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Frequently Asked Questions

Utah's Vaccination Plan

When will a COVID-19 vaccine be approved?

Anticipated vaccine approval timeline:

The Pfizer vaccine is expected to file an Emergency Use Authorization by the end of November.

- It will probably take the Food and Drug Administration (FDA) about 2 weeks to review data from clinical trials.
- Advisory Committee on Immunization Practices (ACIP) is expected to review the data and have their recommendations by mid-December.

The Moderna vaccine is expected to file for an Emergency Use Authorization by mid-December.

- It will probably take the Food and Drug Administration (FDA) about 2 weeks to review data from clinical trials.
- Advisory Committee on Immunization Practices (ACIP) is expected to review the data and have their recommendations by late December.

When can I get a COVID-19 vaccine?

From what we know now, this is the anticipated vaccination distribution schedule. Please keep in mind this is likely to change as more vaccines become available and as we learn more about COVID-19 vaccines.

December

Healthcare personnel who work in high-risk environments from the 5 hospitals in the state that provide care to the highest numbers of COVID-19 patients.

- Dixie Regional Medical Center
- Intermountain Medical Center
- LDS Hospital
- University of Utah Hospital
- Utah Valley Regional Medical Center

Late December - January anticipated schedule

- Healthcare workers who work in high-risk environments in the remaining hospital facilities
- Remaining healthcare personnel, including: clinics, pharmacy staff, long-term Care facilities, assisted living facilities, skilled nursing staff, and other healthcare personnel who are at higher-risk
- EMS, first responders, public health workers



February - March

- Long-term care facilities who have not been vaccinated
- Residents in long-term care facilities
- Essential workers

March - July

- Tribal Entities
- Utahns 65 years of age and older
- Employees with a risk level 3 (teachers, childcare personnel, personal care, airline workers, etc.)
- Racial and ethnic groups at higher-risk, food prep, Utahns with underlying medical conditions
- Other Utahns within the risk level model
- Remaining workers in risk level 2 & 3 categories
- All Utahns

How do I know if I am a critical infrastructure or essential worker?

Critical infrastructure, often called essential workers, are employees with jobs in sectors that are critical to the state being able to get essential services to all Utahns. To find out if your job is in one of the Cybersecurity and Infrastructure Security Agency's (CSA) 16 designated critical infrastructure sectors, visit <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.

When will Utah receive the first doses of COVID-19 vaccines?

We should get the first COVID-19 vaccines by the end of November. The doses will be stored until the vaccine developers receive Emergency Use Authorization from the FDA. These first doses of vaccines will be distributed to the 5 hospitals in the state providing care to the highest numbers of COVID-19 patients.

- Dixie Regional Medical Center
- Intermountain Medical Center
- LDS Hospital
- University of Utah Hospital
- Utah Valley Regional Medical Center

Why were those hospitals chosen?

These hospitals provide medical care to the most COVID-19 patients and have the capability to store the vaccine. The first available vaccine (made by Pfizer) requires "super cold" storage. It must be manufactured, transported, and stored at minus-80 degrees Celsius. There are a limited number of hospitals with that capability.



How does Utah get the vaccine?

The federal government will oversee a centralized system to order, distribute, and track COVID-19 vaccines. All vaccines will be ordered through the CDC. Vaccine providers will receive vaccines from CDC's centralized distributor or directly from a vaccine manufacturer.

For more information about the federal government's COVID-19 plan for vaccine distribution, click [here](#).

What type of vaccine will we be getting?

The first doses we are getting are from Pfizer. It is an mRNA vaccine.

mRNA vaccines have material from the virus that causes COVID-19 and give your cells instructions for how to make a harmless protein that is unique to the virus. After your cells make copies of the protein, they destroy the genetic material from the vaccine. Your body recognizes the protein should not be there and builds T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if you are infected in the future.

Who will get the first doses?

The 5 hospitals in the state that provide care to the highest numbers of COVID-19 patients will receive the first doses. These doses of vaccine are for the healthcare personnel these hospitals identify as being most at-risk of COVID-19 exposures. Everyone who gets the Pfizer vaccine will be given 2 doses of the vaccine, spaced 21 days apart.

As more vaccines are produced and distributed, health care workers in remaining hospitals will be added; followed by other high-risk priority groups (such as long-term care facility residents and staff, first responders, EMS personnel, and clinical staff).

Does this mean that healthcare workers will get a different vaccine than everyone else?

No. From what we know, more types of COVID-19 vaccines will be available very soon. Right now, there is not one specific group of people who will receive one type of vaccine over the other. The decision about which vaccine a healthcare facility, pharmacy, clinic, or other facility decides to use may be based on several factors, such as their capability to store the vaccine, if a vaccine comes in smaller quantities, is easier to ship, etc.

When will the vaccine be available to the public?

When a vaccine is authorized or approved in the United States, there may not be enough doses available for everyone at first. Supplies will increase over time, and the public should be able to get vaccinated later in 2021.

The vaccine will be administered in "waves" and given based on who is most at-risk from becoming ill from COVID-19. Once the high-priority groups who most at-risk are vaccinated, vaccines will be made available to the general public.

At first, COVID-19 vaccines may not be recommended for children or pregnant women. Early clinical trials for the COVID-19 vaccine were limited to non-pregnant adults. This means that pregnant women



and children did not participate in the early clinical trials for COVID-19 vaccines. However, clinical trials are expanding who they recruit to participate, so the recommendations for who should receive the vaccination could change in the future.

Who decides who gets the vaccine first?

We want it to be easy for everyone to get a COVID-19 vaccine as soon as large quantities are available. However, we will only have a limited supply of the vaccine at first. This means that policymakers must develop plans to make sure those who are most at-risk get the vaccine first and that vaccines are distributed in a fair, ethical, and transparent way.

The Utah Department of Health organized a workgroup made up of health professionals throughout the state (the Utah Prioritization Workgroup) to develop recommendations for how to prioritize vaccination groups on the state and local level. Their final recommendations are based on state and local data and need, vaccine storage capability of facilities, and guidance from the CDC and the Advisory Committee on Immunization Practices (ACIP).

More vaccines will be available over the next few weeks and months. We will continue to provide additional updates about vaccine distribution information when more doses of the vaccine become available.

To learn more about Utah's Vaccination Plan, [click here](#).

COVID-19 recommendations for the United States come from the CDC.

The CDC's COVID-19 vaccination recommendations were based on input from the Advisory Committee on Immunization Practices (ACIP). ACIP is a federal advisory committee made up of medical and public health experts who develop recommendations on the use of vaccines in the U.S. public.

ACIP holds regular meetings, which are open to the public and provide opportunity for public comment.

The CDC and ACIP's high-priority vaccination recommendations were:

- **Healthcare personnel**
- **Workers in essential and critical industries**
- **People at high risk for severe COVID-19 illness due to underlying medical conditions**
- **People 65 years and older**

Healthcare personnel continue to be on the front line of the nation's fight against this deadly pandemic. Many healthcare personnel have a high risk of being exposed to and getting sick with COVID-19 because they provide critical care to those infected with the virus. Healthcare personnel who get COVID-19 can also spread the virus to patients. Early access to the vaccine is critical to make sure healthcare workers stay healthy and safe. This protects not only them, but also their patients, and communities.

