SEIU COVID-19 FAQs

Content

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SAFETY AND EFFECTIVENESS

What's in the vaccine and how does it work?

- Three vaccines are currently available. Two of the vaccines, one by Pfizer and one by Moderna, use messenger RNA (mRNA) technology. This technology does not use any live virus particles. You will not be exposed to the virus that causes COVID-19.

  Instead, the vaccines contain instructions for your cells. The messenger RNA — a piece of genetic code — tells your cells to make the COVID-19 spike protein themselves. Once your cells make the spike protein, your immune system will create the antibodies that fight COVID-19 and protect you from getting sick from this virus, providing a significant level of immunity. To be effective, both of the vaccines require you to receive two shots given a few weeks apart.

  The third vaccine by Johnson & Johnson (J&J) is a viral vector vaccine. It is made from an inactivated adenovirus, the virus that causes the common cold, and contains a piece of DNA that instructs the body to make the COVID-19 spike protein. J&J used a modified adenovirus that can enter cells but can't replicate inside them or cause illness. This in turn triggers an immune system response, giving you protection should you ever be exposed to the real virus in the future. The use of genetic instructions makes the Johnson & Johnson vaccine similar to, but not exactly the same as the Pfizer and Moderna vaccines. The J&J vaccine requires only one dose and can be stored at normal refrigerator temperatures.

Can I get COVID-19 from the vaccine?

- No. There are no live virus particles. While you might feel minor, temporary side effects from the injection, it is impossible to contract the virus from the vaccine.

Will the vaccine cause side effects? If so, how long might they last?

- Some people who get a COVID-19 vaccine will experience side effects, particularly after a second dose. The side effects of the vaccine appear to be minor and temporary. Participants have reported pain at the injection site, fatigue, occasional fever, headache or aching muscles and joints. These side effects fade within 1–2 days, and are actually common with all vaccines: they are a sign that a vaccine is working and triggering an immune response. If someone is going to have a bad reaction to a vaccine, it is likely to occur in the first six weeks after vaccination.

If I have side effects from the COVID-19 vaccine, can I return to my workplace?

- You should be able to return to your workplace after receiving the vaccine. Most people who get the vaccine have few or no side effects. Most side effects are mild, such as discomfort or swelling at the injection site. Some side effects that have been reported in the first few days after each dose, like fever, are normal signs that your body is building protection. These side effects may affect your ability to do some daily activities, but they typically go away within a few hours or days. However, if you experience a fever after vaccination, you may need to stay home from work pending further evaluation, including consideration for COVID-19 testing.

Learn about the difference between expected side effects and when it may be time to call a doctor. The vaccine will not give you COVID-19. However, you could have been exposed to the virus before getting vaccinated, so if you continue to feel sick, you should talk to your doctor. It takes time for your body to build protection after any vaccination. The COVID-19 vaccine may not protect you until a week or two after your second shot (dose).

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) encourage people to report possible side effects (called "adverse events") to the Vaccine Adverse Event Reporting System (VAERS). CDC is also implementing a new smartphone-based tool called v-safe to check in on people's health after they receive a COVID-19 vaccine. If you enroll in v-safe, you can tell CDC if you have any side effects after getting a COVID-19 vaccine. If you report serious side effects, someone from CDC will call to follow up.

Are there any long term side effects?

- COVID-19 vaccines are still being tested for long term side effects. At this point, no long term safety issues have been detected. The CDC and FDA are monitoring closely. As more people get vaccinated, more information will be available in the coming weeks and months. CDC scientists and medical professionals will be continuously reviewing vaccine safety. They will keep providing information to the public and will take action on new safety concerns if needed.

  But even though we are still learning about COVID-19 vaccines, here's what we do know for sure: getting sick with COVID-19 is dangerous. We know that COVID-19 can cause long term health problems, even in mild cases. The CDC has already identified fatigue, shortness of breath, chest pain, coughing and joint pain among the most common reported long term side effects. Many people who recover from COVID-19 also suffer from difficulty with thinking and concentration (sometimes referred to as "brain fog"), depression, muscle pain, headaches, intermittent fever and fast-beating or pounding heart (also known as heart palpitations).

  It is unlikely that vaccine-related side effects are riskier than actually having COVID-19. Given the prevalence of serious side effects from COVID-19 infections and the rarity of long term side effects from the vaccines, it's clear that getting vaccinated is the safest choice for the overwhelming majority of people.

Has anyone died or become ill after taking the vaccine?

