change or interact with your DNA in any way. Messenger RNA vaccines—also called mRNA vaccines—are the first COVID-19 vaccines authorized for use in the United States. mRNA vaccines teach our cells how to make a protein that triggers an immune response. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease. Learn more about [how COVID-19 mRNA vaccines work](#).  
At the end of the process, our bodies have learned how to protect against future infection. That immune response and making antibodies is what protects us from getting infected if the real virus enters our bodies. For more information, see [here](#).
- Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?
  - **Yes.** People who want to get pregnant in the future may receive the COVID-19 vaccine. Based on current knowledge, experts believe that COVID-19 vaccines are unlikely to pose a risk to a person trying to become pregnant in the short or long term. Scientists study every vaccine carefully for side effects immediately and for years afterward. The COVID-19 vaccines are being studied carefully now and will continue to be studied for many years, similar to other vaccines.  
The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19, to prevent future illness. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta. In addition, there is no evidence suggesting that fertility problems are a side effect of ANY vaccine. People who are trying to become pregnant now or who plan to try in the future may receive the COVID-19 vaccine when it becomes available to them. For more information, see [here](#).
- What steps can this population take if they don't have access to [V-safe](#)?
  - V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. For those that do not have a way to access V-safe on their own, a healthcare or other service provider who has access to internet can submit to V-safe on their behalf. For more information, see [here](#).

### **Vaccine Ingredients, Allergies, and Underlying Conditions**

- Should I get a COVID-19 vaccine if I have had a reaction to another vaccine such as a flu vaccine?

- 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. For more information, see [here](#).
- What are the ingredients in COVID-19 vaccines?
  - 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](#) and [Moderna COVID-19 vaccine](#). For more information, see [here](#).
- Should I get a COVID-19 vaccine if I have other allergies not related to vaccines?
  - CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications—such as food, pet, 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. For more information, see [here](#).
- If someone is immunosuppressed, can the side effects from the vaccine last longer or be delayed?
  - People with HIV and those with weakened immune systems due to other illnesses 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: 1) Information about the safety of mRNA COVID-19 vaccines for people who have weakened immune systems in this group is not yet available. 2) People living with HIV were included in clinical trials, though safety data specific to this group are not yet available at this time. People with weakened immune systems should also be aware of the potential for reduced immune responses to the vaccine, as well as the need to continue following all [current guidance](#) to protect themselves against COVID-19. For more information, see [here](#).
- Is it safe for me to get the vaccine if I have an underlying medical condition?
  - 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. For more information, see [here](#).
- If I have previously had Guillain-Barre syndrome, can I get a COVID-19 vaccine?
  - Persons who have previously had GBS may receive an mRNA COVID-19 vaccine. To date, no cases of Guillain-Barre syndrome (GBS) have been reported following vaccination among participants in the mRNA COVID-19 vaccine clinical trials. 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. For more information, see [here](#).