Workers in essential and critical industries are considered part of Utah's critical infrastructure. Current data show many of these workers may be at anare at increased risk for getting COVID-19.



Early access to the vaccine is critical not only to protect them but also to maintain the essential services they provide our communities.

People with certain underlying medical conditions are at increased risk for severe COVID-19 illness, regardless of their age. Severe illness means the person with COVID-19 may need to be in the hospital, in intensive care, on a ventilator to help the person breathe, or that he or she may even die. Early access to the vaccine is critical to make sure people stay safe and healthy.

Older adults are at higher-risk for severe illness and death from COVID-19. Early access to the vaccine is critical to help protect this population.

Will there be enough COVID-19 vaccines for everyone?

There may be a limited supply of COVID-19 vaccines before the end of 2020, but more vaccines will be available in the weeks and months that follow. We want it to be easy for everyone to get a COVID-19 vaccine as soon as large quantities are available. Having only a limited supply of the vaccine at first means that policymakers must develop plans to make sure those most at risk get the vaccine first and that vaccinations these limited vaccines are distributed in a fair, ethical, and transparent way. The vaccine will be given in “waves” based on who is most at risk from becoming ill from COVID-19.

When FDA first authorizes or approves the use of one or more COVID-19 vaccines in the United States, there may be a limited supply. This would mean that not everyone will be able to be vaccinated right away. It is understandable how concerning this would be for people, especially for those who are at increased risk for serious illness from this virus and for their loved ones.

That is why, early in the response, the federal government began investing in select vaccine manufacturers to help them increase their ability to quickly make and distribute a large amount of COVID-19 vaccine. This will allow the United States to start with as much vaccine as possible and continually increase the supply in the weeks and months to follow. The goal is for everyone to be able to easily get a COVID-19 vaccine as soon as large quantities are available. Several thousand vaccination providers will be available, including doctors’ offices, retail pharmacies, hospitals, and federally qualified health centers.

How can I protect myself until I get vaccinated?

You should keep practicing the health behaviors we know reduce the spread of COVID-19 until it is safer. This means even after you get vaccinated.

- Wear a mask when you are in close contact with anyone who doesn’t live in your home, especially indoors.
- Wash your hands often with soap and water for 20 seconds.
- Try to keep at least 6 feet or 2 meters between you and people who don’t live in your home, especially indoors.
- Stay home if you are sick.



Do not wear a mask if you are younger than 2 years of age, have trouble breathing, or are unable to remove a mask without help.

COVID-19 Vaccination Information

How will we know if a COVID-19 vaccine is safe?

In the United States, there are many steps in place to make sure vaccines are safe and effective. These steps consist of independent reviews of the data from clinical trials. Information and data from the clinical trials of COVID-19 vaccines will be reviewed by many scientists, medical professionals, and public health experts before you ever get a vaccine.

Before the COVID-19 vaccine will be available:

FDA approval

The Food and Drug Administration (FDA) plays a critical role in protecting the United States from threats like the COVID-19 pandemic. In June 2020, the FDA released guidelines to assist sponsors (those interested in developing a COVID-19 vaccine) in the clinical development and licensure of vaccines that prevent COVID-19.

The FDA is currently evaluating scientific data and other information to determine the safety and effectiveness of the investigational COVID-19 vaccines used in clinical trials.

The FDA will only approve or give emergency use authorization of vaccines for use in the United States from clinical trials that were conducted according to the FDA's guidelines and meet these rigorous [safety and effectiveness standards](#).

What is an Emergency Use Authorization (EUA)?

<https://www.youtube.com/watch?v=iGkwaESsGBQ>

Even after the FDA has approved COVID-19 vaccines for emergency use, scientists will continue to critically review the methods, results, and conclusions of a study, ensuring that the approach was sound and the conclusions are valid.

It is important to understand any side effects found during clinical trials. A document called a Vaccine Information Statement, or (VIS), is legally required to be given to you before you get a vaccine. This is to help you make informed health decisions based on the risks and benefits of the vaccine. For more information about Vaccine Information Statements, click [here](#).

ACIP review and recommendation

The Advisory Committee on Immunization Practices (ACIP) is a federal advisory committee, made up of medical and public health experts. The ACIP provides advice and guidance to the Director of the Centers for Disease Control and Prevention (CDC) and the Secretary of the Department of Health and Human



Services (HHS) on the most effective ways to prevent vaccine-preventable diseases in the United States. The goals of the ACIP are to provide advice that will help the CDC and HHS to reduce the incidence of vaccine preventable diseases and increase the safe usage of vaccines and related biological products, including active and passive immunoprophylaxis.

The ACIP will review the data and information about COVID-19 vaccines for both adult and pediatric populations. The committee will consider: disease epidemiology and burden of disease, vaccine safety, vaccine efficacy and effectiveness, the quality of evidence reviewed, economic analyses, and implementation issues.

The ACIP will then provide recommendations and information to the CDC and HHS about:

- Who should get the vaccine and under which circumstances a vaccine or related agent (such as immune globulin preparations) is recommended.
- Precautions for use of the vaccine and related agents and contraindications.
- Recognized adverse events (side effects).
- Special situations or populations that may need to modify routine recommendations.

The committee may revise or withdraw their recommendation(s) about if new data becomes available.

CDC and HHS approval of recommendations

Once the ACIP recommendations have been reviewed and approved by the CDC Director and the U.S. Department of Health and Human Services, COVID-19 vaccines will be published in CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR publication represents the final and official CDC recommendations for immunization of the U.S. population. Utah will then be able to receive COVID-19 vaccinations.

How do they monitor for safety?

After a vaccine is authorized or approved for use, the CDC and FDA use many different vaccine safety monitoring systems to watch for adverse events (possible side effects). This continued monitoring can pick up on adverse events that may not have been seen in clinical trials. If an unexpected adverse event is seen, experts quickly study it further to see whether it is a true safety concern. Experts then decide whether changes are needed in vaccine recommendations. This critical monitoring process is already in place and is used for all vaccines. This is how we make sure the benefits of getting a vaccine continue to outweigh the risks.

Most people don't have any serious side effects from vaccines. The most common side effects — like soreness where the shot was given — are usually mild and go away quickly on their own.

What are common side effects of vaccines?

The most common side effects after vaccination are mild. They include:

- Pain, swelling, or redness where the shot was given
- Mild fever
- Chills



- Feeling tired
- Headache
- Muscle and joint aches

Fainting can also happen after any medical procedure, including vaccinations.

Sometimes you can get symptoms or side effects after you get a vaccination. Most common side effects are normal and are a sign that your body is starting to build immunity (protection) against a disease.

What about serious side effects?

Serious side effects from vaccines are extremely rare. For example, if 1 million doses of a vaccine are given, 1 to 2 people may have a severe allergic reaction.

Keep in mind that getting vaccinated is much safer than getting the diseases vaccines prevent.

