THE COVID WARRIOR HANDBOOK:

A COVID-19 COMMUNITY RESOURCE

BROUGHT TO YOU BY

THE WEST INDIAN SOCIAL CLUB

IN COLLABORATION WITH

THE COMMUNITY COALITION AND THE CITY OF HARTFORD

3340 MAIN STREET,
HARTFORD, CT

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Table of Contents: Your Questions Answered

Letter to the Community

We are Covid-19 Warriors.

It us time to protect ourselves from the COVID-19 virus by getting vaccinated. We started our COVID-19 journey with identifying the virus, investigating how it is transmitted, and determining protocols to reduce the risk. We worked through the myths so everyone can start feeling safe and open to being around each other.

We were able to provide educational material and videos from healthcare providers, community-based organizations, COVID-19 testing, CDC guidelines, State of Connecticut mandates. Vaccination is an important tool to help stop the COVID-19 pandemic. We have updated this handbook to provide you with the answers around vaccines and vaccine hesitancy.

COIVD-19 Warriors, let us continue to follow the science and adhere to all CDC guidelines and protocols to make sure we remain safe to protect the people around us.

Thank you for doing your part by following CDC protocols/guidelines and in helping to contain the spread of the COVID-19 virus.

Errol A. Smith
Chairman, West Indian Social Club of Hartford, Inc.

COVID-19 Information & Update

1. **What is COVID-19 and how is it transmitted?**
What are the basics of COVID-19 (coronavirus)?
Where did COVID-19 come from?
What is the cause of COVID-19?

COVID-19 is the illness caused by the virus SARS-COV-2. It is part of the coronavirus family (we know of 7 coronaviruses: 4 cause common cold, 3 cause more serious illnesses, including COVID-19). COVID-19 was thought to come from a food market in China when a disease from a bat spread to humans.

2. **How many people have caught COVID-19 twice?**
Can you get COVID-19 twice in the same season?
Once you get the illness, are you immune to it?

We do not have a formal estimate on the number of people who have been infected with COVID-19 more than once, but it is possible for people to be infected multiple times. Typically, once you have been infected with COVID-19, you have about 90 days of protection from antibodies before you are at risk of becoming sick again. Right now, medical professionals do not believe you can have immunity from COVID-19, even if you have been infected once.

3. **What is the average age of COVID-19 deaths?**

Here is a more definitive source:
https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

4. How long does coronavirus stay in the air?
How long does COVID-19 live on surfaces?
How long can COVID-19 virus live on surfaces?

We do not know exactly how long COVID-19 particles can exist in the air or on surfaces, but we do know that it passes primarily through respiratory droplets. For that reason, it is recommended that one social distance, wear a mask and wash your hands frequently to prevent the spread of the disease from touching infected surfaces or from being in close contact with an infected person. The virus can live on surfaces and the time it can live depends on the type of surface. For instance, more porous materials like wood allow the virus to live longer than if it were on metal. However, transmission is much more likely to happen via close person-to-person contact through respiratory droplets versus via surface transmission.

5. What is a carrier?

A carrier is a person that carries the virus and may or may not have symptoms.

6. What is a close contact?

Close contact is measured by the Centers for Disease Control and Prevention [CDC] as being within 6 feet of the same person for 15 minutes or more. This time is not necessarily measured consecutively, so it is a total of 15 minutes over the course of a day, etc.

7. How do you know that you have COVID-19?

The only way to be sure that you have been infected by COVID-19 is to be tested. COVID-19 and the flu/cold share many common symptoms, so if you think you have been exposed or if you have any symptoms, it is a good idea to get tested.

8. Can someone with no symptoms of COVID-19 pass it on to someone else?

Yes. People without symptoms of COVID-19 can still be infected with the virus, and therefore transfer it to others. These people are called asymptomatic carriers.

9. What does contact tracing mean?
What is contact tracing?

Contact Tracing is a process of identifying all people that a person infected with COVID-19 during their infectious period. The cases' personal information is kept confidential, but Contact Tracing allows for potentially exposed individuals to be advised that they should be quarantined to prevent community spread.

10. If I do not have COVID-19, should I cancel my medical appointments?

Unless otherwise advised by your doctor/medical professional, there is no need to cancel medical appointments if you do not have COVID-19. If you are hesitant about going to the doctor's office, telehealth appointments may be an option with your provider.

11. What does "flattening the curve" mean?

This refers to lowering the number of cases so that the transmission of COVID-19 in the community gets as close to 0 as possible. Once this happens, the image of transmission on a graph would reflect a flattened curve.

12. What does it mean to "shelter in place"?

"Shelter in place" refers to staying home as much as possible to prevent the spread of COVID-19 in the community.

13. Can pets infect humans with COVID-19?
Can pets be infected with COVID-19?

Should I be concerned about pets or other animals and COVID-19?

A small number of pets (cats and dogs) have been confirmed to be infected with the virus that causes COVID-19, mostly after close contact with a person with COVID-19. Some pets did not show any signs of illness, but those pets that did get sick all had mild disease that could be taken care of at home.
More information about how COVID-19 can affect animals can be found at https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/pets.html

14. Is food delivery safe right now? Can COVID-19 be spread through food like restaurant take out or refrigerated/frozen packaged food? Are restaurants and other food establishments still being inspected? Can I get COVID-19 from takeout food containers or other surfaces?

Transmission of COVID-19 from surfaces or objects to humans is believed to be low. Food delivery is a safe option right now and is a good alternative to dining out or grocery shopping if that is a possibility for you and your family.
It is still advisable to wash your hands frequently when handling objects that others have touched.
Restaurants and other food establishments are still being inspected and are working at maintaining meticulous cleanliness for its customers.

15. Can COVID-19 live in hotter climates? Will coronavirus slowdown in the warmer months like flu season?

"From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather.

Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose."

16. Can mosquitoes transmit COVID-19?

"To date there has been no information nor evidence to suggest that COVID-19 could be transmitted by mosquitoes."

17. Are swimming pools safe from COVID-19?

A swimming pool that is not adequately ventilated nor socially distanced will not be COVID-19 safe.

CDC is not aware of any scientific reports of the virus that causes COVID-19 spreading to people through the water in pools, hot tubs, or water playgrounds. Proper operation of public pools, hot tubs, and water playgrounds (such as at an apartment complex or owned by a community) and disinfection of the water (with chlorine or bromine) should inactivate the virus.

The virus mainly spreads when respiratory droplets from infected people land in the mouths or noses of others or possibly when inhaled into the lungs by others. If a public pool, hot tub, or water playground is open, it is important for all visitors and staff to take steps to slow the spread of the virus.

https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Water

18. Why should I quarantine if I was in contact with someone that has COVID-19? When is it appropriate to self-quarantine?

It is important to quarantine until you can determine if you develop symptoms or have been infected with COVID-19. By quarantining, you protect your family, friends, and community by staying home until you know whether you may be infectious. It is appropriate to self-quarantine if you have been exposed to COVID-19 or if you develop symptoms and are waiting for the results of your test.

19. When will things get back to normal?

We cannot give a definitive timeline of when things will "return to normal." Wearing a mask, watching your distance, washing hands, staying home, and preparing for the vaccine are all things that will help speed up this process. Being vaccinated when the shot becomes available to you, is the surest path leading to resuming regular life activities.

20. When should I call my doctor?

Call your doctor with any medical questions or if you develop severe symptoms including difficulty breathing (severely short of breath), faintness, pain/pressure in your chest, inability to wake up or stay awake, coughing up blood, new or increased confusion, dizziness, fever that lasts longer than three (3) days, or blueish lips. You may call your doctor, urgent care center, local Emergency Room, or call the Hartford Healthcare Hotline 1-833-621-0600 (available 24 hours a day, 7 days a week, 365 days a year) with questions. If you are concerned for your immediate safety, call 911.

21. **How can I protect myself and others from getting COVID-19?**
How can I best protect myself from COVID-19?
How can I help loved ones at risk?
How can I protect myself and others from COVID-19?

Practice the 3 W's: Wear a mask, Wash your hands, Watch your distance. Stay home as much as possible to prevent community spread. These practices protect yourself as much as they do your loved ones and community.

22. How can I prepare to be at home for an extended period of time?

Stock up on prescriptions, if possible, buy more canned goods/pantry items at the grocery store. Get food delivered, if possible, for you/your family. Have a doctor/trusted medical professional that you can reach out to with questions.

23. **How does the virus spread?**
Can COVID-19 be spread by a person who is not showing symptoms?
How does the COVID-19 virus spread?

The virus spreads through respiratory droplets (particles that leave your nose or mouth when you cough/sneeze/sing/talk). When these particles make contact with another person, or when someone touches a surface where infected particles land and then touch their face, they can become infected. Sometimes these particles can also exist in the air and spread to others that way as well.
Someone not showing symptoms but infected with COVID-19 can still spread the virus.

24. Should I wear a face mask?

Yes! This is one of the best ways to prevent respiratory droplets from spreading. Wearing a mask protects you and protects those around you. Make sure to cover both your nose and mouth with your mask for it to be most effective.

25. When is a person considered recovered from COVID-19?

A person is considered recovered when they have completed the 10-day isolation period and no longer have symptoms. If symptoms persist after 10 days, their isolation period should continue.

26. What is the difference between isolation and quarantine?

Isolation is a minimum period of 10 days when a person is known to be infected with COVID and separates themselves from others, even those in their household to prevent transmission. **Quarantine** is a 14-day period when someone is a known contact (they have been exposed to someone with COVID) or is symptomatic and waiting for their test results. During quarantine, you stay home and out of the community, but do not need to isolate from others in the household unless it is suspected/presumed that you have also been infected.

27. What are the symptoms and complications of COVID-19?
What are the signs and symptoms of COVID-19 infection?
How common is diarrhea with coronavirus?
What are the symptoms of COVID-19 and how is it different from flu and allergies?
What are the symptoms of COVID-19?

The primary symptoms of COVID-19 are:
Fever, Cough, Shortness of Breath, Headache, Fatigue, Congestion, Chills, Sore Throat, Nausea/Vomiting, Diarrhea, New loss of taste or smell, Muscle or Body Aches. Many of the symptoms are similar to the flu and allergies. For that reason, it is important to get tested. Everyone reacts differently to the virus. If you experience any of the symptoms, it is a good idea to get tested. Diarrhea is also a common symptom of COVID-19.

28. Does blood type play a role in COVID-19 risk?

There are no definitive statements on blood type and COVID-19 risk.

29. When are people with COVID-19 most infectious?
How long after you are exposed to the virus do you get sick?
How long are you contagious for?

People are most considered infectious 2-14 days after exposure to someone with COVID-19. At day 5 of exposure, COVID-19 is at its peak infectious stage. Symptoms can occur at any point between the 2-14 day window and can sometimes last longer, too.

30. Does drinking a lot of water and gargling with warm saltwater or vinegar stop the virus?

NO, although staying hydrated is always important, especially when you are sick.

31. If I am sick and, in the hospital, how can my family and friends reach me?

If you are sick and, in the hospital, family and friends can reach you via personal cell phone or can have calls transferred into your room.

32. Do disinfectant wipes work?

Frequent disinfectant cleaning helps to decrease the amount of virus on a surface at that given time; frequent disinfectant is important in areas where lots of people congregate. Read the fine print on the disinfectant wipe container. Look for how long does it take to kill viruses.

In the case of some disinfecting wipes, the package says the wipes disinfect for viruses including coronaviruses in three minutes. Those three minutes comprise a span known as "contact time" – that is, the amount of time the surface should remain wet with cleaner for the advertised effectiveness to be expected. For most wipes, recommended contact time is between two minutes and five minutes.

For dilutable or ready-to-use formulations, it is more typically three minutes to 10 minutes. A simple mix of bleach and cold water also works for disinfecting coronavirus: four teaspoons of bleach per quart of water – or, for larger loads, five tablespoons (1/3rd cup) per gallon. With standard Clorox or similar, a five-minute period exposed to those mixtures should kill coronavirus, according to the U.S. Environmental Protection Agency. Given bleach's harshness on stainless steel and countertops, wipe surfaces down with water after those five minutes. A plastic toy or metal item can be immersed in bleach for 30 seconds to disinfect.

