

COVID-19 FAQs

EDUCATION RESOURCES FOR THE HISPANIC FAITH COMMUNITY

Here are some of the most frequently asked questions we've heard from the Hispanic Faith Community. These questions have been vetted by the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS). To learn more and to get the most up-to-date information, please visit getvaccineanswers.org

FAQS

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1. HOW ARE COVID-19 VACCINES AUTHORIZED AND APPROVED FOR USE?

Researchers began developing vaccines for COVID-19 in January 2020, based on decades of understanding immune response and how vaccines work. Thousands of volunteers participated in clinical trials that started that spring, making sure we can trust the vaccines to be safe and effective. Based on the results, the U.S. Food and Drug Administration (FDA) authorized two vaccines for public use in December 2020. The vaccines met the agency's rigorous and science-based standards for quality, safety, and effectiveness.

COVID-19 is a new virus requiring new vaccines, but vaccines have been saving lives and protecting us for centuries. Now, medical experts believe COVID-19 vaccines can help us move forward in our everyday lives.

2. HOW ARE VACCINES TESTED FOR SAFETY?

Every vaccine must go through rigorous testing and inspection to ensure it is safe.

Vaccines for COVID-19 followed a 3-phase process where there are several stages before FDA authorization:

Phase 1: The vaccine is tested in a small number of generally healthy adults, usually between 20 and 80 people. It's evaluated for safety, dosage, and any side effects. Experts also look at what type of immune response is created.

Phase 2: If there are no safety concerns from Phase 1 studies, the vaccine is given in various dosages to hundreds of adults who may have a variety of health issues and come from different backgrounds to make sure it is safe. These studies provide additional safety information on common short-term side effects and risks, examine the relationship between the dose given and the immune response, and may provide initial information regarding the effectiveness of the vaccine.

Phase 3: Experts broaden the study to include thousands of adults, from a variety of ages and backgrounds. They see how many people who got the

vaccine were protected from the disease, compared to those who received a placebo.

3. HOW WERE THE COVID-19 VACCINES MADE SO QUICKLY?

The science behind the breakthrough had a head start. Researchers had already made progress developing vaccines for other types of coronaviruses: they applied lessons learned after the 2003 SARS epidemic and the 2012 MERS outbreak. They also learned a lot from creating a vaccine for Ebola — which isn't a coronavirus but has taught us more about viruses.

The rapid spread of COVID-19 made developing these vaccines an international priority, unlocking billions of dollars in funding to ensure safety while moving with urgency to save lives.

Many researchers and medical experts have come together to develop vaccines while still meeting the FDA's rigorous requirements for safety and effectiveness. While regulators have streamlined some steps in the vaccine authorization process, the vaccines still needed to meet the agency's rigorous, scientific standards for safety, effectiveness, and manufacturing quality.

4. DID THE CLINICAL TRIALS INCLUDE PEOPLE LIKE ME?

Researchers made sure that the trials included adults of diverse backgrounds, races, ethnicities, and geographic areas. They collaborated with faith leaders, community organizations, and health clinics to reach volunteers from many different walks of life across the United States.

Medical experts and doctors want to make sure the vaccines work safely and effectively for as many people as possible. People may respond differently to vaccines based on factors like age, gender, and health conditions — so it is important to have a diverse group of participants in clinical trials.

COVID-19 has hit hard in the Black and Hispanic communities. Historically, these populations haven't always been included in clinical research, but with COVID-19 vaccines researchers made sure volunteers included people of color, as well as

people over the age of 65 who are at higher risk of complications from the virus.

At this time, the studies do not include pregnant women or young children, but testing with those groups will likely begin in the near future. Pregnant women who get infected with COVID-19 disease are more likely to have severe disease.

People who are pregnant and part of a group recommended to receive COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated. A conversation between pregnant patients and their clinicians may help them decide whether to get vaccinated.

5. HOW DO THESE VACCINES PROTECT ME?

When we get a vaccine, it activates our immune response. This helps our bodies learn to fight off the virus without the danger of an actual infection. If we are exposed to the virus in the future, our immune system “remembers” how to fight it.