<h2>Expanded Safety Monitoring Systems</h2> <p>The CDC is working to expand safety surveillance with new systems and additional information sources, as well as by increasing the use of existing safety monitoring systems.</p>	
<h3>New vaccine safety monitoring systems</h3> <p>These new vaccine safety systems and information sources add another layer of safety monitoring. This gives the CDC and FDA the ability to evaluate COVID-19 vaccine safety in real time and make sure COVID-19 vaccines are as safe as possible.</p>	
V-SAFE	<p>A new smartphone-based safety checker people can use after they get COVID-19 vaccines. V-SAFE allows people who received the vaccine to let the CDC know directly if they had any health problems following COVID-19 vaccination using text messaging and web surveys. The system also will provide telephone follow up to anyone who reports health concerns or adverse events the CDC considers medically significant</p>
National Healthcare Safety Network (NHSN)	<p>This monitoring system lets acute and long-term care facilities report adverse events to the Vaccine Adverse Event Reporting System (VAERS).</p>
<p>Other large insurer or payer databases</p>	<p>The FDA will monitor and use administrative and claims-based data for surveillance and research as people get vaccinated.</p>



Existing vaccine safety monitoring systems

The CDC, FDA, and other federal partners will increase the use of the following existing, robust systems and data sources to conduct ongoing safety monitoring of COVID-19 vaccinations.

General public

Vaccine Adverse Event Reporting System (VAERS)	<p>The national system that collects reports of adverse events (possible side effects) that happen after vaccination. These reports are collected from healthcare professionals, vaccine manufacturers, and the public. If reports of adverse events are unexpected, appear to happen more often than expected, or have unusual patterns, experts quickly study it further to see whether it is a true safety concern.</p>
Vaccine Safety Datalink (VSD)	<p>A network of 9 integrated healthcare organizations across the United States that conduct active surveillance and research. The system is also used to help determine whether possible side effects identified using VAERS are actually related to vaccination.</p>
Clinical Immunization Safety Assessment (CISA) Project	<p>A collaboration between CDC and 7 medical research centers to provide expert consultation on individual cases and conduct clinical research studies about vaccine safety.</p>
<p>Centers for Medicare and Medicaid Services: Medicare data</p>	<p>The FDA will monitor and use administrative and claims-based data for surveillance and research as people get vaccinated.</p>
Biologics Effectiveness and Safety System (BEST)	<p>The FDA and the Office of Biostatistics and Epidemiology (OBE) will use this system of electronic health record, administrative, and claims-based data to help make sure biologic products including vaccines, blood and blood products, tissues, and advanced therapeutics are safe and effective.</p>
Sentinel Initiative	<p>The FDA will monitor and use administrative and claims-based data for surveillance and research as people get vaccinated.</p>
<h3><i>Members of the military</i></h3>	
<p>Department of Defense (DOD): DOD VAERS data</p>	<p>A system that reports adverse events people affiliated with the DOD have after they receive vaccinations to VAERS.</p>
Vaccine Adverse Event Clinical System (VAECS)	<p>A system that tracks the cases and evaluation of adverse events DOD and DOD-affiliated populations have after they received vaccinations.</p>



DOD Electronic Health Record and Defense Medical Surveillance System	The Department of Defense will monitor and use administrative and claims-based data for surveillance and research as people get vaccinated.
<i>Veterans</i>	
Department of Veterans Affairs (VA): VA Adverse Drug Event Reporting System (VA ADERS)	A national reporting system for adverse events people affiliated with the VA have after they receive drugs and immunizations.
VA Electronic Health Record and Active Surveillance System	The Department of Veterans Affairs will monitor and use administrative and claims-based data for surveillance and research as people get vaccinated.
<i>Tribal nations</i>	
Indian Health Service (IHS): IHS VAERS data	A system that allows populations served by IHS and Tribal facilities to report adverse events to VAERS.

Is the COVID-19 vaccine safe for all populations?

We are still learning how effective the vaccine is for certain populations and communities. Early results from the vaccine clinical trials show promise that the vaccines will be effective for different age, gender, racial, and ethnic groups. Right now, the vaccine is not recommended for children or pregnant women because they were not included in the clinical trials.

What happens if we find out the COVID-19 vaccine isn't safe after they have already given it to people?

The vaccine will not be released if it isn't safe. The clinical trial data is reviewed by many independent researchers to make sure it is safe. After the FDA makes its determination, the [Advisory Committee on Immunization Practices \(ACIP\)](#) will review available data before making vaccine recommendations to the CDC.



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

We are still learning about the side effects of the COVID-19 vaccines. For other vaccines, it is normal to have side effects like:

- Pain, swelling, or redness where the shot was given
- Mild fever
- Chills
- Feeling tired
- Headaches
- Muscle or joint pains and aches

Do certain populations react differently to the vaccine?

We are still learning how effective the vaccine is for certain populations and communities. Early results from the vaccine clinical trials show promise that the vaccines will be effective for different age, gender, and racial and ethnic groups. Right now, the vaccine is not recommended for children or pregnant women because they were not included in the clinical trials.

How do I report an adverse event (side effect) to a vaccine?

If you are worried about a reaction you've had to a vaccine, call a healthcare provider.

You may also call the **Utah Poison Control Center for help at 1-800-222-1222**. The Utah Poison Control Center is available 24/7 and provides free help to anyone who has questions about COVID-19 or reactions to medicine like a vaccine.

You may also report an adverse side effect to a vaccine to the Vaccine Adverse Event Reporting System (VAERS). More information on the VAERS can be found at <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>.

COVID-19 vaccine clinical trials

What is a clinical trial for a vaccine?

Clinical trials test drugs or medical devices on human beings. To get that far, a vaccine has to have already shown promise in the laboratory and in animal studies. Once a vaccine is ready to be tested in human volunteers, the U.S Food and Drug Administration (FDA) requires success through 3 trial phases before it can be approved for widespread use.

These trials are randomized, double-blind, placebo-controlled trials. People volunteer to participate in the trials. This means that some of the volunteers get the vaccine and others get a placebo injection of salt water. Who gets the drug or a placebo is randomly assigned. Neither the participant or the healthcare workers giving the injections will know who gets what. Even the researchers leading the trials will not know whether a participant has gotten the vaccine or the saline injection. That's why the trial is known as "double-blind".



<i>Phase 1</i>	<i>Phase 2</i>	<i>Phase 3</i>
Assesses the safety of the vaccine in a small group of volunteers.	Assesses both safety and effectiveness of the vaccine in a slightly larger study group.	Assesses effectiveness of the vaccine in a large group of participants against control groups. A control group is a group that is not given the vaccine.

At first, COVID-19 vaccines may not be recommended for children or pregnant women.

Early clinical trials for the COVID-19 vaccine were limited to non-pregnant adults. This means that pregnant women and children did not participate in the early clinical trials for COVID-19 vaccines. However, clinical trials are expanding who they recruit to participate, so the recommendations for who should receive the vaccination could change in the future.

For more information about clinical trials in the United States, visit <https://www.clinicaltrials.gov/>.

How many people were involved in clinical trials for COVID-19 vaccines?