Two important caveats: 1) wear gloves, and 2) don't mix bleach with ammonia as the combination is toxic. Bleach solution should be used within 24 hours as it loses effectiveness with time.

A straight 3 % hydrogen peroxide solution takes out rhinovirus - which is tougher to kill than coronavirus – in six to eight minutes, and so should be at least as quick in disinfecting coronavirus.

COVID-19 & Social Distancing

33. What is the limit on the number of people in gatherings? Is it safe to attend events and gatherings?

The limit on the number of people in gatherings changes as the numbers of positive cases change. It is encouraged to frequently check the Hartford COVID-19 website (https://coronavirus.hartford.gov/) to get the most up to date information. The safest you can be is to abstain from attending events with others when possible. Though, when attending events, if they are following proper precautions (there is room for social distancing, proper sanitation is in place, people are wearing masks) then it is safe to attend.

34. Why is it safer to gather outdoors? Do I need to wear a mask outdoors?

It is safer to gather outdoors due to the increased air circulation. The more open the space, the less likely the virus can become concentrated in one area and inhaled directly. It is still important to wear a mask and follow proper precautions outdoors to limit the spread of COVID. Just because you are outdoors does not eliminate the potential of becoming infected, therefore it is important to still mask up and social distance.

"LIFE IMPOSES THINGS ON YOU THAT YOU CAN'T CONTROL, BUT YOU STILL HAVE THE CHOICE OF HOW YOU'RE GOING TO LIVE THROUGH THIS."

— CELINE DION

35. What is community mitigation? What is a community spread or hot spot?

"Community mitigation is a set of actions that people and communities can take to slow the spread of infectious diseases like COVID-19. The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at increased risk for severe illness, while minimizing the negative impacts of these strategies." (CDC.GOV)
Community mitigation looks like all community members wearing masks, distancing, and quarantining/isolating if exposed to COVID to decrease the spread throughout the community.
Community spread is the opposite of community mitigation, and a hot spot is where there is a high number of positive cases in a specific area.

36. What is social distancing?

"Social distancing is keeping a safe space between yourself and other people who are not from your household. To practice social distancing, stay at least 6 feet / 2 meters (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces." (CDC.gov)

"When it rains, look for rainbows; when it's dark, look for stars." — **Oscar Wilde**

37. Can you recover from COVID-19?

Yes, you can recover from COVID-19. Most people with mild cases of COVID-19 recover within a few weeks. People with more serious cases of COVID-19 may take longer to recover.

38. Does it matter what soap or sanitizer I use?

The best way to prevent the spread of COVID-19 as well as decrease the risk of getting sick is through washing your hands with regular soap and water. There is no evidence that a specific soap or sanitizer is effective. If soap and water are not available, CDC recommends consumers use an alcohol-based hand sanitizer that contains at least 60% alcohol, rub the hands vigorously, and then allow hands to air dry.

39. What should I do if someone in my household is quarantined?

- People in the household should stay separated from the person who is sick. If they must be around the person who is sick, they should wear a mask.

- The person who is sick should stay in a separate room and away from other people and pets, use a separate bathroom, wear a mask around others.
- Be sure the person who is sick covers their mouth and nose with a tissue when coughing or sneezing, throws away used tissues in a lined trash can, washes their hands often, and does not prepare, serve, or assist in preparing or serving, food to others.

If possible, if you have been exposed to the person in your household you should get tested and quarantine as well. (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/protect-your-home.html)

COVID-19 & Testing

40. Is it possible for my COVID-19 test result to change?

Yes. A COVID-19 test measures the existence of virus at the exact moment of testing. It is possible at the moment you are tested to already be infected with a very low amount of virus and then later develop COVID-19 as the virus levels within your body increase. You could test negative one day and then test positive the next. That is why it is recommended to be tested approximately 5 days after exposure- this is when you are most likely to receive the most accurate COVID-19 test results.

41. How do you get tested for the coronavirus?
How do they test for COVID-19?
What is an antigen test for COVID-19?
Are at-home tests an option?
What are antibody (serology) tests?

To find a COVID testing site near you, visit this website https://uwc.211ct.org/covid-19-testing-sites/ . This is the most up to date in terms of availability, location, etc.

To test for COVID, dependent on the site, either you or a healthcare worker will take a swab of your nose or throat.

Antigen tests for Covid-19 are rapid tests that detect certain proteins that are part of the virus. These results are usually provided within 15 minutes-1 hour of the test. Antigen tests are less accurate in comparison to antibody (serology) tests, also known as PCR tests. PCR tests look for traces of the SARS-CoV-2 virus's genetic material in a patient's mucus and take longer to receive results, typically 2-5 days.

At home tests are an option, "The FDA has authorized one completely at-home test. An at-home test is a test where a person can collect a sample and test the sample at home. The test gives results in 30 minutes or less. The FDA has also authorized tests that allow a person to collect their sample at-home and then mail it to a laboratory for analysis. All COVID-19 tests require a prescription." (https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions)

42. Who should be tested for SARS-COV2? Can I get tested if you do not have symptoms of COVID-19 but are worried you may have been exposed to the virus?

According to CDC, people who have symptoms of COVID-19, people who have had close contact (within 6 feet of an infected person for at least 15 minutes) with someone with confirmed COVID-19, and people who have been asked or referred to get testing by their healthcare provider, local external icon or state health department should be tested for COVID. We also discussed people who live in hotspots or work in high-risk professions should be routinely tested to assist with community mitigation.
You should get tested if you are worried you have been exposed to the virus, even if you are asymptomatic. We recommend waiting until day 5 after exposure to get tested though; this is when the virus is at its peak.

43. What should I do if I test positive?

If you test positive for COVID-19, you should isolate for 10-14 days. You should not leave your home unless to seek medical care.

44. What happens if I screen positive for symptoms of COVID-19 or have an increased risk for exposure to the disease?
How often do I need to be screened?

See responses to questions 43 and 42.

You should get tested if you are worried you have been exposed to the virus, even if you are asymptomatic. We recommend waiting until day 5 after exposure to get tested though; this is when the virus is at its peak and most easily detected by a COVID-19 test.

45. Will the flu vaccine protect we against COVID-19?
Will the flu shot prevent me from getting the coronavirus? Should I still get one?

The flu vaccine will not protect you against COVID-19, but you should still get a flu shot. Getting a flu shot will help limit the contraction of the flu, which in turns helps hospitals in terms of overflow on top of their already high COVID-19 numbers crowding ERs. (Community mitigation)

46. What if I do not have insurance can I still get tested?
There are many no cost testing sites which do not require insurance or ID. They can be found at https://uwc.211ct.org/covid-19-testing-sites/.

47. Can I get COVID-19 from a blood transfusion?

There have been no reported cases of people getting SARS-CoV-2, the virus that causes COVID-19, from a blood transfusion. Generally, respiratory viruses such as SARS-CoV-2 are not spread by blood transfusion.

Even so, people who want to donate blood are evaluated for any current or past illness. If they are ill at the time of donation, they cannot donate blood. For example, they must have normal body temperature on the day of donation. (CDC.gov)

48. Where can I get tested for COVID-19?

https://uwc.211ct.org/covid-19-testing-sites/

49. If I tested positive and have the symptoms could I contract COVID again in the future? What I was asymptomatic, could I be tested positive for COVID-19 in the future?

Cases of reinfection with COVID-19 have been reported but remain rare.

COVID-19 Symptoms & Illness

50. How much Zinc, Vitamin D, and/or Vitamin C should you take for COVID-19?

A healthy lifestyle is beneficial to COVID-19 recovery. Please discuss with your doctor if you should take any over the counter vitamins or medications.

51. How is COVID-19 diagnosed?

The most accurate diagnostic of COVID-19 is through a COVID-19 test.

"Life is a menu, so remember whatever you order for your life is what's gonna be delivered to your table."

— Tyrese Gibson

52. What can I do to prevent infection?

Wear a mask, social distance, wash your hands. Avoid public spaces and crowds, only leaving the home for essentials such as grocery shopping/work.

53. How do I know that I have recovered from COVID-19?

If you tested positive for COVID-19, you are no longer contagious after you have been isolated for 2 weeks, though you may continue to test positive for up to 3 months without being contagious to others. In terms of recovery, it is different for everyone. Some may feel 100% after their two-week isolation, though others may take longer to recover depending on risk factors such as age, pre-existing conditions, etc.

COVID-19 & Your Mental Health

54. What if I am having anxiety and stress? I am stressed and there is no sign to end COVID-19, who can I talk to? I am feeling sick and scared that I have coronavirus, what should I do?

Get immediate help in a crisis:

- Call 911
- Disaster Distress Helpline: CALL or TEXT 1-800-985-5990 (press 2 for Spanish).
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or Lifeline Crisis Chat.

- National Domestic Violence Hotline: 1-800-799-7233 or text LOVEIS to 22522
- National Child Abuse Hotline: 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- National Sexual Assault Hotline: 1-800-656-HOPE (4673) or Online Chat
- The Eldercare Locator: 1-800-677-1116 TTY Instructions
- Veteran's Crisis Line: 1-800-273-TALK (8255) or Crisis Chat or text: 8388255

Find a health care provider or treatment for substance use disorder and mental health.

- SAMHSA's National Helpline: 1-800-662-HELP (4357) and TTY 1-800-487-4889
- Treatment Services Locator Website
- Interactive Map of Selected Federally Qualified Health Centers

Those are all immediate help, but the CDC website has many suggestions on how to cope with stress and anxieties due to COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

Get tested! Visit https://uwc.211ct.org/covid-19-testing-sites/ for available testing sites.

55. What resources are available to me if I am struggling with issues related to sexual or domestic violence during this time?

Hotlines:
National Sexual Assault Hotline: 1-800-656-HOPE (4673) or Online ChatNational Domestic Violence Hotline icon: 1-800-799-7233 or text LOVEIS to 22522

CT Safe Connect: (888) 774-2900

CT Alliance to end sexual Violence: 1-888-999-5545 for English, 1-888-568-8332 para Español

COVID-19 & Vaccine

56. Is the COVID-19 vaccine safe? Why should I trust that the vaccine is safe when it's new and was developed so quickly?

Yes, the COVID-19 vaccines have been approved for emergency use by the U.S. Food and Drug Administration because clinical trials have shown the vaccine to be safe and effective. "Production of the COVID-19 vaccines began sooner than is typical. Normally, production starts after a pharmaceutical company completes the development stage for a vaccine, which includes rigorous testing for safety and effectiveness. Every vaccine goes through a series of reviews and approvals by the FDA and the Advisory Committee on Immunization Practices (ACIP), among others. In the case of COVID-19 vaccines, the federal government invested taxpayer dollars to encourage pharmaceutical companies to start production before the development stage was completed. The vaccines are still going through the same rigorous testing for safety and effectiveness, review and approval process."

"We understand that there may be concern over the safety and effectiveness of a COVID-19 vaccine. We have closely examined the FDA's process for overseeing the many different vaccine trials. The FDA is required to make decisions that are guided by science and data regarding authorization or approval of COVID-19 vaccines. We have confidence in the FDA's approval process and are committed to

safety, quality, and high reliability. You cannot develop COVID-19 from these vaccines."
(https://www.henryford.com/coronavirus/vaccine-faqs#quickly)

57. When can I get the vaccine and how? Why were certain groups prioritized for getting the COVID-19 vaccine?

Currently, the vaccine is being provided in phases, dependent on many factors. Connecticut is in phase 1a and 1b of vaccines, providing vaccination to healthcare personnel, long term care facility residents and first responders at risk to COVID19 exposure, as well as individuals over the age of 75 years old. To see updates on phases, visit https://portal.ct.gov/Coronavirus/COVID-19-Vaccinations Certain groups are prioritized because they are at the highest risk of contracting the virus, either due to the exposure at work and/or medical conditions that put them at higher risk of severe illness if COVID-19 is contracted.