Some COVID-19 vaccines use messenger RNA, or mRNA. mRNA vaccines do not contain a live virus — they give our bodies “instructions” for how to make and fight the harmless spike-shaped proteins that will protect against a COVID-19 infection. While these vaccines use new technology, researchers have been studying them for decades.

6. HOW DO I GET VACCINATED AGAINST COVID-19?

State and local governments will ultimately decide when each group gets access to vaccines based on the local supply. That way, communities can set the priorities that work for them. The federal government does not mandate vaccines or set the rules for each community.

As more vaccines are produced over the winter and spring of 2021, more people will be able to get vaccinated based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and the CDC.

If you have questions, make sure you talk to your doctor. Some people — like pregnant women or people with certain severe allergies — might

be told to wait to get a specific vaccine once it's available.

Your doctor should be able to tell you when and where you can get your shots. It might be at a hospital, the doctor's office, a pharmacy, or a drive-thru clinic.

7. IF I'VE ALREADY HAD COVID, WHEN CAN I TAKE THE VACCINE?

If you've had COVID-19 in the past 90 days, talk to your doctor about when you should get vaccinated. People who have already had COVID-19 should still eventually get vaccinated to ensure they are protected.

Over the next few months, with more and more people getting vaccinated, we will find out more about how the vaccines protect people who have already had COVID-19.

COVID-19 vaccination should be offered to you regardless of whether you already had COVID-19 infection. You should not be required to have an antibody test before you are vaccinated.

However, anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation.

8. WHAT'S IT LIKE TO GET VACCINATED AGAINST COVID-19?

Getting a COVID-19 vaccine will be a lot like getting any other shot.

When you go in, you'll be given a fact sheet that tells you more about the specific vaccine you're being offered.

Once you've had the vaccine, you will receive a vaccination card with the date, location, and type of vaccine you received. You might also get a card reminding you when to come back for the second shot.

The supply of vaccines will increase in the coming weeks and months. We expect several thousand vaccine providers across the country to offer vaccines — including doctors' offices, hospitals, pharmacy chains like CVS and Walgreens, and certain other qualified healthcare centers.

9. ARE THERE SIDE EFFECTS?

It's normal to experience some mild discomfort following a vaccine. This means it's working and creating an immune response in your body.

You may feel soreness or experience some swelling in your arm. You may also feel tired, have a headache, fever, or chills. These symptoms do not mean you have COVID-19 — it's not possible to get COVID-19 from the vaccine.

These symptoms may impact your daily activities, but they shouldn't last more than 2-3 days. If they continue or get worse, call your doctor, nurse, or clinic.

Even if you have these types of effects after your first shot, it's important to make sure you get the second one, unless a vaccination provider or your doctor tells you not to get a second shot. Ask your doctor if you have questions. Your body takes time to build immunity. You may not be fully protected against COVID-19 until 1-2 weeks after your second shot.

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your symptoms are worrying you or do not seem to be going away after a few days
- If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911. Learn more about COVID-19 vaccines and rare severe allergic reactions.

10. HOW LONG WILL THE VACCINE LAST IN MY BODY? WILL I NEED A YEARLY DOSE?

Immunization against COVID-19 will help protect you for the near future, but it's still not clear how long the protection will last. We will have a clearer picture of how long immunity lasts in years to come when we have collected more data. Both natural immunity and immunity from the vaccine are important ways to fight COVID-19 that experts are trying to learn more

about, and places like the CDC will keep the public informed as new evidence becomes available.

11. WHY DO I NEED 2 SHOTS?

Most of the COVID-19 vaccines in development will require people to get two shots, given about 3 weeks apart, in order to work. The first shot starts building your immune response. The second shot is needed to give you the full protection the vaccine can offer. You have to get both shots to be protected.

It takes time for your body to build immunity after vaccination, so you might not get full protection until a week or two after you get the second shot. The different types of vaccine are not interchangeable, so your doctor or pharmacist will help make sure you get the same type of vaccine for both shots.

Ask your healthcare provider about tools (like v-safe) that can send you automated reminders about getting your first and second shots at the appropriate time.