There have been many thousands of study participants in the investigational COVID-19 vaccine clinical trials. Dr. Moncet Slaoui, Chief Advisor Operation Warp Speed has said that there have been about 30,000 study participants in each clinical trial.

This does not mean that all of the participants in the studies got the vaccine. These trials are randomized, double-blind, placebo-controlled trials. This means that some of the participants get the vaccine and others get a placebo injection of salt water. Who gets the drug or a placebo is randomly assigned. Neither the participant or the health care workers doing the injections will know who gets what. Even the researchers leading the trials will not know whether a participant has gotten the vaccine or the saline injection. That’s why the trial is known as “double blind”.

What does it mean if a clinical trial is temporarily paused?

Safety is a top priority during the vaccine approval process. It is not unusual for a clinical trial to be temporarily paused if they find a possible side effect (called an adverse event). Clinical trials are designed to pause when an unexpected health event (called a safety signal) is detected so scientists and physicians can investigate potential safety concerns. The approval process for COVID-19 vaccines is no different — safety is always the focus.

What do the Phase 3 COVID-19 studies measure to tell if a vaccine works?

The studies may be designed to measure slightly different things depending on the different companies developing the vaccines. Some of the things they may be looking for are:

- **Viral shedding** – When people are infected with COVID-19, particles from the virus can be found in the secretions from their nose and mouth. Some studies are measuring whether people who were vaccinated have virus in these secretions, called viral shedding. With this approach, even if a person does not have symptoms, scientists can tell if the person was infected and for how long.



- **Protection against moderate or severe disease** – In these studies, scientists look for specific symptoms of infection that are considered to be more severe. They can tell if the vaccine protected more people from getting severely ill when they compare the rates of these symptoms in people who were or were not vaccinated.
- Some studies are evaluating both viral shedding and protection against moderate or severe disease.

Does the mutation of COVID-19 affect the vaccine studies?

Viral mutations can cause vaccines to be less effective. A good example of this is the influenza (flu) virus. From what we know right now, the virus that causes COVID-19 does not appear to functionally change in an important way. But, it does happen and at some point a change could affect how well a vaccine works.

Right now, that does not appear to be happening. For example, scientists recently found changes in the virus that have made it easier for the virus to spread, but that change did not affect the way antibodies respond to the virus. Antibodies from people who had an earlier version of the virus are still able to protect against the newer version, so a vaccine would likely also still be effective.

How do I know I won't be given one of the vaccines that didn't get approved?

The only vaccines that will be released are those that are approved and which have a medical clearance like other medications. Vaccines can not be sold if they are not approved by the [Advisory Committee on Immunization Practices](#) (ACIP).

How does the COVID-19 vaccine work?

The immune system—your body's defense against infection

To understand how COVID-19 vaccines work, it helps to understand how your body fights illness. When germs like the virus that causes COVID-19 get in your body, they attack and multiply. This invasion of germs is called an infection. An infection is what causes you to be sick. Your immune system uses several tools to fight infection. Your blood has red and white blood cells. Red blood cells carry oxygen to tissues and organs. White blood cells, or immune cells, fight infection.

There are different types of white blood cells that fight infection in different ways:

- **Macrophages** are white blood cells that swallow up and digest germs and dead or dying cells. The macrophages leave behind parts of the invading germs called antigens. Your body thinks antigens are dangerous and triggers antibodies to attack them.
- **B-lymphocytes** are defensive white blood cells. They make antibodies that attack the pieces of the virus left behind by the macrophages.
- **T-lymphocytes** are another type of defensive white blood cell. They attack cells in your body that have already been infected.



The first time you are infected with the virus that causes COVID-19, it can take several days or weeks for your body to make and use all the germ-fighting tools needed to get over the infection. After the infection, your immune system remembers what it learned about how to protect your body against that disease.

Your body keeps a few T-lymphocytes, called memory cells, that go into action quickly if you get the same virus again. When the familiar antigens are detected, your B-lymphocytes make antibodies to attack them. Experts are still learning how long these memory cells protect a person against the virus that causes COVID-19.

How does the vaccine protect me?

A vaccine is a type of medicine that protects you from infectious diseases by introducing your body's immune system to a virus or bacteria **in a safe way**. This allows your immune system to make antibodies that are specific to the disease-causing virus or bacteria.

COVID-19 vaccines help your body develop immunity to the virus that causes COVID-19 without having to get the illness. Different types of vaccines work in different ways to offer protection. All vaccines leave your body a supply of "memory" T-lymphocytes and B-lymphocytes that will remember how to fight that virus in the future.

It usually takes a few weeks after you get a vaccination for your body to produce T-lymphocytes and B-lymphocytes. This means that it is still possible you could get infected with COVID-19 just before, or just after, you are vaccinated. You may then get sick because the vaccine did not have enough time to protect you.

Sometimes you can get symptoms or side effects, such as a fever, after you get a vaccination. These symptoms are normal and are a sign that your body is building immunity.

How are COVID-19 vaccines being developed?

Did the government develop the vaccine?

COVID-19 vaccines were developed by independent pharmaceutical companies.

The federal government, through Operation Warp Speed (OWS) has been working since the pandemic started to make one or more COVID-19 vaccines available as soon as possible. Operation Warp Speed is a partnership among components of the Department of Health and Human Services (HHS) and the Department of Defense (DoD) to help develop, make, and distribute millions of vaccine doses for COVID-19 as quickly as possible while making sure the vaccines are safe and that they work.



How did they develop a safe vaccine in such a short time frame when vaccines usually take years to develop?

Operation Warp Speed is part of a broader strategy to speed up the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics (commonly called countermeasures).

The goal of OWS is to produce and deliver 300 million doses of safe and effective vaccines. OWS plans to have the first doses available by January 2021.

Who is involved in the Operation Warp Speed partnership?

- Department of Health and Human Services (HHS), including:
 - Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)
 - Biomedical Advanced Research and Development Authority (BARDA)
- Department of Defense (DoD)
- Department of Agriculture
- Department of Energy
- Department of Veterans Affairs
- Private firms

Operation Warp Speed took processes that normally take years and compressed them into months by running these processes at the same time.

The process to develop a vaccine is usually done in sequential steps. Usually, one step is completed before the next step begins. For example, clinical trials and the process for FDA approval are usually completed before large quantities of a vaccine are produced. However, in order to quickly have a vaccine available, OWS completed these processes at the same time. They began manufacturing the vaccine while they were running the Phase 3 trials, before they knew if the vaccine was effective or not. If the vaccine turns out to be effective and the FDA approves them, the vaccines will be ready to use immediately upon approval by the FDA. If the vaccines are not effective, they won't use them.

OWS selected the most promising candidates and provided coordinated government support to make sure safety and efficacy standards were met while speeding up development. Traditional protocols for public-private partnerships allow pharmaceutical companies to decide their own protocols for clinical trials. However, protocols for the clinical trials for COVID-19 vaccinations have been overseen by the federal government. This allows the clinical trials to proceed more quickly.

OWS did not need to eliminate any steps of the traditional vaccine development process because the steps were completed at the same time.

To learn more about Operation Warp Speed and COVID-19 vaccination development, click [here](#).