- No. There are three vaccines — one is from Pfizer, one from Moderna and one from Johnson & Johnson. Nearly 73,000 individuals took part in clinical trials for the Pfizer and Moderna vaccines and 44,325 individuals took part in the clinical trials for the J&J vaccine. More than one million people are getting vaccinated every day now. There were no deaths, and no reports of severe illness following the vaccination.

How effective is the vaccine?

- All three vaccines have a very high level of effectiveness: Pfizer has a 95 percent rate and Moderna has a 94 percent rate. That means that among people who took the vaccines, there were 94–95 percent fewer cases of COVID-19 than among those who did not receive it. The J&J vaccine was 85 percent effective in preventing severe/critical illness and 66 percent effective in preventing symptomatic illness 28 days after vaccination. Importantly, it was 100 percent effective in preventing hospitalization and death from COVID-19.

  While it's difficult to compare vaccines for different diseases, for context, flu vaccines are only 40–60 percent effective in any given year. The high level of effectiveness of the COVID-19 vaccines mean they have the potential to significantly prevent the spread of the disease.

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Is one vaccine better than the other?

- No. The Pfizer and Moderna vaccines use the same mRNA technology, and they have similar levels of effectiveness. Among people who took the vaccines, there were 94–95 percent fewer cases of COVID-19 than among those who did not receive it. To be effective, both of the vaccines require you to receive two shots, given a few weeks apart. The Johnson & Johnson vaccine was 85 percent effective in preventing severe/critical illness and 66 percent effective in preventing symptomatic illness 28 days after vaccination. Importantly, it was 100 percent effective in preventing hospitalization and death from COVID-19. The J&J vaccine requires only one dose.

  Vaccine distribution sites may administer one of the three authorized vaccines, depending on their supply. If you receive the Pfizer or Moderna vaccine for your first shot, both of which require two doses, you cannot get a second shot from a different vaccine.

How many doses do I need to be fully protected? Is one dose good enough?

- To be effective, the Pfizer and Moderna vaccines require two shots, given a few weeks apart. It is typical for the second dose of vaccine to give a more significant, longer term boost. Giving a vaccine in two doses is common for many childhood vaccines. The first shot primes the immune system, helping it recognize the virus, and the second shot strengthens the immune response. Pfizer's second shot is given 21 days after the first dose, and Moderna's is 28 days later. If you receive the Johnson & Johnson vaccine, you will only need one dose. Your vaccine provider should tell you which vaccine you received and whether you need to come back for a second dose — but if you're not sure, don't be afraid to ask.

How will I remember to get the second shot?

- Each person getting the Pfizer or Moderna COVID-19 vaccine will receive a vaccination record card to make sure they receive the correct vaccine for the second dose. You can also enroll in v-safe, a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. V-safe will remind you to get your second COVID-19 vaccine dose if you need one.

What if I miss my second shot?

- Some people who receive the first dose of Pfizer or Moderna COVID-19 vaccine may not be able to receive the second dose when their employer offers it. In those cases, they may complete the vaccine series by bringing their vaccination record card to another location in their area that is administering the vaccine. You should not need to restart your series of shots. It is important that you get the same vaccine for both your first and second dose.

Can I mix and match vaccines?

- No. For a two-dose vaccine, your second dose must be from the same vaccine as the first. Since the vaccines differ in composition, storage and time between the two doses, experts say people must take the same vaccine for both doses.

How long does the protection last? Will I need to get a booster shot every year?

- It's possible you may need to get a booster shot. Because the disease is new, we still have more to learn about how long immunity might last. The protection may wane over time, and you may be susceptible again. It's also possible that the virus could mutate. Public health experts and scientists will continue to study the virus and monitor people's immunity, and issue guidance accordingly in the future.

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Can I still get the virus, even if I take the vaccine?

- Yes. It typically takes a few weeks for the body to build immunity 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 get sick. This is because the vaccine has not had enough time to provide protection.

  While the vaccine provides significant protection, it is not 100 percent effective. There is a slight chance you may still get infected, but it will most likely be a mild case of the virus as opposed to a severe case which is possible without the vaccine. Contracting the virus without protection can have potentially deadly consequences — taking the vaccine does not.

Can I still spread the virus, even after getting vaccinated?

- We don't yet know whether vaccinated individuals can spread the virus to others who may not have received the vaccine. That's why it will be critical that everyone continues to wear masks, socially distance and follow all the necessary public health protocols both at work and elsewhere.

Does the vaccine work better depending on a person's age, weight or race?