58. Why should I trust that the vaccine is safe when it's new and was developed so quickly?

See answer to question #56.

59. How much will the vaccine cost? Will I have to pay for the test and the vaccine? Does health insurance cover COVID-19 testing and care? Will I get the vaccine if I do not have insurance?

"Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at **no cost**," the Centers for Disease Control and Prevention (CDC) Trusted Source states.

Certain vaccine providers may charge an administration fee for giving the shot, but individuals can have that fee reimbursed.

All available resources say the cost of vaccines will be covered by insurance (private, Medicare/Medicaid/state covered, and those covered by the ACA), by the employer (if you receive the vaccine through your workplace), or by a general fund to cover the cost for those without insurance.

60. What is the difference between the vaccines and do I have a choice in which one I get?

Both vaccines use mRNA instruction efforts to work to induce an immune response in a person. The Pfizer vaccine is for people aged 16 and older while Moderna is for 18 and older. Both vaccines require 2 shots, one initial shot and then a booster shot. Moderna's second dose is 28 days after the first and Pfizer's is 21 days after the first dose. Both vaccines have been proven to be effective in clinical trials and were approved by the FDA for emergency use.

61. Who should get the vaccine?

Should you take the vaccine if you have underlying medical conditions, such as diabetes, hypertension, obesity, or kidney disease?

What should people with allergies think about when taking the vaccine?

It is encouraged that everyone who can get the vaccine receives it to help with herd immunity and assure safety from this life-threatening illness. If you are high risk, such as elderly or with underlying medical

conditions, the vaccine has been deemed safe to take. Though, as always, it is advised to consult with your PCP before receiving the vaccine if you have any concerns.

Pfizer: it was deemed consistently effective across age, gender, race and ethnicity demographics for those ages 16 and older.

Moderna: effective in a diverse pool of people 18 and over.

"According to the CDC, those who have had severe allergic reactions to any ingredients in either COVID-19 vaccine are urged not to get the vaccine—and they're the only group of people for which the CDC has issued this recommendation. Others who have had severe allergic reactions of any kind in the past, not related to vaccines in general, are urged to still get the vaccine, but with the proper safeguards in place (on-site monitoring by a medical professional who has access to emergency medications like epinephrine or antihistamines)." (health.com)

62. What about eye protection?

The most common way that COVID-19 is transferred is through respiratory droplets therefore the best protection is a well-made, well-fitted mask. Goggles do help protect all mucous membranes, though are not required. To qualify as proper eye protection, the eyewear must wrap around the front and side of your eyes. Examples of this are goggles, face shields, and safety glasses.

63. Are there medicines to treat (or prevent) COVID-19?
How is COVID-19 treated?
Is there a cure for COVID-19?
Is there currently an FDA-approved treatment for COVID-19? How is COVID-19 treated?

For mild cases of COVID-19, treatment consists of isolation, rest, hydration, and the use of OTC (over the counter) medication to treat symptoms. For more serious cases, there are treatments like Remdesivir (FDA approved) and dexamethasone combinations- these are patient specific.

In terms of preventative measures, the best way to prevent COVID-19 is to stay generally healthy (eat a balanced diet, exercise regularly, etc.) and to practice safe behaviors- social distance, wear a mask, wash your hands.

If the infected person has any extreme symptoms, such as trouble breathing, trouble waking/sleeping, new confusion, persistent pain or pressure in the chest, it is important they seek medical help where a professional will diagnose and assist the patient as deemed necessary.

64. Is there a vaccine against coronavirus?

Yes, there are COVID-19 vaccinations now available, and FDA approved in America. These are the Pfizer and Moderna Vaccines.

65. Why do I need two vaccine shots?

"the first shot helps your body recognize the virus and gets your immune system ready, while the second shot strengthens that immune response. This makes your body more prepared to fight infection." (Source: Goodrx.com)

66. What are the possible immediate side effects of the COVID-19 vaccine?

What are the side effects of the vaccine?
What will the long-term side effects be?
Are there long-term effects of the Vaccine?

Common side effects are pain and swelling at the point of injection as well as fever, chills, tiredness, and a headache and should go away

in a few days. (Source: CDC). As of now, there have been no observed long term side effects of the vaccine.

67. Should a vaccine be mandated?

Whether a vaccine should be mandated is subjective. However, a mandate would be infeasible now due to limited supply.

As of January 2021, the vaccine is only available to individuals who qualify under Phase 1a and 1b of CT's vaccine distribution plan. These individuals include healthcare personnel, long term care facility residents, and first responders at high risk of exposure to COVID-19 (EMTs, police, fire) as well as individuals over the age of 75 years old. Vaccinations for the public are not expected to begin until this summer. https://portal.ct.gov/Coronavirus/COVID-19-Vaccination---Phases

68. How long before the vaccine is effective after taking it?

Both vaccines that are currently available require two shots to be fully effective. While the first dose will provide some protection, the vaccine may not be fully effective until 2 weeks after the second shot. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

69. What is the worst that could happen if I were to get the vaccine?

You may experience pain or swelling on the arm where you got the shot or flu-like symptoms such as fever, chills, tiredness, headache after receiving the vaccine. These symptoms are normal and a sign that your body is building immunity. These symptoms may affect your ability to do daily activities, but usually go away in a few days. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

Very few people have reported severe allergic reactions after receiving the vaccine. This is very rare, but you should consult your doctor if you have had allergic reactions to other vaccines or to any of the vaccine ingredients. If you have allergies that are not related to vaccines, the CDC recommends receiving the vaccine when it becomes available to you. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html

70. Can I pass the virus to other people even if they get the vaccine? How likely is someone that took the vaccine will not get the virus?

Based on evidence from clinical trials, the Pfizer-BioNTech was 95% effective and the Moderna vaccine was 94.1% effective at preventing laboratory-confirmed COVID-19 illness in people without previous evidence of previous infection. In other words, one is very unlikely to become sick with COVID-19 after vaccination.
Clinical trials only tracked how many vaccinated people became infected with COVID-19. It is possible that vaccinated individuals may carry the virus without showing symptoms and transmit the virus to others. Therefore, vaccinated individuals should continue wearing masks and practicing social distancing when outside of the home.

The CDC will continue to provide updates about how well the vaccines work in real-world conditions.
Source (Pfizer) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html
Source (Moderna) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html

71. When will we know the length of time a vaccine is good for? Will we need to take it every year?

At this time, the CDC has not released official guidance on the duration of immunity after vaccination. Experts are trying to learn

more about both natural and vaccine-induced immunity, and the CDC will keep the public informed as new evidence becomes available. It is possible that we will need to be vaccinated every year. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fvaccine-benefits%2Ffacts.html

72. Am I protected if I get the vaccine but less than 70 percent of the population gets it?

Based on evidence from clinical trials, the Pfizer-BioNTech was 95% effective and the Moderna vaccine was 94.1% effective at preventing laboratory-confirmed COVID-19 illness in people without previous evidence of previous infection. These studies do not consider others' vaccination status (keep in mind that study participants would have been the only people who received the vaccines at the time of the clinical trials)
Source (Pfizer) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html
Source (Moderna) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html

"Herd immunity" protects those who cannot take the vaccine, even when it is available to the public. This includes babies, people who are allergic to the vaccine or its ingredients, people with religious objections, etc. Herd immunity occurs when a large portion of a community is immune to a disease (through vaccination or natural infection), making the spread of disease from person to person unlikely.

In other words, herd immunity occurs when unvaccinated people are too few in number for the disease to spread widely. Herd immunity protects unvaccinated people, not those who have taken the vaccine. Therefore, refer to the evidence from clinical trials to determine how effective the vaccine will be when you receive it.

Source: https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/herd-immunity-and-coronavirus/art-20486808

COVID-19 & Pregnant and Nursing Mothers

73. Should someone that is pregnant take the vaccine?

As of January 2021, the vaccine is only available to individuals who qualify under Phase 1a and 1b of CT's vaccine distribution plan. These individuals include healthcare personnel, long term care facility residents, and first responders at high risk of exposure to COVID-19 (EMTs, police, fire) and senior citizens aged 75 years and older. According to the CDC, people who are pregnant AND part of one of the groups recommended to receive the vaccine may choose to be vaccinated. It will be the individual's choice to weigh the risks of becoming infected with COVID-19 with those of receiving the vaccine. A discussion with a healthcare provider may help make this decision. https://portal.ct.gov/Coronavirus/COVID-19-Vaccination---Phases

There are limited data about the safety of COVID-19 vaccines for people who are pregnant. Both Pfizer-BioNTech and Moderna are monitoring people in clinical trials who became pregnant. Studies in people who are pregnant are planned.
Observational studies have shown that pregnant people are at increased risk for developing severe complications if infected with COVID-19.
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html

74. Can pregnant women pass coronavirus to unborn children? Is it safe for a mother to breastfeed if she is infected with coronavirus?

COVID-19 is uncommon in infants born to mothers who had COVID-19 during pregnancy. Some newborns have tested positive shortly after birth. It is unknown if these newborns got the virus during, before, or after birth.

Current evidence suggests that breastmilk is unlikely to spread the virus to babies. If you have COVID-19 and choose to breastfeed, wash your hands and wear a mask whenever you are within 6 feet of your baby. Alternatively, you may express (pump) breast milk and have a healthy caregiver feed your baby.
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html

COVID-19 & Youth

75. Can kids get COVID-19? Does COVID-19 affect children?

Yes, kids can become infected with COVID-19. Most children will have mild or no symptoms at all, but some children have become seriously ill with COVID-19. Furthermore, children showing no symptoms can still spread the virus to others.
https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html

76. When will it be safe for kids to return to school?

As of January 2021, Hartford Public Schools is currently in orange status. This means HPS is offering a hybrid model for K-12 students who wish to attend in-person learning. Students may also opt for totally remote learning. https://www.hartfordschools.org/wp-content/uploads/2020/11/RTLA-Shift-to-Orange_11102020-5.pdf

The answer to this question depends on your family's risk and the current spread of COVID-19 in the community. Evidence suggests that in-person learning is safe when precautions are taken and there are low rates of spread in the community. Supervision/childcare during the day, access to school resources, and your family's risk of developing severe complications due to COVID-19 should all be considered when deciding whether to send your child to school.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html

This interactive decision tool produced by the CDC may help you decide whether to send your child to school for in-person learning.
https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/back-to-school-decision-checklist.pdf

77. What should I do if my child has symptoms of COVID-19?

If your child has symptoms of COVID-19, they should stay at home. Call your healthcare provider as soon as possible to determine next steps.

78. What if my child is in quarantine and I am not?

If your child tests positive for COVID-19 and is isolating in your home, you are considered a close contact and must also quarantine at home. If your child was exposed to COVID-19 and is awaiting test results, all family members should quarantine until a negative test result is obtained.

COVID-19 & Congregate Care

79. What is a "congregate care" facility?

A congregate care facility is any location where several people live and receive treatment. Examples include nursing homes and assisted living facilities. Other congregate settings (though not technically congregate care) include prisons, domestic violence and abuse shelters, and group homes.

80. What protocols are in place in congregate care facilities?

All facilities need to provide thorough cleanings of the facility, abide by social distancing rules, wear masks, and use hand hygiene frequently.

COVID-19 & Ethnic Groups

81. Why are Blacks dying at a higher rate from COVID-19? Why are Blacks more likely to get COVID-19 and die from it?

The COVID-19 pandemic has disproportionately affected Black Americans & other minorities due to social inequalities (social determinants of health). Blacks are at greater risk of exposure to COVID-19 due in part to housing conditions. Members of racial and ethnic minority groups are more likely to live in congregate settings (long-term care facilities, prisons, homeless shelters) or in multigenerational households where social distancing and other preventive measures are infeasible. Racial and ethnic minority groups, including Blacks, are also more likely to be considered essential workers compared to whites. Essential workers (those working in healthcare facilities, farms, factories, warehouses, food services, retail,

grocery stores, public transportation) are at greater risk of exposure to COVID-19. This greater risk of exposure leads to greater infection rates in racial and ethnic minority groups.