Why does it take so long to develop a vaccine for a new disease, but only a short amount of time to develop new flu vaccines?

COVID-19 is a new virus, so there was no licensed vaccine or vaccine process to build on. Entirely new vaccines need to be developed and tested to make sure they are safe and work to prevent someone from getting COVID-19. There are many steps in the testing and approval process for vaccines. When scientists identify a new strain of flu, like H1N1 in 2009, vaccine manufacturers can use the same processes to make the new vaccine that they use to make the seasonal flu vaccine. This saves valuable time.

Many agencies and partners in the United States are working together to make sure that safe and effective COVID-19 vaccines are available as quickly as possible.

Has there been a coronavirus vaccine developed before that could help with a COVID-19 vaccine?

Researchers began working to develop vaccines for 2 diseases caused by coronaviruses that are closely related to the virus that causes COVID-19 after they were discovered (in about 2003 and 2012). These diseases are severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

None of the SARS vaccines ever made it past the first stages of development and testing. This was largely due to a lack of interest because the virus disappeared. One MERS vaccine (MVA-MERS-S) successfully completed a phase 1 clinical trial in 2019.

Lessons learned from this earlier vaccine research have been used to inform strategies for developing a COVID-19 vaccine.

How many COVID-19 vaccines are being developed?

There are many COVID-19 vaccines being developed. In the United States, 4 vaccines are doing large-scale (Phase 3) clinical trials (as of November 4, 2020).

Are there different types of COVID-19 vaccines?

There are 3 main types of COVID-19 vaccine:

- **mRNA vaccines** have material from the virus that causes COVID-19 and give your cells instructions for how to make a harmless protein that is unique to the virus. After your cells make copies of the protein, they destroy the genetic material from the vaccine. Your body recognizes the protein should not be there and builds T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if you are infected in the future.
- **Protein subunit vaccines** include harmless pieces (proteins) of the virus that cause COVID-19 instead of the entire germ. Once vaccinated, your immune system recognizes that the proteins don't belong in your body and begins making T-lymphocytes and antibodies. If you are ever infected in the future, memory cells will recognize and fight the virus.



- **Vector vaccines** contain a weakened version of a live virus—a different virus than the one that causes COVID-19—that has genetic material from the virus that causes COVID-19 inserted in it (this is called a viral vector). Once the viral vector is inside your cells, the genetic material gives your cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, your cells make copies of the protein. This prompts your body to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if you are infected in the future.

Will more than one company offer a vaccine?

Yes, there are several companies working to develop a COVID-19 vaccine. Two companies, Pfizer and Moderna, are the closest to having an approved vaccine by the end of 2020.

What are the differences between the vaccines offered by different companies?

Right now, based on what we know from the early results of the COVID-19 vaccine trials, different vaccines will likely need 2 doses several weeks apart. For example, one vaccine produced by Pfizer will need to have 2 doses given 21 days apart. The Moderna vaccine will need to be given 28 days apart. There may be other differences between vaccines such as who the vaccine is best recommended for. We will learn more as the vaccine clinical trials are finished and the study results are evaluated.

Is the vaccine effective?

There are two vaccine manufacturers which have released initial results of their clinical trials showing the COVID-19 vaccines are very effective. Both the Pfizer and Moderna vaccine show a potential efficacy of around 90-95%. This means only about 5-10% of the people who got sick with COVID-19 during the clinical trial had received the vaccine. In other words, the vaccine protected the majority of people who received it.

The clinical trials still need to be finished and evaluated before a vaccine is approved and considered safe to use. We also don't know yet how long the immunity provided by the vaccine will last.

Will one vaccine be more effective than the others?

It is likely that COVID-19 vaccines could have different levels of effectiveness in different groups of people. We know this from other vaccine studies. For example, older individuals (65 years and older) generally do not respond as well to vaccines as younger people and need a vaccine developed especially for them.

We understand this may make some people wonder whether or not they should get vaccinated right away, or wait to see which vaccine is more effective. Our recommendation is for everyone to get vaccinated as soon as they can. Even though the effectiveness is going to be a little different for each different type of vaccine, they will all be safe and offer protection against COVID-19. It is important to get as many people protected as we can, as quickly as possible.



If more than one vaccine becomes available, could taking 2 different types of vaccines boost the effectiveness?

You should only get one type of COVID-19 vaccine. Most COVID-19 vaccines require 2 doses to be effective. The 2 doses will be spread a few weeks apart. **It is very important to get your 2nd dose.**

Be sure you get the 2nd dose of the same vaccine you got the first time, so your vaccine will work like it should. You will not be more protected by getting one shot of each different type of COVID-19 vaccine because the first dose does not provide as much immunity as possible. **So, you need more than one dose of the same vaccine to build more complete immunity.**

Does this mean that healthcare workers will get a different vaccine than everyone else?

No. From what we know, more types of COVID-19 vaccines will be available very soon. Right now, there is not one specific group of people who will receive one type of vaccine over the other. The decision about which vaccine a healthcare facility, pharmacy, clinic, or other facility decides to use may be based on several factors, such as their capability to store the vaccine, if a vaccine comes in smaller quantities, is easier to ship, etc.

How will they decide who gets which type of vaccine?

The vaccine will drive the response. This means that many of the decisions about who receives which vaccine will be based on the availability of vaccine and the risk level of the individual. From what we know, more types of COVID-19 vaccines will be available very soon. Right now, there is not one specific group of people who will receive one type of vaccine over the other. The decision about which vaccine a healthcare facility, pharmacy, clinic, or other facility decides to use may be based on several factors, such as their capability to store the vaccine, if a vaccine comes in smaller quantities, is easier to ship, etc.



Why should I get a COVID-19 vaccine?

We understand some people may be concerned about getting vaccinated for COVID-19. Even though these vaccines are being developed as quickly as possible, it is important to know they are using the same safety approval processes and procedures they use for other vaccines authorized or approved for use. Safety is a top priority, and there are many reasons to get vaccinated.

- Clinical trials of COVID-19 vaccines must first show they are safe and effective before any vaccine can be authorized or approved for use in the United States.
- The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine for use under what is known as an Emergency Use Authorization (EUA).

There is no way to know how COVID-19 will affect you.

Most people who get COVID-19 recover within a few weeks. However, there is no way to know in advance how COVID-19 will affect you. Based on what we know about vaccines for other diseases, experts believe that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19.

COVID-19 can have serious, life-threatening complications. And if you get sick, you could spread the disease to friends, family, and others around you. Getting vaccinated for COVID-19 will be a safer way to help build protection. The vaccine will help keep you from getting COVID-19.

- Experts believe that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get the virus, based on what we know about vaccines for other diseases.
- If you get vaccinated it may also protect people around you, especially people at higher-risk for severe illness from COVID-19.
- Vaccines will only be authorized or approved if they are carefully evaluated in clinical trials and make you substantially less likely to get COVID-19.

We think of COVID-19 as a respiratory disease that mostly affects the lungs, but it can damage many other organs as well. This organ damage may increase your risk of long-term health problems. We are seeing many cases where people—even those with mild symptoms—continue to suffer complications and symptoms months after they are considered “recovered.” There is not enough data yet to tell us how long these complications from COVID-19 will last.