- Based on the available data, we know that all three vaccines work well regardless of age, weight or race. Trials for the Pfizer and Moderna vaccines included over 25,000 people from the communities most impacted by COVID-19, including Black, Latinx, and older people. The Johnson & Johnson vaccine was tested on 44,325 participants including Black, Latinx, AAPI and older people.

I have pre-existing conditions. Will taking the vaccine have harmful effects?

- We don't yet know for certain how individuals with different pre-existing conditions will react to the vaccine. It is clear, however, that those with other health complications are at a higher risk for contracting severe cases of COVID-19. If you have a pre-existing condition, you should consult your doctor on what's best for you.

I have allergies. Can I still take the vaccine?

- Some people may be at risk for an adverse reaction because of an allergy to one of the vaccine components or a medical condition. CDC provides recommendations for people who have had allergic reactions to other vaccines and for those with other types of allergies.

Is it safe to get the vaccine if I'm pregnant or breastfeeding?

- Women who are trying to become pregnant do not need to avoid pregnancy after receiving a COVID-19 vaccine. Scientists study every vaccine carefully for side effects immediately after vaccination and for years afterward. There is no evidence that fertility problems are a side effect of any vaccine. In fact, some vaccine trial participants became pregnant during the vaccine trials.

Will the COVID-19 vaccine change my DNA?

- No. Some of the COVID-19 vaccines are a new type of vaccine called "messenger RNA" vaccines or "mRNA" vaccines. Messenger RNA vaccines teach our cells how to make a protein — or even just a piece of a protein — that triggers protection inside our bodies. The mRNA in the vaccine cannot affect your DNA in any way. Our DNA is in the nucleus of our cells. Both of these new vaccines are made of small bits of genetic material called M, or messenger, RNA. mRNA is a normal part of the cell's machinery that's made in the nucleus and travels out to the rest of the cell to do its work — making proteins. But that's a one-way street from the nucleus, out. The mRNA in the vaccines also does its work in the part of the cell outside the nucleus. It never gets near the DNA in your cells.

I already had COVID-19. Do I still need a vaccine?

- There is not enough information currently available to say if or for how long after infection someone is protected from getting COVID-19 again. Early evidence suggests that natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. The CDC has not issued a recommendation on whether people who had COVID-19 should get a COVID-19 vaccine and you should talk to your doctor to find out more about what's best for you.

I haven't gotten a flu shot yet. Should I?

- Yes. Getting a flu vaccine is an essential part of protecting your health and your family's health this season. Flu vaccines are useful any time during the flu season and you can often get them in January or later. A flu vaccine will not protect you from getting COVID-19, but it can prevent you from getting influenza (flu) at the same time as COVID-19. This can keep you from having a more severe illness and needing medical care. Flu is another serious respiratory illness that can cause missed work, hospitalization, and, in some cases, even death. You should wait at least 14 days after getting the COVID-19 vaccine to get a flu shot.

Will I still need to wear PPE and follow public health protocols even after getting the vaccine?

- Yes. We will still need to wear masks and practice physical distancing until a large proportion of the population is vaccinated and we are sure the vaccine provides long term protection — and your employer should ensure you have this equipment readily available at work. Initially, there will not be enough vials to vaccinate everyone who wants the vaccine and the virus will still be transmitted.

  While the vaccine provides significant protection, it is not 100 percent effective. We also don't know whether vaccinated individuals can still carry and spread the virus to people who haven't been vaccinated. Everyone should continue to wear PPE and follow public health protocols both at work and elsewhere.

  In fact, when you get the vaccine, you and the person administering the vaccine will both need to wear masks. The CDC recommends that during the pandemic, people wear a mask that covers their nose and mouth when in contact with others outside their household, when in healthcare facilities and when receiving any vaccine, including a COVID-19 vaccine.

DEVELOPMENT AND APPROVAL

The vaccines were made so quickly. How do I know it is safe and not rushed?

- The mRNA vaccines produced by Pfizer and Moderna are faster to develop because they are not using live virus particles. Instead, the mRNA is easy to make in the laboratory — saving several years for development. These vaccines are carefully studied, tested and regulated before they can be used.

  The companies that created the vaccines submit extensive applications to multiple government agencies and independent bodies of scientific experts, which will only permit the vaccine to be used if the evidence shows it is safe.

Healthcare workers will be among the first who can take the vaccines. How robust were the trials? How many people were involved and how thorough was the study?

- In clinical trials for the vaccine candidates from Pfizer and Moderna, over 73,000 people from the U.S. and around the world received injections of the vaccine. The Johnson & Johnson vaccine was tested on 44,325 participants including Black, Latinx, AAPI and older people. All three vaccines have a high level of effectiveness.