12. HOW MANY PEOPLE NEED TO GET VACCINATED?

Medical experts do not know exactly what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. Herd immunity is a term used to describe when enough people have protection — either from previous infection or vaccination — that it is unlikely a virus or bacteria can spread and cause disease. As a result, everyone within the community is protected even if some people don't have any protection themselves. The percentage of people who need to have protection in order to achieve herd immunity varies by disease.

13. WHY IS THERE MORE THAN ONE TYPE OF COVID-19 VACCINE? IS THIS A NORMAL PRACTICE WITH VACCINES?

Many teams of medical experts around the world have helped in the search for a safe and effective COVID-19 vaccine — including many of the leading doctors here in the United States.

Having multiple vaccines in development and production is crucial so that vaccination programs can be rolled out in many different countries at the same time, reaching as many people as possible.

While we can't make as much of any single vaccine as quickly as we want, more than 2 billion doses of the authorized vaccines are expected to be manufactured in 2021 — and they must be carefully transported and stored.

14. WHAT TYPES OF VACCINES ARE THERE?

Many vaccines work with harmless pieces of the spike-shaped proteins on the outer shell of the virus, instead of the entire virus. These proteins aren't infectious — our immune system recognizes that the virus' proteins in the vaccine don't belong in our body and learns how to fight them off.

Messenger RNA (mRNA) vaccines teach our body how to make the harmless protein pieces and protect us from the viruses that contain them. This produces antibodies, which are part of our body's immune system defenses, that fight off the virus if it enters our bodies. It's important to note that mRNA vaccines help build protection to a very specific type of protein and do not interact with our DNA in any way.

15. HOW ARE THE VACCINES STORED?

The COVID-19 vaccines authorized by the FDA require careful transportation and storage at cold temperatures.

Once the vaccines are thawed and kept in a refrigerator, they must be given to people within 5 to 30 days based on the type of COVID-19 vaccine.

16. WHAT TYPE OF VACCINE WILL I GET?

While supplies are limited, if you are in one of the groups recommended to take the vaccine, you will need to get whichever vaccine is available in your area. It's possible that in the coming months, as production increases and more vaccines get approved for use, that people will have options for which shot to get.

The bottom line is that every vaccine that gets through the authorization process has been thoroughly tested and proven to be effective and safe. You should feel confident that your experience will be similar regardless of which shot you get.

You'll get a card or fact sheet at your vaccination site that will tell you about the vaccine and help you understand the details. Right now, most of the vaccines need two shots, spaced apart. Your card will tell you which kind of vaccine you get and when to get the second dose.

17. HOW MUCH DOES IT COST?

There shouldn't be a cost to get vaccinated. Insurance providers will cover the cost of the vaccine, and the U.S. government has set up a system to cover costs for those who do not have insurance.

Vaccine doses bought by the U.S. government will be given to the public for free, however, vaccination providers will be able to charge an administration fee for giving 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.

18. DO I STILL HAVE TO WEAR A MASK?

Yes. Until enough Americans are vaccinated, it's important to continue to wear a mask, stay 6 feet apart from people you don't live with, avoid crowds, and wash your hands frequently.

Researchers are working to understand whether you can still carry the virus and spread it to others if you've had the vaccine and are protected from getting sick.

Continuing to wear a mask helps protect others while we learn more about how COVID-19 spreads. It also helps protect people who are not able to get vaccinated — such as pregnant women or young children.

19. WHEN CAN I GET BACK TO MY LIFE?

We need to work together to get to the end of this pandemic.

While trial data suggests authorized COVID-19 vaccines are highly effective, we will only manage the pandemic if enough people take them.

Vaccine manufacturers are producing and distributing millions of doses of the vaccines, but they won't all be

available at once. That's why certain high-risk groups are getting them first.

Healthcare workers, seniors in long-term care facilities, frontline workers, and individuals over the age of 75 are the most vulnerable and will be able to get the vaccine first in most states. More doses will be available to other groups in the spring as the supply increases.

Until enough people have been immunized against COVID-19, we should continue wearing masks, staying 6 feet apart from people we don't live with, avoiding crowds, and washing our hands.

For more resources to make informed decisions about COVID-19
visit VaccineToolkitFaithCommunity.org