COVID-19 vaccination will be an important tool to help stop the pandemic.

The long-term symptoms and complications of COVID-19?

Organ damage caused by COVID-19, even in people who only had mild symptoms:

Heart

Even in people who only had mild symptoms, imaging tests taken months after they recovered from COVID-19 have shown lasting damage to the heart muscle. This may increase the risk of heart failure or other heart complications in the future.



Lungs

The type of pneumonia often associated with COVID-19 can cause damage to the tiny air sacs (alveoli) in the lungs. Scar tissue that results can lead to long-term breathing problems.

Brain

COVID-19 can cause strokes, seizures, and Guillain-Barre syndrome — a condition that causes temporary paralysis, even in young people. COVID-19 may also increase the risk of getting Parkinson's disease and Alzheimer's disease.

Blood clots and blood vessel problems

COVID-19 can make blood cells more likely to clump up and form clots. While large clots can cause heart attacks and strokes, much of the heart damage caused by COVID-19 is believed to stem from very small clots that block tiny blood vessels (capillaries) in the heart muscle.

Other organs affected by blood clots include the lungs, legs, liver, and kidneys. COVID-19 can also weaken blood vessels, which contributes to potentially long-lasting problems with the liver and kidneys.

Problems with mood and fatigue

People who have severe symptoms of COVID-19 often have to be treated in a hospital's intensive care unit, with mechanical assistance, such as ventilators to breathe. Simply surviving this experience can make a person more likely to later develop post-traumatic stress syndrome, depression, and anxiety.

Scientists are also looking at the long-term effects seen in related viruses, such as severe acute respiratory syndrome (SARS), because it's hard to predict long-term outcomes from the new COVID-19 virus. Many people who have recovered from SARS have developed chronic fatigue syndrome. This is a complex disorder where a person has extreme fatigue that gets worse with physical or mental activity, and doesn't get better with rest. The same may be true for people who have had COVID-19.

Many long-term COVID-19 effects are still unknown

There is a lot we still don't know about how COVID-19 will affect people over time. However, researchers recommend that doctors closely monitor people who have had COVID-19 to see how their organs are functioning after recovery.

It's important to remember that most people who have COVID-19 recover quickly. But the potential for long-lasting problems from COVID-19 make it even more important to reduce the spread of the disease by following precautions such as wearing masks, avoiding close contact with people you don't live with, and washing your hands often. You should also get vaccinated for COVID-19 if you can.

Experts will continue to study the effects of the COVID-19 vaccination on the severity of the disease and its ability to keep people from spreading the virus. Based on what we know right now, these are the benefits of being vaccinated for COVID-19. The Utah Department of Health and the CDC will continue to provide updated information when more data become available.

Who should get vaccinated?

Anyone who is 18 years of age and older should receive a COVID-19 vaccine. We should have more information about the vaccine soon.



Why can't children get the vaccine right now?

The vaccine will not be available for children until it is proven safe for this age group. Right now, the clinical trials only had adults aged 18 or older participate. Pregnant women and children were not included in the trials.

Is it safe for women who are pregnant or breastfeeding to get the vaccine?

Right now, the vaccine is not recommended for women who are pregnant. The vaccine will not be available for women who are pregnant until it is proven safe for the developing baby. We don't know yet if women who are breastfeeding should get vaccinated. The Utah Department of Health will provide vaccine recommendation updates when that information becomes available.

Do I need to get vaccinated if I already had COVID-19?

It is likely that medical professionals and scientists will recommend you get the COVID-19 vaccine even if you already had COVID-19. Right now, we do not know yet how long antibodies last after infection or if they will protect you from being infected again. That is why it is important for scientists to continue learning about COVID-19 while vaccine trials are being completed. We need to know more about whether people who got sick with COVID-19 can be re-infected.

There is not enough information right now to say how long you are protected from getting COVID-19 after being infected, or if you are protected at all. Protection from a virus after you were infected is called natural immunity. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this.

Will I be required to get the vaccine?

You will not be required to get the vaccine, this is voluntary. However, there is no way to know in advance how COVID-19 will affect you. Based on what we know about vaccines for other diseases, experts believe that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19.

COVID-19 can have serious, life-threatening complications. And if you get sick, you could spread the disease to friends, family, and others around you. Getting vaccinated for COVID-19 will be a safer way to help build protection. The vaccine will help keep you from getting COVID-19.

Can employers legally require their employees to get the vaccine?

We can only provide you with very general information and are unable to provide answers to legal questions for specific situations. We do not know whether or not this general information would apply to your specific situation. If you have employment-related questions, you should talk to your human resources department or visit <https://jobs.utah.gov/employer/legal.html> for more information.

In most cases, employers can set conditions of employment that include a required vaccination. However, there are exceptions.

Exceptions would be if the individual has a medical condition or disability that prevents him or her from getting the vaccine (protection offered under the Affordable Care Act) or sincerely held religious beliefs



against vaccines (protection offered under the Civil Rights Act). In such cases, an employer can require alternatives such as working from home, wearing a mask with physical distancing, etc.

How much will the COVID-19 vaccine cost?

COVID-19 vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccine providers will be able to charge administration fees for giving or administering the shot to someone.

Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.

Where can I get a vaccination?

Right now, COVID-19 vaccination is only available for:

Healthcare personnel who work in high-risk environments from the 5 hospitals in the state that provide care to the highest numbers of COVID-19 patients.

Will I need more than one dose of the vaccine?

Most COVID-19 vaccines require more than one dose.

The COVID-19 vaccine is a 2 shot series.

- The first shot starts building protection.
- A second shot is needed a few weeks later to get the most protection the vaccine has to offer.

There may be other vaccines developed at a later time which only require one shot.

Will getting vaccinated make me test positive for COVID-19?

No. A viral test is used to find out if you have COVID-19 or not. Right now, the vaccines in clinical trials won't cause you to test positive on viral tests.

If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests. Antibody tests see if you've ever had a previous infection and may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

How long will COVID-19 vaccine immunity last?

Right now, we don't know how long someone is immune to COVID-19 after they get the vaccine or get sick with the virus. We will only have information about the length of immunity for the length of the clinical trials. For example, if the first people in the study were vaccinated in July 2020 and the vaccine is licensed in December 2020, we will only have information about the immune response up to 5 months after vaccination. The vaccine manufacturer will likely continue to monitor people who got the vaccine for several months or more. This information will help us be better able to understand whether you will need a COVID-19 vaccination every year.



There are many things that affect how long you will be protected after you get a vaccine, such as which types of vaccine you are given, what part of your immune system responds to the vaccine, and the level of immunity that is generated by the vaccine.

Does your natural immunity after you get COVID-19 last longer than protection from COVID-19 vaccines?

The protection you get after you have a virus (called natural immunity) is different for each disease and can be different from person to person. We don't know enough yet about COVID-19 to know how long natural immunity might last. Some early evidence—based on some people—seems to suggest that natural immunity may not last very long. We also won't know how long immunity lasts until we have a vaccine and more data on how well it works.

Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about. The Utah Department of Health and the CDC will keep you informed as new evidence becomes available and we know more.

Can I still get COVID-19 even if I'm vaccinated?

We don't know yet if COVID-19 will completely prevent you from ever getting the virus. COVID-19 vaccination helps protect you by creating an antibody response without having to get sick. If you do get the virus, it will likely keep you from getting sick. If you do get sick after being vaccinated, it will most likely be mild and much less severe than had you not been vaccinated.

Will I need a COVID-19 vaccine every year?

Right now, we don't know. We will only have information about the length of immunity for the length of the clinical trials. For example, if the first people in the study were vaccinated in July 2020 and the vaccine is licensed in December 2020, we will only have information about the immune response up to 5 months after vaccination. The vaccine manufacturer will likely continue to monitor vaccine recipients for several months or more. This information will help us be better able to understand whether you will need a COVID-19 vaccination every year.

There are many things that affect how long you will be protected after you get a vaccine, such as which types of vaccines are licensed, what part of your immune system responds to the vaccine, and the level of immunity that is generated by the vaccine.



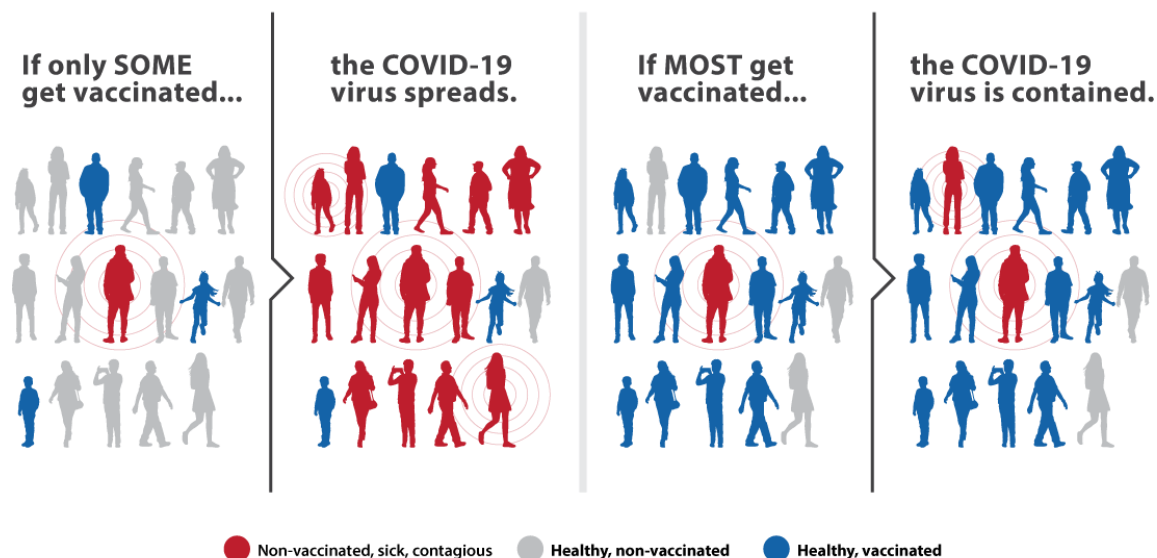
Do vaccines work?

What is herd immunity?

Herd immunity is a term we use to describe when a virus or bacteria is unlikely to spread and cause disease because enough people have protection. There are 2 ways you can be protected from a virus or bacteria:

- You have natural immunity from being infected before.
- You have immunity because you were vaccinated.

When enough people are protected, everyone in the community is protected, even if some people don't have any protection at all.



What percentage of the population needs to get vaccinated to have herd immunity to COVID-19?

Experts do not know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. The percentage of people who need to have protection in order to achieve herd immunity is different for every disease. The more contagious a disease is, the more people who need to have immunity to it to stop it from spreading. Right now, some studies predict we would need 60-70% of the population to be immune to COVID-19 to achieve herd immunity.

Another important thing to know about herd immunity is what happens when not enough people in a community are protected. When the percentage of people who are protected against a virus is too low, suddenly lots of people are at risk of getting the disease. If this happens, many people could get sick with COVID-19 at once and overwhelm our healthcare system. Natural immunity is very different from person to person; but even with vaccinations, everyone does not get the same level of protection. There are many things that can affect how much protection someone gets from a vaccination, such as how



healthy the person was when they got it, how the vaccine was stored or administered, if the vaccine was old, and many other things.

People who may have had only a little protection were safe when many people in the community were protected. However, without herd immunity, they may no longer be safe from the disease. This is why it is very important to get the recommended vaccines. It not only protects you, it helps protect everyone else as well.

Are vaccines dangerous?

Vaccines are very safe. Data show that the current U.S. vaccine supply is the safest in history. Today, most Americans no longer have first-hand knowledge of diseases like polio and measles. We tend to take our prevention success for granted and forget the tremendous suffering these diseases can cause. We must not let our success stop us from continuing to immunize.

Vaccines in the United States are held to the highest standard of safety and are continually monitored for safety and effectiveness. Yet, like any medication, vaccines can cause side effects. Almost all vaccines can cause symptoms such as pain, redness, or tenderness at the site of injection.

Hundreds of thousands of infants, children, and adults in the U.S. used to be infected with diseases like whooping cough, polio, measles, Haemophilus influenzae, and rubella. Thousands died every year from them. Today, most of them are nearly gone from our country because vaccines were developed and are widely used.

Almost everyone in the United States got measles before there was a vaccine, and hundreds died from it each year. Today, most doctors have never seen a case of measles.

- More than 15,000 Americans died from diphtheria in 1921, before there was a vaccine. Only 2 cases of diphtheria have been reported to the CDC between 2004 and 2014.
- An epidemic of rubella (German measles) in 1964-65 infected 12½ million Americans, killed 2,000 babies, and caused 11,000 miscarriages. Since 2012, only 15 cases of rubella were reported to the CDC.

You may wonder why we need to keep vaccinating against diseases that we will probably never see. This is because vaccines don't just protect you. Most vaccine-preventable diseases are spread from person to person. If you get an infectious disease, you can spread it to others who are not immune. You can't get that disease and spread it to others if you are immune because you were vaccinated. The more people who are vaccinated, the fewer opportunities a disease has to spread.

If 1 or 2 cases of disease come into a community where most people are not vaccinated, outbreaks will happen. There were many measles outbreaks around the country in 2013. These outbreaks mostly happened in groups with low vaccination rates. If vaccination rates dropped to low levels nationally, diseases could become as common as they were before vaccines.

Diseases haven't disappeared. The United States has very low rates of vaccine-preventable diseases, but this isn't true everywhere in the world. Only one disease—smallpox—has been totally erased from the planet. Polio is close to being eliminated, but still exists in several countries. More than 350,000 cases of measles were reported from around the world in 2011, with outbreaks in the Pacific, Asia, Africa, and



Europe. In that same year, 90% of measles cases in the United States were associated with cases imported from another country. The only thing that kept these clusters from becoming an epidemic was that most Americans are vaccinated against measles. Disease rates are low in the United States today. But if we let ourselves become vulnerable by not vaccinating, a case of a disease that is currently under control, could become an outbreak or epidemic.