Furthermore, Black people (and members of other racial and ethnic minority groups) who are infected with the virus are more likely to develop severe illness or die from COVID-19. Again, social determinants of health are the cause. People from racial and ethnic minority groups are more likely to have underlying conditions (diabetes, CVD, COPD, etc.) that increase one's risk of developing severe complications from COVID-19. People from racial and ethnic minority groups also tend to have less access to healthcare than whites (due to discrimination in healthcare systems, mistrust in healthcare systems, inability to take time off work, and other reasons). Therefore, people from racial and ethnic minority groups tend to have more advanced COVID-19 compared to non-Hispanic white people when admitted to the hospital, leading to worse outcomes.
https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

82. How many Black and Latinx people were in the study that got the vaccine trail? Were the side effects different that the other groups?
Did all drug companies include Black and Latinx in their studies?

Phase 2 and 3 clinical trials for the Pfizer-BioNTech vaccine included people from the following racial and ethnic categories:

- 81.9% White
- 26.2% Hispanic/Latino
- 9.8% African American
- 4.4% Asian
- <3% other races/ethnicities

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html

Clinical trials for the Moderna vaccine included people from the following racial and ethnic categories:

- 79.4% White
- 20% Hispanic/Latino
- 9.7% African American
- 4.7% Asian
- <3% other races/ethnicities

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html

There has not been any mention of different side effects.

83. Does COVID-19 only affect people from certain racial groups?

No, anybody from any racial group can be affected by COVID-19. Everybody must take precautions to prevent the spread of the virus.

COVID-19 & The Immigrant Community

84. Are undocumented immigrants who get the vaccine at risk of being identified or deported?
Are illegal immigrants being held by Customers and Border Protection during the coronavirus?
Are the US Citizenship and immigration Services offices closed due to COVID-19?

"Consistent with federal partners, ICE is taking important steps to further safeguard those in our care. As a precautionary measure, ICE has suspended social visitation in all detention facilities.
The health, welfare and safety of U.S. Immigration and Customs Enforcement (ICE) detainees is one of the agency's highest priorities. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees.

ICE continues to incorporate CDC's COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus."
https://www.ice.gov/coronavirus

Yes, USCIS is currently operational. Visit their website to learn about their operations during the pandemic.
https://www.uscis.gov/about-us/uscis-response-to-covid-19#:~:text=Offices%20Reopening,%2D19)%20in%20reopened%20facilities.&text=Are%20awaiting%20the%20results%20of%20a%20COVID%2D19%20test.

85. Should I travel? What precautions should I take for my family if we travel?

The CDC recommends postponing travel and staying home whenever possible to decrease your chance of getting and/or spreading COVID-19.

If you decide to travel, the CDC recommends the following:

- Check travel restrictions before you go.
- Get your flu shot before you travel.
- Bring extra supplies, such as masks and hand sanitizer.
- Know when to delay your travel. Do not travel if you or your travel companions are sick.
- Wear a mask to keep your nose and mouth covered when in public settings, including on public transportation and in transportation hubs such as airports and stations.
- Avoid close contact by staying at least 6 feet apart (about 2 arm lengths) from anyone who is not from your travel group.

- Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- Avoid contact with anyone who is sick.
- Avoid touching your eyes, nose, and mouth.

Additionally, consider getting tested 5 days after your trip and limiting nonessential activities outside of the home for 7-10 days after your trip, even if you test negative.
Source: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html

COVID-19 & High-Risk Population

86. Why are older adults and those with chronic health conditions at higher risk?

Older adults with chronic health conditions and those with chronic health conditions themselves are at a higher risk of getting COVID-19 as their immune systems may be weakened or their health condition affects their normal bodily functions when compared to those without chronic health conditions.

87. Which people are at higher risk for serious illness if they get COVID-19?
Who is at high risk for COVID-19?
I have a chronic condition that puts me at high risk, how can I protect myself?

People with certain medical conditions are at increased risk of developing severe illness from the virus that causes COVID-19. These conditions include:

- Cancer
- Chronic kidney disease
- COPD
- Down Syndrome

- Heart conditions
- Immunocompromised from solid organ transplant
- Obesity or severe obesity
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

In addition, the following conditions may put an individual at increased risk for developing severe illness:

- Asthma
- Cerebrovascular disease (such as stroke)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised from blood or bone marrow transplant
- Neurologic conditions (such as dementia)
- Liver disease
- Overweight
- Pulmonary fibrosis
- Thalassemia
- Type 1 diabetes mellitus

To protect yourself from COVID-19, wash your hands, maintain social distancing, limit time around others, stay up to date with vaccines, and wear a mask. Continue to monitor yourself for any differences and alert your health care provider if you notice any symptoms of the illness.

Source: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

88. Does COVID-19 only affect older people?

No, COVID-19 can affect any person of any age. However, older people are at increased risk of developing severe complications if infected.

COVID-19 & Resources

89. What are the reliable resources for the most up-to-date information?

The following resources can provide up-to-date information:

CDC website for information on COVID-19, the vaccine, and how to protect yourself and your community https://www.cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html
CT COVID-19 Daily Data Report for up-to-date metrics on COVID-19 by town https://portal.ct.gov/coronavirus/covid-19-data-tracker

City of Hartford website for Hartford-specific information https://coronavirus.hartford.gov/

90. Who can I contact for more information?

You can also contact your healthcare provider to discuss your specific situation.

91. How do I stay up to date on the latest developments about COVID-19?

See question 89.

92. How to apply for COVID relief?

Persons experiencing food insecurities, financial insecurities, etc. are encouraged to contact the 211 hotline on a local level.

COVID-19 & Resources- Housing

93. Where can tenants apply for the Rental Assistance Program in our community?

The CT Renters' Assistance Program is not currently (January 2021) accepting applications, although the situation may change in the coming weeks. When they are accepting applications, apply over the phone by calling (860) 785-3111 to speak with a representative.
If you have income, but still need rental assistance, you can also call the Salvation Army at (860) 543-8423 and leave a message. The Salvation Army is not accepting applications at this time (January 2021), but this may change.

94. Can a Landlord Evict a Tenant if they can't pay rent during the COVID-19 pandemic?
When is the earliest a Landlord can execute the final Eviction?

The governor has issued an eviction moratorium for the state of CT until Feb. 9, 2021. (Check website below as this information may

"DO WHAT YOU CAN, WITH WHAT YOU HAVE, WHERE YOU ARE."

— **THEODORE ROOSEVELT**

change). Landlords cannot file most new eviction cases, but there are a few exceptions. Your landlord can start an eviction case in court if:

- You owe rent from before March 2020
- You owe 6 months' rent or more that was due on or after March 1, 2020
- The landlord says you did something that was a serious nuisance.
- The landlord wants to live in your apartment as a permanent residence

Source: https://ctlawhelp.org/en/evictions-during-coronavirus-crisis

95. Who can they call for questions?

Call Statewide Legal Services at 1-800-453-3320 for legal help and information.

96. What assistance have the State introduce for Landlords with tenants that cannot pay their rent?

See question 93.

97. Have the current Governor's moratorium addressed the renters that owed rent prior to the pandemic?

See question 94.

98. Is the State of CT working with the Federal Government to address the Banks on steps to avoid foreclosing on the multi-family properties?

Detailed information was not available at time of writing. Check this link for more information: https://portal.ct.gov/Services/Land-and-Environment/Housing

99. What Financial Resources are available to support organizations with assisting both tenants and property owners with information and assistance?

Detailed information was not available at time of writing. Check this link for more information: https://portal.ct.gov/Services/Land-and-Environment/Housing

COVID-19 Websites and Resources

- Centers for Diseases Control & Prevention https://www.cdc.gov/voronavirus/2019-ncov/index.html

- State of Connecticut COVID-19 Portal: https://portal.ct.gov/coronavirus

- City of Hartford: https://coronavirus.hartford.gov

- Centers for Disease Control and Prevention (CDC) and Department of Health https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

- Handwashing https://www.cdc.gov/handwashing/when-how-handwashing.html

COVID-19 QUESTIONS – PART 2
Vaccine & Vaccine Hesitancy

100. What are the risks of traveling even if you are vaccinated?

Fully vaccinated travelers are less likely to get and spread SARS-CoV-2 and can now travel at low risk to themselves within the United States. International travelers need to pay close attention to the situation at their international destinations before traveling due to the spread of new variants and because the burden of COVID-19 varies globally.

CDC prevention measures continue to apply to all travelers, including those who are vaccinated. All travelers are required to wear a mask on all planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

Domestic travel (within the United States or to a U.S. territory)

- Fully vaccinated travelers do not need to get a SARS-CoV-2 viral test before or after domestic travel, unless testing is required by local, state, or territorial health authorities.
- Fully vaccinated travelers do not need to self-quarantine following domestic travel.

International travel

- Fully vaccinated travelers do not need to get tested before leaving the United States unless required by their destination.
- Fully vaccinated air travelers coming to the United States from abroad, including U.S. citizens, are still required to have a negative SARS-CoV-2 viral test result or documentation of recovery from COVID-19 before they board a flight to the United States.
- International travelers arriving in the United States are still recommended to get a SARS-CoV-2 viral test 3-5 days after travel regardless of vaccination status.
- Fully vaccinated travelers do not need to self-quarantine in the United States following international travel.

SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-

guidance.html#:~:text=Fully%20vaccinated%20travelers%20are%20less,within%20the%20United%20States.

101. When should women take a mammogram? Before they get vaccinated or after? How long should they wait after vaccination before doing the mammogram?

People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram. Some experts recommend getting your mammogram before being vaccinated or waiting four to six weeks after getting your vaccine.

SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/other-procedures.html#:~:text=People%20who%20have%20received%20a,after%20getting%20your%20vaccine.

102. How to handle COVID between dose 1 and dose 2 ? i. e. a person took the 1st dose on February 24th with the 2nd dose schedule for March 26th, but tested positive 5 days before the 2nd dose. Should the person quarantine for 14 days? When should they get the second dose?

Yes, the person should quarantine for the 14 days. The person should consult their doctor prior to getting the second dose. They can get the second dose after their quarantine period has ended.

103. What is "herd immunity"?

When most of a population is immune to an infectious disease, this provides indirect protection—or population immunity (also called herd immunity or herd protection)—to those who are not immune to the disease.

For example, if 80% of a population is immune to a virus, four out of every five people who encounter someone with the disease will not get sick (and won't spread the disease any further). In this way, the spread of infectious diseases is kept under control. Depending how contagious an infection is, usually 50% to 90% of a population needs immunity before infection rates start to decline. But this percentage isn't a "magic threshold" that we need to cross—especially for a novel virus. Both viral evolution and changes in how people interact with each other can bring this number up or down. Below any "herd immunity threshold," immunity in the population (for example, from vaccination) can still have a positive effect. And above the threshold, infections can still occur.

The higher the level of immunity, the larger the benefit. Therefore, it is important to get as many people as possible vaccinated.

Source: https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html

104. Will there be a need to get a booster after vaccination?

Both the Moderna and Pfizer-BioNTech COVID-19 vaccines require booster shots. Moderna's booster shot is 28 days after the first shot. Pfizer's booster shot is 21 days after the first shot. You should get your booster shot as close to the recommended time as possible.

There is some protection after the first shot. But we do not know how long that protection lasts. For your body to develop longer-term immunity, you need to get two shots. Clinical trials show 94.1% protection after the Moderna booster shot, and 95% protection after the Pfizer booster shot.

We do not know yet how the COVID-19 virus will change over time, or how those changes might impact vaccines. We must get the flu vaccine every year because the flu virus mutates so much that it requires a new vaccine. However, we are typically immune from measles for our lifetime after our second shot in preschool.