Did the clinical trials for the vaccines from Pfizer and Moderna include people from the groups most affected by COVID-19, especially Black, Latinx and older people?

- Yes. While vaccines work the same in people of different races or ethnicities, it is important to make sure vaccines are tested in diverse population groups before they are released. The clinical trials conducted by Pfizer and Moderna included over 25,000 people from the communities most impacted by COVID-19, including Black, Latinx, and older people. The Johnson & Johnson vaccine was tested on 44,325 participants including Black Latinx, AAPI and older people.

Did President Trump pressure vaccine companies or the FDA to speed up the process?

- No. Public health leaders including Dr. Anthony Fauci are carefully monitoring the vaccine process, and it has moved forward without interference by President Trump and Republicans. The companies that created the vaccines submit extensive applications to multiple government agencies and independent bodies of scientific experts, which will only permit the vaccine to be used if the data and the evidence show it is safe for people. There is no time limit on the process, and nobody — not even the President — can rush it.

How does the vaccine approval process work?

- In the United States, vaccines must be approved by the Food and Drug Administration (FDA) before they can be used. The FDA bases its decision to approve or not approve a vaccine on data from clinical trials. The data is reviewed by independent experts who are not part of the government or the pharmaceutical companies, and by career scientists and physicians at the FDA who are not politically appointed and who are experts in vaccine safety and effectiveness. The scientists look out for unexpected side effects that the vaccine might have caused. This helps determine the vaccine's "safety." In general, the fewer and less severe the side effects are, the more the vaccine is considered safe. If the clinical trial data shows enough evidence of efficacy and safety, the FDA will approve the vaccine and license it for use in the United States.

I hear that the FDA granted emergency use authorization status to the Pfizer, Moderna and Johnson & Johnson COVID-19 vaccine. What does that mean?

- Sometimes, the FDA will allow a medical product that has not yet been fully approved to be used in an emergency to diagnose, treat, or prevent a serious illness. This is called and Emergency Use Authorization (EUA). And EUA may be issued when the FDA determines that the product "may be effective" against the disease based on all the available scientific evidence. This is a lower standard than what's required for full approval of a product, but it still uses early data gathered from clinical trials.

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VACCINE DISTRIBUTION

Can my employer require that I get the vaccine?

- The vaccines were approved under an FDA protocol called Emergency Use Authorization (EUA), which says that vaccines should be voluntary. This, however, doesn't prevent employers from requiring that employees receive a COVID-19 vaccination as a condition of employment. In general, employers may require employees to receive a vaccination (i.e., the flu vaccine) under certain circumstances. Employer authority to implement and enforce a mandatory vaccination program has several limitations. Under federal anti-discrimination laws, employees may refuse a mandatory vaccine on the basis of a disability or a sincerely held religious belief. Further, employers may commit an unfair labor practice if they fail to bargain with the union before implementing a mandatory vaccination program.

  However, SEIU members are encouraged to get an available vaccine given their efficacy in reducing serious illness, long term complications from the virus — and to protect loved ones and neighbors. When the virus is allowed to spread and replicate, it mutates. These changes potentially make it more resistant to vaccines. By taking the vaccine, SEIU members can help prevent this. Mass vaccination is the best way to stop the spread of COVID-19, save lives and begin to resume normalcy once again.

Will those who are vaccinated be assigned to work with patients with COVID-19 more frequently?

- No, the immunization status of a healthcare worker will not affect their work assignment.

Is the vaccine free? Will my insurance cover it?

- You will not have to pay for the vaccine. The vaccine itself is free, and Medicare, Medicaid and private insurance have agreed to offer it for free. Individuals who are uninsured may incur a cost for vaccine administration.

Can I get vaccinated even if I don't have a Social Security Number?

- Everyone in the United States is eligible for vaccination against COVID-19. The Biden Administration has announced that no immigration enforcement efforts will be conducted in relation to the vaccine and all personal information will remain private. Some state and local registration forms ask for a Social Security number, however people may enter 0s in lieu of a Social Security number if they do not have or know the registrant's number.

Will I have a chance to take the vaccine later if I decline the first opportunity?

- We don't have all the details yet on how many doses will be available in the initial distribution. Due to limited doses of the vaccine, choosing not to take it when it is first available may mean you will have to wait many more months to have an opportunity to do so again.

*Thanks to SEIU 1199UHE for developing this fact sheet, in close consultation with doctors and other medical professionals.