I hear about people who don't believe in vaccines. Is there any scientific evidence to support this point of view?

Vaccines have led to some of the most remarkable public health success stories in history. Thanks to vaccines, smallpox has been eradicated (gotten rid of completely) and cases of polio have nearly been eliminated around the world. Many people who believe vaccines make people sick base their opinion off of [fraudulent and discredited](#) research. In fact, research shows the opposite. Vaccines save lives.

Someone I know told me never to get a flu shot, because the one time she did, she ended up getting the flu. Will a flu vaccine give me the flu?

No. We have all heard stories like these, but they just aren't true. These types of stories come from a misunderstanding of how vaccines work. **Flu vaccines cannot cause flu illness. Vaccines do not cause the illness they protect against. The flu vaccine does not increase your risk of COVID-19.** The misunderstanding comes when someone gets sick or has flu-like symptoms, even after getting vaccinated. This makes many people think the vaccination gave them the disease.

What really happens is quite the opposite. The flu shot actually protected the person from getting a more severe illness than she would have gotten if she had not been vaccinated.

- Some people may experience muscle aches or a fever for a day or two after getting a flu vaccine. These are normal side effects as your body builds up protective antibodies to protect you from the flu.
- It can take up to 2 weeks for your body for the flu shot to take full effect and protect you. If you are exposed to the flu virus during this time, you could still get sick with the flu.
- Some years the flu vaccine isn't a good match for the viruses that are circulating during that flu season. If this happens, your flu shot may be less effective but it still provides some protection.
- Many other illnesses, like the common cold, also have symptoms like the flu. You may think you have the flu when in fact you have a different illness.

For information about where you can receive the flu vaccine, visit <https://vaccinefinder.org/>.

You still need to take safety precautions after you get vaccinated.

Will the vaccine mean the pandemic is over?

If effective vaccines become available AND if most people choose to get the vaccine, infections will become fewer and life will gradually return to normal. Vaccines will not eliminate the risk of COVID-19 completely. There may still be outbreaks of COVID-19 in areas where fewer people are vaccinated.



If I am vaccinated against COVID-19, can I still spread the virus to other people?

Some vaccines do not prevent you from getting the virus, but can keep you from getting sick if you get it. This means you would be able to still spread the virus to other people. We don't know yet how well the COVID-19 vaccines will prevent you from spreading the virus, or if they will just keep you from getting sick.

If vaccines protect against infection, this means you will not spread the virus to someone else. However, some COVID-19 vaccines may protect against severe infection, but not prevent infection. If this is the case, you could spread the virus to someone else if you were infected, even if you had been vaccinated.

That is why it's important right now for you to continue to practice the health behaviors we know prevent COVID-19, like wearing a mask and physical distancing.

Do I need to wear a mask after I get a COVID-19 vaccine?

Yes. Experts need to understand more about the protection that COVID-19 vaccines provide before they decide to change recommendations on mask use. Other factors will also affect this decision, including how many people get vaccinated and how the virus is spreading in communities. You should wear your mask when you go to get your vaccine and anytime you are in healthcare facilities during the pandemic, even after you have been vaccinated. You should also continue to wear a mask when you're out in public as long as public health recommends you wear one. This protects not only you, but other people from getting sick as well.

The COVID-19 vaccine is not a cure and won't lower your risk right away. It usually takes a few weeks after you get a vaccination for your body to produce T-lymphocytes and B-lymphocytes. This means that it is still possible you could be infected with COVID-19 just before or just after you are vaccinated. You may then get sick because the vaccine did not have enough time to protect you.

Why do we need a vaccine if we can take other safety precautions to keep the virus from spreading?

Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like wearing masks and physical distancing, help reduce your chance of being exposed to the virus or spreading it to others. Vaccination and following the Utah Department of Health's recommendations to protect yourself and others will offer the best protection from COVID-19.

Do I need to wear a mask if I have received 2 doses of the vaccine?

Yes. Experts need to understand more about the protection that COVID-19 vaccines provide before they decide to change recommendations on mask use. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

It is important for everyone to keep using all the tools available to us to help stop this pandemic while experts learn more about the protection that COVID-19 vaccines provide in real life conditions. You should still take safety precautions: wear a mask, wash your hands often, and physical distance. Vaccination and following the Utah Department of Health's recommendations for how to protect yourself and others are the best ways to keep from getting and spreading COVID-19.



When can I stop wearing a mask after I have been vaccinated?

Experts need to understand more about the protection that COVID-19 vaccines provide before they decide to change recommendations on mask use. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

Sometimes people can still get a disease, even if they have been vaccinated. Based upon what we know about other diseases, experts believe your illness will be far less severe if you are vaccinated.

Even when the vaccine is available to the public, it will be important for all of us to keep practicing the health behaviors we know reduce the spread of COVID-19 until it is safer.

- Wear a mask when you are in close contact with anyone who doesn't live in your home, especially indoors.
- Wash your hands often with soap and water for 20 seconds.
- Try to keep at least 6 feet or 2 meters between you and people who don't live in your home, especially indoors.
- Stay home if you are sick.

Do not wear a mask if you are younger than 2 years of age, have trouble breathing, or are unable to remove a mask without help.

COVID-19 vaccination and other vaccines

Can I have flu and COVID-19 at the same time?

Yes. You can have COVID-19, the flu, as well as other respiratory illnesses, all at the same time. Health experts are still studying how common this is. However, there are many FDA-licensed influenza vaccines available to keep you from getting the flu. A flu vaccine will protect you against the 3 or 4 flu viruses that scientists anticipate will be going around this year.

The COVID-19 vaccine may not be available to everyone until we are well into flu season, so it is more important than ever to get your flu vaccine.

What is the difference between the flu shot and the COVID-19 vaccine?

Everyone age 6 months and older should have a flu vaccine each flu season. The COVID-19 vaccine may not be recommended for children right at first. The protection from a flu vaccination gets weaker over time, so you need one each flu season. That is why it is more important than ever to get your flu vaccine this year. We don't know yet if you will need to get vaccinated from COVID-19 every year like the flu vaccine.

The flu vaccine is only one dose. Right now, the COVID-19 vaccines in development and closest to being approved will require two doses a few weeks apart.



Are there other vaccines that can help prevent me from getting COVID-19?

Right now, there are no other vaccines available to prevent COVID-19.

Is it safe to get the COVID-19 vaccine at the same time as other vaccines?

Right now, we don't know if you should get other vaccines at the same time as the COVID-19 vaccine or if you need to wait to get vaccinated.

The Advisory Committee on Immunization Practices (ACIP) will provide guidance on how to safely use the COVID-19 after the vaccine clinical trials are completed. As we learn more, we will provide updates on the COVID-19 vaccine.

What should I do if I can't get vaccinated because of a health condition?

I have a health condition that prevents me from getting other vaccines. What should I do?

When vaccines are licensed, part of the information that will be provided will include who should or should not get each vaccine. You should talk to your doctor about which vaccine will be the best one for you to get, given your medical history.

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