Scientists are closely monitoring the changes in the COVID-19 virus. This will help us understand how often we might need the vaccine to stay protected. Research is ongoing to determine if another booster shot may improve immunity against these new strains and future ones.

Source: https://www.goodrx.com/blog/what-to-know-about-covid-19-booster-vaccine/
Angela Dunn, MD, MPH, is a public health physician who seeks to ensure all individuals have good information at their fingertips to make the best health decisions.
April 28, 2021

105. Discuss vaccine hesitancy and those wary of inoculations to achieve herd immunity.

The World Health Organization defines *vaccine hesitancy* as a "delay in acceptance or refusal of vaccines despite availability of vaccination services."[1]

106. What is vaccine confidence?

Vaccine confidence is the trust that patients, their families, and providers have in:

- Recommended vaccines.
- Providers who administer vaccines
- Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use.

Many factors influence vaccine decision-making, including cultural, social, and political factors; individual and group factors; and vaccine-specific factors. However, confidence in the vaccines, the vaccinator, and the system all support the decision to get vaccinated.
Most people in the United States are planning to get vaccinated with COVID-19 vaccines. But some may want more information about COVID-19 vaccines, including the process for developing and authorizing these vaccines and information about their safety and effectiveness. People may have previous experiences that affect their trust and confidence in the health system.
By taking time to listen to their concerns and answer their questions, we can help people become confident in their decision to be vaccinated. Also, when you decide to get vaccinated and share the reasons why you did, you can have a powerful influence on your family and community. Strong confidence in the vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.
SOURCE: https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html

107. Why do you need a vaccination?

COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you. And if you get sick, you
asymptomatic infection) and potentially less likely to spread the virus that causes COVID- could spread the disease to friends, family, and others around you.
COVID-19 vaccination will help keep you from getting COVID-19. Getting a COVID-19 vaccine also helps keep you from getting seriously ill even if you do get COVID-19. A growing body of evidence suggests that fully vaccinated people are less likely to be infected without showing symptoms (called an 19 to others. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19. Experts continue to conduct studies to learn more about how COVID-19 vaccination may reduce spread of the virus that causes COVID-19.

After you are fully vaccinated for COVID-19, you may be able to start doing some things that you stopped doing because of the pandemic. For example, you can gather indoors without masks with other people who are fully vaccinated. We are still learning how vaccines will affect the spread of COVID-19.

Until we know more about how vaccines will affect the spread of COVID-19, people who are fully vaccinated against COVID-19 should keep taking precautions in public places like wearing a mask, staying 6 feet apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often.

People are not considered fully vaccinated until two weeks after their second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine, or

vaccines. The known and potential benefits of two weeks after a single-dose Johnson & Johnson's Janssen COVID-19 vaccine. You should keep using all the tools available to protect yourself and others until you are fully vaccinated.

Clinical trials for all vaccines must first show they are safe and effective before any vaccine can be authorized or approved for use, including COVID-19 a COVID-19 vaccine must outweigh the known and potential risks of the vaccine before it is used under what is known as an Emergency Use Authorization (EUA). Watch a video explaining an EUA.

Getting COVID-19 may offer some protection, known as natural immunity. Current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the months after initial infection but may increase with time. The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by creating an antibody (immune system) response without having to experience sickness.

Both natural immunity and immunity produced by a vaccine are important parts of COVID-19 disease that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available.

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

wearing masks and staying 6 feet apart from others help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed.
However, further investigation is ongoing.
Stopping a pandemic requires using all the tools we have available. As experts learn more about how COVID-19 vaccination may help reduce spread of the virus that causes COVID-19, CDC will continue to update its recommendations to protect communities using the latest science.
COVID-19 vaccines are safe and effective.
We understand that some people may be concerned about getting vaccinated now that COVID-19 vaccines are available in the United States. While more COVID-19 vaccines are being developed as quickly as possible, routine processes and procedures remain in place to ensure the safety of any vaccine that is authorized or approved for use. Safety is a top priority, and there are many reasons to get vaccinated.

None of the COVID-19 vaccines can make you sick with COVID-19.
None of the COVID-19 vaccines contain the live virus that causes COVID-19 so a COVID-19 vaccine cannot make you sick with COVID-19. Learn more Facts about COVID-19 Vaccines
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html#:~:text=The%20risk%20of%20severe%20illness,without%20having%20to%20experience%20sickness.

108. We don't talk about "herd immunity" for protection against other common viral infection, why do we need herd immunity with COVID-19?

Here is a section of an article from NPR.org that discusses this.

"The appeal of this notion is clear. Achieving herd immunity sounds like a simple goal that spells the end of the coronavirus. It feels concrete — something to grab onto in a time filled with so much uncertainty, a finish line for which to strive.
But the problem with framing the goal that way, say the scientists who actually build the models, is that the herd immunity threshold is far harder to calculate reliably than many in the public realize. Computer models aren't exactly like real life."
Source: https://www.npr.org/sections/health-shots/2021/05/18/997461471/its-time-for-americas-fixation-with-herd-immunity-to-end-scientists-say

108. If I am taking antivirals, can I get the COVID-19 vaccine?

You do not need to stop taking antiviral medication before vaccination. Because the mRNA and adenovirus-based vaccines does not rely on viral replication, antivirals should not affect development of the immune response. However, if you are still experiencing symptoms of the infection for which the antivirals were prescribed, you should wait until you are feeling better before getting the vaccine.

SOURCE: https://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid

109. If you had the virus, do you still need to get the vaccine?

Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

Experts are still learning more about how long vaccines protect against COVID-19 in real-world conditions. CDC will keep the public informed as new evidence becomes available.
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html#:~:text=If%20I%20have%20already%20had,after%20recovering%20from%20COVID%2D19.

110. If a person is vaccinated against COVID-19, will they be able to spread the virus to other people?

A growing body of evidence suggests that fully vaccinated people are less likely to be infected without showing symptoms (called an asymptomatic infection) and potentially less likely to spread the virus that causes COVID-19 to others. However, further investigation is ongoing.
SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html?s_cid=11236:should%20i%20get%20a%20covid%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21

Could taking two different vaccines boost the effectiveness against the virus?

The CDC does not currently recommend mixing different vaccines. Additional research may be conducted to evaluate this.

111. Why was I told to wait a month after getting the COVID-19 vaccine before getting a mammogram?

If you are due for a mammogram and have been recently vaccinated for COVID-19, ask your doctor how long you should wait after vaccination to get your mammogram. People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram. Some experts recommend getting your mammogram before being vaccinated or waiting four to six weeks after getting your vaccine.
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/other-procedures.html#:~:text=Mammograms%20If%20you%20are%20due,they%20got%20the%20shot.

- Is it necessary to wait to get bloodwork done after getting the COVID-19 vaccine?

Most routine medical procedures or screenings can be performed before or after getting a COVID-19 vaccine. These can include:

- Routine blood work
- Dental procedures
- CT scans (also known as CAT scans or computed tomography), with or without IV contrast dye
- EKGs (also known as ECGs or electrocardiograms)
- Cardiac stress tests (also known as exercise tolerance tests or treadmill tests), with or without radiographic dye
- Colonoscopies
- Ultrasounds
- Other medical screening exams

Talk to your doctor if you have any questions or concerns about getting vaccinated before or after routine medical procedures or screenings.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/other-procedures.html#:~:text=Mammograms%20If%20you%20are%20due,they%20got%20the%20shot.

112. Can I still get vaccinated if I have a cold?

A mild illness will not affect the safety or effectiveness of a vaccine. However, you should wait until you are recovered from your illness before getting your vaccine to keep from spreading the illness.

https://multco.us/novel-coronavirus-covid-19/covid-19-thinners vaccines-and-underlying-medical-conditions

113. If I take blood thinner, can I get the COVID-19 vaccine?

According to the Food and Drug Administration, "if you are taking blood or have a bleeding disorder, you should mention it to the provider who is giving you your COVID-19 vaccination" (sources – Moderna, Pfizer, and Johnson and Johnson FDA fact sheets). Like with any injection, there is a risk of bleeding and bruising at the injection site, but there are currently no known serious effects related to getting the vaccine while taking a blood thinner. You may be recommended to apply firm pressure to the injection site for at least 5 minutes to reduce bruising. To learn more, visit the Food and Drug Administration (source – FDA https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) (last updated 3/26/2021) Source: https://victr.vumc.org/community-faq/

114. Who is paying for the COVID-19 vaccines?

Cost of vaccines
You will not be charged for a COVID-19 vaccine.
COVID-19 vaccination providers cannot:

- Charge you for the vaccine.
- Charge you any administration fees, copays, coinsurance, or the balance of the bill after appropriate reimbursement.
- Deny vaccination to anyone who does not have health insurance coverage, is underinsured, or is out of network.
- Charge an office visit or other fee to the recipient if the only service provided is a COVID-19 vaccination.
- Require additional services for a person to receive a COVID-19 vaccine; however, additional healthcare services can be provided at the same time and billed as appropriate.
- Scam Alert: If anyone asks you to pay for access to vaccine, you can bet it is a scam. Do not shar your personal or financial information if someone calls, texts, or emails you promising access to the vaccine for an extra fee.

115. Can I choose which COVID-19 vaccine I get?

Yes, if you are over 18 years of age, you may choose between the Pfizer, Moderna, or Johnson and Johnson vaccine, depending on local supply and availability. Currently, for children ages 12-18 years old, the only vaccine that is recommended is the Pfizer vaccine.

116. Can I get vaccinated against COVID-19 while I am currently sick with COVID-19?

No. People with COVID-19 who have symptoms should wait to be vaccinated until they have recovered from their illness and have met the criteria for discontinuing isolation; those without symptoms should also wait until they meet the criteria before getting vaccinated. This guidance also applies to people who get COVID-19 before getting their second dose of vaccine.

117. What if I get the first vaccine dose and then I get COVID-19, when can I get the second dose?

Source: https://www.nebraskamed.com/COVID/what-if-i-get-covid-19-after-my-first-vaccine-shot

Answered by employee health nurse Teresa Balfour, RN:
If you test positive for COVID-19 after receiving your first dose of vaccine, you should reschedule your second dose of the COVID-19 vaccine once your isolation period is completed.

You can safely end your isolation period if it's been:

- 10 days since your symptoms started
- 24 hours or more since you had a fever (without taking fever-lowering medications), and
- 24 hours of significant symptom improvement
- If it has been 10 days and you still have a fever or other symptoms, you should remain in isolation. If your symptoms still do not improve, stay in isolation until 21 days have passed since you started experiencing symptoms.

Talk to your primary care provider for further guidance, especially if you have immunosuppression or severe COVID-19 disease.

118. Should pregnant women take the vaccine?

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html

Limited data are available about the safety of COVID-19 vaccines for people who are pregnant.
Based on how these vaccines work in the body, experts believe they are unlikely to pose a risk for people who are pregnant. However, there are currently limited data on the safety of COVID-19 vaccines in pregnant people.

- Clinical trials that study the safety of COVID-19 vaccines and how well they work in pregnant people are underway or planned. Vaccine manufacturers are also collecting and reviewing data from people in the completed clinical trials who received vaccine and became pregnant.
- Studies in animals receiving a Moderna, Pfizer-BioNTech, or J & J/Janssen COVID-19 vaccine before or during pregnancy found no safety concerns in pregnant animals or their babies.

CDC and the Federal Drug Administration (FDA) have safety monitoring systems in place to gather information about COVID-19 vaccination during pregnancy and will closely monitor that information. Early dataexternal icon from these systems are preliminary, but reassuring. These data did not identify any safety concerns for pregnant people who were vaccinated or for their babies. Most of the pregnancies reported in these systems are ongoing, so more follow-up data are needed for people vaccinated just before or early in pregnancy. We will continue to follow people vaccinated during all trimesters of pregnancy to understand effects on pregnancy and babies.