### **Vaccine Follow-up and Second Dose**

- How should COVID-19 vaccination status of people experiencing homelessness be recorded?
  - Recording whether people experiencing homelessness received a COVID-19 vaccine will be important for two reasons. First, it will be necessary for the person vaccinated to keep a record of their vaccination status and when they need to follow up for a second dose. Second, it will be important for vaccination programs to record housing status to estimate coverage among people experiencing homelessness. All COVID-19 vaccination providers are required to report vaccine administration data to the jurisdiction's immunization information system (IIS) or other identified program. The address field can be used to provide information about homelessness status. Vaccine providers are also required to provide vaccine recipients with a vaccination record card. It might also be possible to include COVID-19 vaccination status in [Homeless Management Information Systems](#). Finally, vaccination coverage data from vaccination campaign events at homeless service sites can be entered into the [CDC and National Health Care for the Homeless dashboard](#) for inclusion in an aggregated dashboard. For more information, see [here](#).
- How can we ensure that people experiencing homelessness receive all recommended doses since most COVID-19 vaccines require two doses?
  - People experiencing homelessness might have a hard time following up to get a second dose of COVID-19 vaccine. This may be a particular challenge because the same vaccine product must be used for both doses. Public health workers, healthcare workers, and homeless service staff should work together to promote follow-up by recording up-to-date contact information, ensuring dose information is available to vaccine providers across sites and geographic areas, providing multiple and easy-to-access opportunities to get a COVID-19 vaccine, integrating reminders into routine interactions, and conducting outreach to connect with individuals who might otherwise be lost to follow-up. For more information, see [here](#).
- Is there any risk to those that cannot get the second vaccine within the designated timeframe?
  - You should **get your second shot as close to the recommended 3-week or 1-month interval as possible**. However, there is no maximum interval between the first and second doses for either vaccine. You should not get the second dose earlier than the recommended interval. For more information, see [here](#).
- Can your first dose be from one manufacturer and the second dose be from another?
  - Every effort should be made to determine which vaccine product was received as the first dose, in order to ensure completion of the vaccine series with the same product. In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19

vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time. For more information, see [here](#).

### **Continued precautions**

- Do we need to wear a mask and avoid close contact with others if we have gotten 2 doses of the vaccine?

- **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. CDC will continue to update this page as we learn more.

While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to help stop this pandemic.

To protect yourself and others, follow these recommendations:

- 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

Together, COVID-19 vaccination and following CDC's recommendations for [how to protect yourself and others](#) will offer the best protection from getting and spreading COVID-19. For more information, see [here](#).

- Should a homeless shelter continue to use COVID-19 protection strategies (e.g., masks, distancing) after vaccine has been administered?
  - Vaccination is just one tool to control the COVID-19 pandemic. Homeless service providers should continue taking all precautions possible, including mask wearing, social distancing, and hand hygiene, to prevent staff, volunteers, and clients from spreading the virus that causes COVID-19. Continue to follow the prevention recommendations for [homeless service providers](#) and related to [unsheltered homelessness](#). For more information, see [here](#).

### **Other Homelessness-Specific Considerations**

- When will a COVID-19 vaccine be available for people experiencing homelessness?
  - The goal is for everyone, including people experiencing homelessness, to be able to easily get a COVID-19 vaccine as soon as possible. However, because it is anticipated

there will be a limited supply of vaccine at first, in December 2020, CDC adopted the Advisory Committee on Immunization Practices (ACIP) recommendation that healthcare personnel and residents of long-term care facilities receive COVID-19 vaccine first. These groups were chosen because health care settings in general, and long-term care settings in particular, can be high-risk locations for getting the virus that causes COVID-19. Healthcare personnel and residents of long-term care facilities will likely receive vaccine at the end of 2020 and in early 2021. Public health professionals at state and local health departments are now working on how to further distribute COVID-19 vaccines in a fair, ethical, and transparent way for additional groups, including considerations for people experiencing homelessness. People experiencing homelessness have many additional characteristics, such as age and employment in certain jobs, that will also influence when the vaccine will be available to them. For more information, see [here](#).

- Should COVID-19 vaccine be required for entry into a homeless service site?
  - Vaccination is an important tool to control the COVID-19 pandemic. However, because homeless services are critical to survival and well-being, service providers should take all steps possible to ensure that providing vaccination does not create a barrier to entry into homeless service sites. Building relationships and providing consistent, transparent information will be important to ensuring that clients feel comfortable receiving the COVID-19 vaccine. For more information, see [here](#).
- If clients express that they feel safe by wearing masks, washing hands, and distancing, and therefore do not feel the need to get the vaccine, what would you recommend or suggest providers say to these clients?
  - Providers can say that if we use all the tools we have, we stand the best chance of getting our community “back to normal” sooner. This includes getting vaccinated in addition to wearing a mask, staying at least 6 feet away from others, avoiding crowds, and washing hands often. The combination of getting vaccinated and following these other recommendations will offer the best protection from COVID-19. For more information, see [here](#).