119. Can I get COVID-19 vaccine if I have an autoimmune condition?

See Question 121

120. If I have an autoimmune or immune-compromising condition, can I get vaccinated?

People with autoimmune conditions may receive any FDA-authorized COVID-19 vaccine.
https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#:~:text=People%20with%20autoimmune%20conditions%20may,%2Dauthorized%20COVID%2D19%20vaccine.&text=No%20cases%20of%20Guillain%2DBarr%C3%A9,COVID%2D19%20vaccine%20clinical%20trials.

121. If I have an underlying condition, can I get a COVIF-19 vaccine?

People with underlying medical conditions can receive a COVID-19 vaccine as long as they have not had an immediate or serve allergic reaction to a COVID-19 vaccine or to any of the ingredients in the vaccine. Vaccination is an important consideration for adults of any age with certain underlying medical conditions because they are at increased risk for severe illness from COVID-19.
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html?s_cid=10473:free%20covid%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21

122. What is a messenger RNA vaccine? How does it work?

mRNA vaccines are a new type of vaccine to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines. Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.
COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the "spike protein." The spike protein is found on the surface of the virus that causes COVID-19.

1. **First**, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the immune cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
2. **Next**, the cell displays the protein piece on its surface. Our immune systems recognize that the protein does not belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.
3. **At the end of the process**, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.

Facts about COVID-19 mRNA Vaccines

They cannot give someone COVID-19.

- mRNA vaccines do not use the live virus that causes COVID-19.

They do not affect or interact with our DNA in any way.

- mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

123. If the COVID-19 vaccine free or will I have to pay for it?

The federal government is providing the vaccine free of charge to all people living in the United States, regardless of their immigration or health insurance status.

COVID-19 vaccination providers cannot:

- Charge you for the vaccine.
- Charge you directly for any administration fees, copays, or coinsurance.

- Deny vaccination to anyone who does not have health insurance coverage, is underinsured, or is out of network.
- Charge an office visit or other fee to the recipient if the only service provided is a COVID-19 vaccination.
- Require additional services for a person to receive a COVID-19 vaccine; however, additional healthcare services can be provided at the same time and billed as appropriate.

COVID-19 vaccination providers can:

- Seek appropriate reimbursement from the recipient's plan or program (e.g., private health insurance, Medicare, Medicaid) for a vaccine administration fee.

  However, providers cannot charge the vaccine recipient the balance of the bill.
- Seek reimbursement for uninsured vaccine recipients from the Health Resources and Services Administration's COVID-19 Uninsured Programexternal icon

124. How many doses of COVID-19 vaccine will I need to get?

The number of doses needed depends on which vaccine you receive. To get the most protection:

- Two Pfizer-BioNTech vaccine doses should be given 3 weeks (21 days) apart.
- Two Moderna vaccine doses should be given 1 month (28 days) apart.
- Johnson & Johnsons Jansen (J&J/Janssen) COVID-19 vaccine requires only one dose.

If you receive a vaccine that requires two doses, you should get your second shot as close to the recommended interval as possible. However, your second dose may be given up to 6 weeks (42 days) after the first dose, if necessary. You should **not** get the second dose earlier than the recommended interval.

SOURCE: https://www.cdc.gov › 2019-ncov › vaccines › faq

125. Can I get the flu vaccine and the COVID-19 vaccine at the same time?

No, you will need to wait two weeks after getting the COVID-19 vaccine before getting other immunizations.

SOURCE:
https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID19-Vaccine-FAQs.pdf

126.Why is Johnson & Johnson one dose and Moderna/Pfizer two doses?

Both the Moderna and the Pfizer vaccines require two shots: a priming dose, followed by a booster shot. The interval between Moderna doses is 28 days and for the Pfizer vaccine, it is 21 days. Each dose of Pfizer's contains 30 micrograms of vaccine. Moderna went with a much larger dose of vaccine, 100 micrograms.
SOURCE: https://www.goodrx.com/blog/what-to-know-about-covid-19-booster-vaccine/
During early studies, researchers found that the Pfizer-BioNTech and Moderna vaccines provoke a relatively weak response when given as just one dose. However, there was a stronger immune response when a second dose was added.
Basically, the first dose of the vaccine starts the process of building up protection. The second dose works to greatly reinforce this protection.

Here is an analogy to help explain this: You and a friend are trying to move a heavy table across a room. Between the two of you, you can get it partway there. Then, another couple of friends jump in to help, and you are all able to move it the rest of the way.

Vaccines that need more than one dose are not that uncommon. Some examples of other vaccines that are part of a multi-dose series include:

- The measle-mumps-rubella (MMR) vaccine.

- vaccines against hepatitis A and hepatitis B
- the shingles vaccine

Source: https://www.nature.com/articles/d41586-021-00526-w

The J&J vaccine is a single-dose vaccine. The vaccine works by inserting the gene that it for a coronavirus protein into a virus called an adenovirus, which has been disabled so cannot replicate in human cells. When the adenovirus enters cells, the coronavirus gene is expressed, allowing the immune system to mount a defense against it. The approach is like the vaccine devised by the University of Oxford, UK, and AstraZeneca in Cambridge, UK, but uses a different adenovirus.

Johnson & Johnson announced in January that a single dose was 85% effective at protecting against severe COVID-19 in a trial of more than 40,000 people in 8 countries. No one who received the vaccine required medical intervention or died, compared with up to 16 people who received the placebo. The shot was 66% effective at preventing moderate to severe COVID-19.

127. Do COVID-19 vaccines have microchips that can track people?

No, there are no micro-chips in the COVID-19 vaccines. SOURCE:
https://www.nytimes.com/2020/12/17/technology/no-there-are-no-microchips-in-coronavirus-vaccines.html

128. When am I considered fully vaccinated against COVID-19?

In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or

- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you do not meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all precautions until you are fully vaccinated.

SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

129. What percent of the population needs to be vaccinated for herd immunity to occur?

It is difficult to determine an exact number for herd immunity to occur.

Herd immunity occurs when a large portion of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely. As a result, the whole community becomes protected — not just those who are immune.

Often, a percentage of the population must be capable of getting a disease for it to spread. This is called a threshold proportion. If the proportion of the population that is immune to the disease is greater than this threshold, the spread of the disease will decline. This is known as the herd immunity threshold.

130. What percentage of a community needs to be immune to achieve herd immunity?

It varies from disease to disease. The more contagious a disease is, the greater the proportion of the population that needs to be immune to the disease to stop its spread. For example, the measles is a highly contagious illness. It is estimated that 94% of the population must be immune to interrupt the chain of transmission.

131. How is herd immunity achieved?

There are two main paths to herd immunity for COVID-19 — infection and vaccines.

Natural infection

Herd immunity can be reached when enough people in the population have recovered from a disease and have developed protective antibodies against future infection.

However, there are some major problems with relying on community infection to create herd immunity to the virus that causes COVID-19:

- **Reinfection.** It is not clear how long you are protected from getting sick again after recovering from COVID-19. Even if you have antibodies, it's possible that you could get COVID-19 again.
- **Health impact.** Experts estimate that in the U.S., 70% of the population — more than 200 million people — would have to recover from COVID-19 to halt the pandemic. This number of infections could lead to serious complications and millions of deaths, especially among older people and those who have existing health conditions. The health care system could quickly become overwhelmed.

Vaccines

Herd immunity also can be reached when enough people have been vaccinated against a disease and have developed protective antibodies against future infection. Unlike the natural infection method, vaccines create immunity without causing illness or resulting complications.

Using the concept of herd immunity, vaccines have successfully controlled contagious diseases such as smallpox, polio, diphtheria, rubella, and many others.

Herd immunity makes it possible to protect the population from a disease, including those who cannot be vaccinated, such as newborns or those who have compromised immune systems.

The U.S. Food and Drug Administration has given emergency use authorization to a handful of COVID-19 vaccines.
But reaching herd immunity through vaccination against COVID-19 might be difficult for many reasons. For example:

- **Vaccine hesitancy.** Some people may object to getting a COVID-19 vaccine because of religious objections, fears about the possible risks or skepticism about the benefits. If the proportion of vaccinated people in a community is below the herd immunity threshold, a contagious disease could continue to spread.
- **Protection questions.** It is not clear how long the COVID-19 vaccines will protect you from COVID-19. Further research is needed to see how much the COVID-19 vaccines reduce transmission of the COVID-19 virus. Also, research suggests that COVID-19 vaccines may have lower efficacy against some of the variants of the COVID-19 virus. New variants, which could be more resistant to vaccines, are regularly emerging.
- **Uneven vaccine roll-out.** The distribution of COVID-19 vaccines has greatly varied among and within countries. If one community achieves a high COVID-19 vaccination rate and surrounding areas do not, outbreaks can occur if the populations mix.

SOURCE: https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/herd-immunity-and-coronavirus/art-20486808

132. After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test or an antibody test?

No. None of the authorized and recommended COVID-19 vaccines cause you to test positive on viral tests, which are used to see if you have a current infection. Neither can any of the COVID-19 vaccines currently in clinical trials in the United States.

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

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html

133. Can COVID-19 vaccines alter my DNA?

COVID-19 vaccines do not change or interact with your DNA in any way.

There are currently two types of COVID-19 vaccines that have been authorized and recommended for use in the United States: messenger RNA (mRNA) vaccines and a viral vector vaccine. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept. This means the genetic material in the vaccines cannot affect or interact with our DNA in any way. All COVID-19 vaccines work with the body's natural defenses to safely develop immunity to disease.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html

134. Do COVID-19 vaccines cause infertility?

There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems.
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html

135. Can I get or spread COVID-19 after receiving a COVID-19 vaccine?

Although COVID-19 vaccines are effective at keeping you from getting sick, scientists are still learning how well vaccines prevent you from spreading the virus that causes COVID-19 to others, even if you do not have symptoms. Early data show that vaccines help keep people with no symptoms from spreading COVID-19, but we are learning more as more people get vaccinated.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html#:~:text=No.%20COVID%2D19,DNA%20in%20any%20way.

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

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.
Common Side Effects

On the arm where you got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of your body:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Helpful Tips to Relieve Side Effects

Talk to your doctor about taking over-the-counter medicine, such as ibuprofen, acetaminophen, aspirin, or antihistamines, for any pain

and discomfort you may experience after getting vaccinated. You can take these medications to relieve post-vaccination side effects if you have no other medical reasons that prevent you from taking these medications normally.

It is not recommended that you take these medicines before vaccination for the purpose of trying to prevent side effects.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever

- Drink plenty of fluids.
- Dress lightly.

If You Received a Second Shot
Side effects after your second shot may be more intense than the ones you experienced after your first shot. These side effects are normal signs that your body is building protection and should go away within a few days.

When to Call the Doctor

In most cases, discomfort from pain or fever is a normal sign that your body is building protection. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot gets worse after 24 hours
- If your side effects 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.
Remember

- Side effects can affect your ability to do daily activities, but they should go away in a few days.
  Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

137. Can I take pain or fever-reducing medicine before getting the COVID-19 vaccine?

It is not recommended you take these medicines before vaccination for the purpose of trying to prevent side effects.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

138. Are the side effects of the COVID-19 vaccine worse that the disease?

COVID-19 vaccination will help protect you from getting sick with COVID-19. You may have some side effects from the vaccine, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects. The CDC recommends getting vaccinated and that the benefits of being vaccinated outweigh any minor side effects experienced from the vaccine.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

139. Should I still get the second COVID-19 shot if I get a red, swollen, itchy or painful rash or a lump where I got the first shot?

Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot gets worse after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

140. Are COVID-19 vaccines made with fetal cells?

No, the COVID-19 vaccines do not contain any aborted fetal cells. However, Pfizer and Moderna did perform confirmation tests (to ensure the vaccines work) using fetal cell lines. And Johnson & Johnson uses fetal cell lines in vaccine development, confirmation and production.
But it's important to have the full context: Fetal cell lines are not the same as fetal tissue.
Fetal cell lines are cells that grow in a laboratory. They descend from cells taken from elective abortions in the 1970s and 1980s. Those individual cells from the 1970s and 1980s have since multiplied into many new cells over the past four or five decades, creating fetal cell lines. Current fetal cell lines are thousands of generations removed from the original fetal tissue. They do not contain any tissue from a fetus.
Vaccine makers may use these fetal cell lines in any of the following three stages of vaccine development:

- Development: Identifying what works
- Confirmation: Making sure it works
- Production: Manufacturing the formula that works

When it comes to the COVID-19 vaccines currently approved for emergency use, neither the Pfizer nor Moderna vaccines used fetal cell lines during the development or production phases. (So, no fetal cell lines were used to manufacture the vaccine, and they are not inside the injection you receive from your doctor.) However, both companies used the fetal cell line HEK 293 in the confirmation phase to ensure the vaccines work. All HEK 293 cells are descended from tissue taken from a 1973 elective abortion that took place in the Netherlands.

The Johnson & Johnson vaccine is a bit different. It is an adenovirus vector vaccine. (Adenovirus is the virus that causes the common cold. The virus in this vaccine has been changed so that it does NOT

cause illness.) With this type of vaccine, a carrier, in this case adenovirus, acts as a delivery vehicle.

The adenovirus has had the coronavirus spike protein added to its DNA. The adenovirus carries that genetic material into your body, delivering its modified DNA to your cells. Your cells will then make the spike protein, activating your immune system. Once activated, your immune system creates antibodies to fight off the spike protein.

To make their virus vector vaccine, Johnson & Johnson infects PER.C6 fetal cell line cells with adenovirus. All PER.C6 cells used to manufacture the Johnson & Johnson vaccine are descended from tissue taken from a 1985 elective abortion that also took place in the Netherlands. They use this cell line because it is a well-studied industry standard for safe and reliable production of viral vector vaccines.

None of the COVID-19 vaccines in development use fetal cells taken from recent abortions.

Source: https://www.nebraskamed.com/COVID/you-asked-we-answered-do-the-covid-19-vaccines-contain-aborted-fetal-cells

141. How long will protection from the COVID-19 vaccine last?

We do not know how long protection lasts for those who are vaccinated. What we do know is that COVID-19 has caused serious illness and death for a lot of people. If you get COVID-19, you also risk giving it to loved ones who may get sick. Getting a COVID-19 vaccine is a safer choice.

Experts are working to learn more about both natural immunity and vaccine-induced immunity. CDC will keep the public informed as new evidence becomes available.
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

142. Do I have to get a boost shot after taking the vaccine?

See Question 104.

143. Should I get the COVID-19 vaccine if I am currently sick with COVID-19?

No. People with COVID-19 who have symptoms should wait to be vaccinated until they have recovered from their illness and have met the criteria for discontinuing isolation; those without symptoms should also wait until they meet the criteria before getting vaccinated. This guidance also applies to people who get COVID-19 before getting their second dose of vaccine.

SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

144. Was the coronavirus made in a lab?

We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
Source: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html#:~:text=We%20do%20not%20know%20the,%2C%20likely%20a%20bat.

145. What works best? Getting the COVID-19 vaccine or wearing a mask and social distancing?

Getting vaccinated against COVID-19 is the best protection against getting sick or dying from COVID-19. Once you are fully vaccinated, you can begin to do some activities without wearing a mask or social distancing. Nevertheless, in some

cases, it is still recommended that you wear a mask and practice social distancing.

As of May 19, 2021, Connecticut's protocols regarding masks and face coverings were updated to align with the recently modified CDC recommendations. The protocols that are currently in effect statewide are as follows:

Outdoors

- Masks not required.

Indoors

- Vaccinated not required to wear masks.
- Unvaccinated must wear masks.
- Masks are required to be worn by everyone in certain settings such as healthcare facilities housing vulnerable populations, public and private transit, prisons, schools, and childcare.
- Businesses and state and local government offices have the option to require masks to be worn by everyone in their establishments.

  Check with the CT State COVID Response website for the most up to date info and guidelines, https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Latest-COVID-19-Guidance

- If I get vaccinated against COVID-19, do I still need to wear masks or practice social distancing>

  Risk of SARS-CoV-2 infection is minimal for fully vaccinated people. The risk of SARS-CoV-2 transmission from fully vaccinated people to unvaccinated people is also reduced. Therefore, fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or

territorial laws, rules, and regulations, including local business and workplace guidance. Fully vaccinated people should also continue to wear a well-fitted mask in prisons and homeless shelters. Prevention measures are still recommended for unvaccinated people.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

146.How do vaccine work?

Currently, there are three main types of COVID-19 vaccines that are authorized and recommended or undergoing large-scale (Phase 3) clinical trials in the United States.
Below is a description of how each type of vaccine prompts our bodies to recognize and protect us from the virus that causes COVID-19. None of these vaccines can give you COVID-19.

- mRNA vaccines contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- Protein subunit vaccines include harmless pieces (proteins) of the virus that causes COVID-19 instead of the entire germ. Once vaccinated, our bodies recognize that the protein should not be there and build T-lymphocytes and antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- Vector vaccines contain a modified version of a different virus than the one that causes COVID-19. Inside the shell of the modified virus, there is material from the virus that causes COVID-19. This is called a "viral vector." Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that

causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if we are infected in the future.
SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html

147. What are the risks vs benefits of vaccines?

The COVID-19 vaccine will protect you and others from the virus and help us end this pandemic. While people with medical conditions may be concerned about the vaccine, Duke Health experts said that having a medical condition can increase your risk of getting sick if you are infected. "One of the great things about these vaccines is that they can be used in a wide variety of individuals," said Kenneth Schmader, MD, a geriatric disease specialist at Duke. He and other Duke experts explained why the benefits of getting vaccinated most often outweigh the risks of getting sick.

Source: https://www.dukehealth.org/blog/weigh-benefits-of-covid-19-vaccine-against-risk-infection

148. How is the amount in each vaccine dose decided?

Each dose of Pfizer's contains 30 micrograms of vaccine. Moderna went with a much larger dose of vaccine, 100 micrograms. Each company decided on the amount based on their research and clinical trials.
SOURCE: https://www.goodrx.com/blog/what-to-know-about-covid-19-booster-vaccine/

149. Does the vaccine cause autism?

There are no vaccines that cause autism or make it worse.

Source: https://faqs.in.gov/hc/en-us/articles/360054444692-Does-the-COVID-19-vaccine-cause-autism-

150. The experts say "follow the science" how do I know if a study is good science or bad science?

The best, most accurate, and reliable information around the COVID-19 pandemic can be found on the www.CDC.gov website.

151. Why did they stop J & J vaccine and now say it is safe to take? What change and why should I trust it?

What you need to know:

- CDC and the U.S. Food and Drug Administration (FDA) recommend use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, after a temporary pause.
- Reports of adverse events following the use of J&J/Janssen vaccine suggest an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome (TTS). Nearly all reports of this serious condition, which involves blood clots with low platelets, have been in adult women younger than 50 years old.
- A review of all available data at this time shows that the J&J/Janssen COVID-19 Vaccine's known, and potential benefits outweigh its known and potential risks.
- However, women younger than 50 years old especially should be aware of the rare but increased risk of this adverse event and that there are other COVID-19 vaccine options available for which this risk has not been seen.
- CDC and FDA will continue to monitor the safety of all COVID-19 vaccines.

- Seek medical care right away if you develop any of the symptoms below after receiving the J&J/Janssen COVID-19 Vaccine.
- If you have any questions or concerns, call your doctor, nurse, or clinic.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html

152. What should I do if I had the J & J vaccine?

After getting the J&J vaccine, it is a good idea to monitor your health and watch for symptoms that may occur.
It is important to remember that mild side effects from COVID-19 vaccines are common, particularly in the first two to three days of vaccination. They are a sign that your immune system is responding to the vaccine. Many people have pain, redness and swelling in the arm where they got the shot. They also may experience tiredness, mild headache, muscle pain, chills, fever, and nausea. These side effects usually start within a day or two of getting the vaccine and usually go away within a few days.
However, you should contact a healthcare provider if you experience any of these symptoms within three weeks of receiving the J&J vaccine:

- Shortness of breath
- Chest pain
- Leg swelling
- Persistent abdominal pain
- Severe or persistent headaches or blurred vision
- Easy bruising or tiny blood spots under the skin beyond the site of the injection

Source:
https://www.dshs.state.tx.us/coronavirus/immunize/vaccine-faqs.aspx

153. Are some people at higher risk of having the clotting after the J & J vaccine?

Scientists are still not sure. Here is what is known. Pausing the Johnson & Johnson vaccine was a response to six cases of a rare type of blood clot developing in people who had had the shot. The cases were reported in late March and early April to the Vaccine Adverse Events Reporting System (VAERS), a national early reporting warning system to detect safety problems with U.S.-licensed vaccines. All six people were women aged 18–48 years who experienced onset of symptoms between 6–13 (a median of nine) days. One woman died. There were also reports of blood clots in a seventh woman (after the pause was announced) and earlier in a man during clinical trials for the vaccine.

For many people, the benefits of the Johnson & Johnson vaccine outweigh the harms. The blood clots have been rare and unusual. It is much more common for people who are sick with COVID-19 to develop blood clots than a person who has received the Johnson & Johnson vaccine to develop a blood clot. The Johnson & Johnson vaccine has been approved as safe to be used once again, and researchers are continuing to monitor and are working on learning more about the blood clots.

Source: https://www.yalemedicine.org/news/coronavirus-vaccine-blood-clots

154. Do the COVID-19 vaccine contain live virus?

No. None of the three approved COVID-19 vaccines contain live virus.

155. Can I get the COVID-19 vaccine during my menstrual cycle?

Yes.

156. Who should not get the COVID-19 vaccine?

There is no COVID-19 vaccine yet for children under age 12. Clinical trials involving younger children are in progress.

Source: https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#vaccine-benefits

If you have questions about getting COVID-19 vaccine, you should talk to your healthcare providers for advice. Inform your vaccination provider about all your allergies and health conditions.
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/underlying-conditions.html?s_cid=10485:who%20should%20not%20get%20covid%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21

157. Can I take medicine for the side effects after I get the vaccine?

Talk to your doctor about taking over-the-counter medicine, such as ibuprofen, acetaminophen, aspirin, or antihistamines, for any pain and discomfort you may experience after getting vaccinated. You can take these medications to relieve post-vaccination side effects if you have no other medical reasons that prevent you from taking these medications normally.
It is not recommended that you take these medicines before vaccination for the purpose of trying to prevent side effects.
Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

158. If I do not have side effects, does that mean the vaccine did not work?

No, it does not mean that the vaccine did not work. The vaccine will work even if you have no side effects. Many people experience only very mild side effects or none. Experiencing no side effects does not mean the vaccine is ineffective. It means everybody responds differently.

Source: https://www.who.int/news-room/feature-stories/detail/side-effects-of-covid-19-vaccines

159. What are the expected long-term side effects of the vaccination for COVID-19?

None are known or expected at this time. National authorities and international bodies, including WHO, are closely monitoring for any unexpected or long-term side effects following COVID-19 vaccine use.

Source: https://www.who.int/news-room/feature-stories/detail/side-effects-of-covid-19-vaccines

160. What if I CAN'T get the second dose in 21 or 28 days after the first dose?

Act quickly to reschedule a second dose. While the CDC recommends people get their second dose "as close to the recommended interval as possible," there is a small grace period, a CDC spokesperson told Nexstar. If you get your dose four days early, that's okay, the agency said. If you miss your second vaccine dose, you can receive it up to six weeks after the first dose, for both the Pfizer and Moderna vaccines.

Source: https://www.khon2.com/coronavirus/what-happens-if-you-miss-your-second-dose-of-the-vaccine/

161. Is it okay for people in the same house to get different types of COVID-19 vaccine or should they all get the same brand?

It is fine for people in the same house to get different types of COVID-19 vaccines.

162. How long do I need to wait if I had or need to get a non-covid -19 vaccine?

SOURCE: While there are no known risks to getting the COVID-19 vaccine and another vaccine back-to-back, doctors and the Centers for Disease Control and Prevention said it's best to wait 14 days if possible.

163. Are your children likely to get COVID-19 after a parent test positive?

A study published today in *Pediatrics* found that children in two states were just as likely as adults to become infected with COVID-19 within their households, and while kids spread the virus in one fifth of homes, their lack of severe symptoms may have allowed their infections to otherwise escape detection.

SOURCE: https://www.cidrap.umn.edu/news-perspective/2020/12/study-kids-adults-equally-susceptible-home-covid-19-spread

164. Does a vaccinated person present a risk to unvaccinated family members in the same house?

Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people.
SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

165. Do COVID-19 vaccines contain antibodies?

COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness.

Different types of vaccines work in different ways to offer protection. But with all types of vaccines, the body is left with a supply of "memory" T-lymphocytes as well as B-lymphocytes that will remember how to fight that virus in the future.

It typically takes a few weeks after vaccination for the body to produce T-lymphocytes and B-lymphocytes. Therefore, it is possible that a person could be infected with the virus that causes COVID-19 just before or just after vaccination and then get sick because the vaccine did not have enough time to provide protection.
Sometimes after vaccination, the process of building immunity can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building immunity.
Learn more about getting your vaccine.

Types of Vaccines
Currently, there are three main types of COVID-19 vaccines that are authorized and recommended or undergoing large-scale (Phase 3) clinical trials in the United States.

Below is a description of how each type of vaccine prompts our bodies to recognize and protect us from the virus that causes COVID-19. None of these vaccines can give you COVID-19.

- MRNA contain material from the virus that causes COVID-19 that gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, they destroy the genetic material from the vaccine. Our bodies recognize that the protein should not be there and build T-lymphocytes and B-lymphocytes that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- Protein subunit vaccines include harmless pieces (proteins) of the virus that causes COVID-19 instead of the entire germ. Once vaccinated, our bodies recognize that the protein should not be there and build T-lymphocytes and antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.
- Vector vaccines contain a modified version of a different virus than the one that causes COVID-19. Inside the shell of the modified virus, there is material from the virus that causes COVID-19. This is called a "viral vector." Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that is unique to the virus that causes COVID-19. Using these instructions, our cells make copies of the protein. This prompts our bodies to build T-lymphocytes and B-lymphocytes that will remember how to fight that virus if we are infected in the future.
  Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html

166. Is it okay to donate blood after getting the COVID-19 vaccine?

The Red Cross is following FDA blood donation eligibility guidance for those who receive a COVID-19 vaccination, and deferral times may vary depending on the type of vaccine an individual receives. If you have received a COVID-19 vaccine, you will need to provide the manufacturer name when you come to donate.

Upon vaccination, you should receive a card or printout indicating what COVID-19 vaccine was received, and we encourage you to being that card with you to your next donation. In most cases, there is no deferral time for individuals who received a COVID-19 vaccine if they are symptom free and feeling well at the time of donation.

The following eligibility guidelines apply to each COVID-19 vaccine received, including boosters:

- There is no deferral time for eligible blood donors who are vaccinated with an inactivated or RNA based COVID-19 vaccine manufactured by AstraZeneca, Janssen/J & J, Moderna, Novavax, or Pfizer.
- Eligible blood donors who received a live attenuated COVID-19 vaccine or do not know what type of COVID-19 vaccine they received must wait two weeks before giving blood.
- If you have an appointment scheduled and need to change your donation date based on the above guidance.
- If you have further eligibility question, please call 1-800-RED CROSS (1-800-733-2767)

  Source: https://www.redcrossblood.org/donate-blood/dlp/coronavirus--covid-19--and-blood-donation.html

167. Can I drink alcohol after getting the COVID-19 vaccine?

In the US, there is no official government recommendation on drinking alcohol before or after any of the three COVID-19 vaccines. But research on the Moderna, Pfizer-BioNTech and Johnson & Johnson vaccines did not ask trial participants to avoid alcohol, and there's no mention of people having issues after drinking in the trial results. Nor do the Food and Drug Administration (FDA) vaccination guidance for the Pfizer, Moderna and Johnson & Johnson vaccines make any reference to alcohol.

However, while there is no evidence that drinking alcohol affects the efficacy of the COVID-19 vaccine or causes any unwanted health effects, the doctors we spoke to advise against drinking alcohol immediately after receiving the shot.

SOURCE: https://www.health.com/condition/infectious-diseases/coronavirus/can-you-drink-alcohol-after-covid-19-vaccine

168. Will annual or booster doses of COVID-19 vaccines be needed?

The need for and timing for COVID-19 booster doses have not been established. No additional doses are recommended at this time. See Question 5 for more info.

SOURCE: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

169. How long will vaccine immunity last?

We do not know how long protection lasts for those who are vaccinated. What we do know is that COVID-19 has caused serious illness and death for a lot of people. If you get COVID-19, you also risk giving it to loved ones who may get sick. Getting a COVID-19 vaccine is a safer choice.

Experts are working to learn more about both natural immunity and vaccine-induced immunity. CDC will keep the public informed as new evidence becomes available.

SOURCE:
https://www.cdc.gov › 2019-ncov › vaccines › faq

170. What is vaccine hesitancy?

The World Health Organization defines *vaccine hesitancy* as a "delay in acceptance or refusal of vaccines despite availability of vaccination services."[1]

171. Is vaccine hesitancy health threat to our community?

Yes, it is. Vaccine hesitancy may discourage people in our community from getting vaccinated. Vaccination is the best method to prevent against serious illness or death from COVID-19 and to end the pandemic.

172. How should I respond to vaccine hesitancy amongst my family and friends?

See question 75.

173. How does vaccine hesitancy affect herd immunity?

Two factors could lead to failure to achieve high enough levels of immunity: not every adult receiving the vaccine because of "vaccine hesitancy" and the likely need to vaccinate adolescents and children. The FDA cleared the emergency use of the Pfizer-BioNTech COVID-19 vaccine for adolescents 12 to 15 years of age on May 10, 2021, so that could help. But an added barrier is the constant pressure of reintroduction of infection from other countries where vaccination is not as readily available as in the U.S.
Achieving herd immunity to the extent of totally blocking new infections is therefore, while a laudable goal, not easily achievable. I think that for COVID-19 at this time, it will be possible only with the concerted global effort over years, similar to what led to smallpox eradication.
Source: https://theconversation.com/herd-immunity-appears-unlikely-for-covid-19-but-cdc-says-vaccinated-people-can-ditch-masks-in-most-settings-160228

174. Do vaccines really work?

Yes, they do.

Pfizer-BioNTech COVID-19 vaccine. The Pfizer-BioNTech COVID-19 vaccine is 95% effective in preventing the COVID-19 virus with symptoms in people aged 16 and older. The vaccine is 100% effective in preventing the COVID-19 virus in children ages 12 through 15. This vaccine is for people aged 12 and older. It requires two injections given 21 days apart. The second dose can be given up to six weeks after the first dose, if needed.

Moderna COVID-19 vaccine. The Moderna COVID-19 vaccine is 94% effective in preventing the COVID-19 virus with symptoms. This vaccine is for people ages 18 and older. It requires two injections given 28 days apart. The second dose can be given up to six weeks after the first dose, if needed.

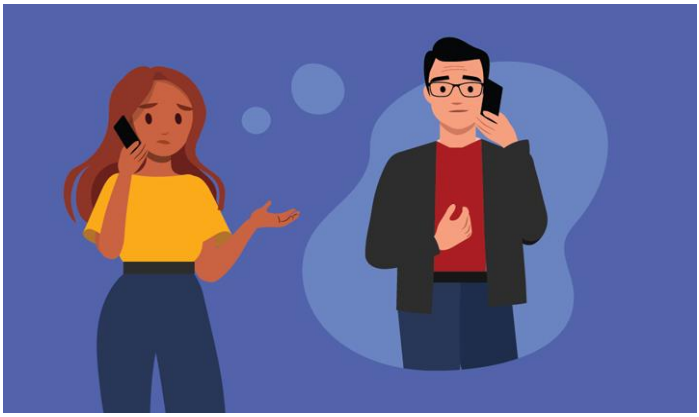
Janssen/Johnson & Johnson COVID-19 vaccine. In clinical trials, this vaccine was 66% effective in preventing the COVID-19 virus with symptoms — as of 14 days after vaccination. The vaccine also was 85% effective at preventing severe disease with the COVID-19 virus — at least 28 days after vaccination. This vaccine is for people who are ages 18 and older. It requires one injection.

The FDA and the Centers for Disease Control and Prevention (CDC) have recommended that use of this vaccine continue in the U.S. because the benefits outweigh the risks. If you are given this vaccine, you should be educated about the possible risks and symptoms of a blood clotting problem.

SOURCE:

175. What do you recommend as the most effective messaging to give to friends and family who do not want to get the vaccine?

Listen to their questions with empathy



COVID-19 vaccines are new, and it's normal to for people to have questions about them. The sheer amount of information—and misinformation—about COVID-19 vaccines can be overwhelming to anyone. You can help by listening without judgement and identifying the root of their concerns.

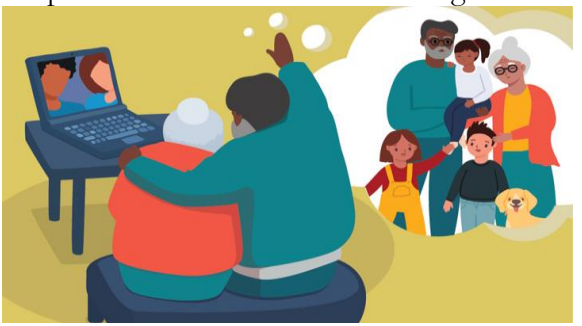
Acknowledge their emotions so they know they have been heard. For example, you can say, "It sounds like you are stressed at work and home, and concerns about the vaccine are another source of stress. That's really tough."

Ask open-ended questions to explore their concerns.

Open-ended questions are meant to elicit more than a yes-or-no answer. Asking open-ended questions can help you understand what your friend or family member is worried about, where they learned any troubling information, and what they have done to get answers to their questions. For example, you can ask, "How did watching that news report make you feel? What did you do next?"

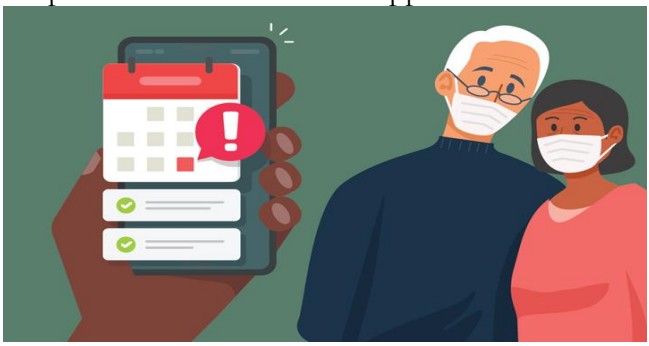
Try not to sound judgmental and ask questions that help you understand their concerns. For example, avoid things like, "That's a silly concern," or "Why would you be worried about that?"
Ask permission to share information.

Once you understand your friend or family member's question or concern, ask if you can provide some information, and tell them where you get information you trust. If they agree, they will be more willing to listen to you instead of feeling like you are pushing unwanted information on them. You can find answers to common questions from reputable sources, including CDC.gov, the local health department website, or other trusted sources such as their doctor, nurse, or pharmacist. Sometimes, sharing quick, accurate answers to common concerns your family or friends might have can go a long way toward moving someone from worry to confidence. If you do not know the answer to their questions, consider offering to help look for information.
Help them find their own reason to get vaccinated.



Everyone who chooses to get vaccinated does it for a reason—to protect their family, to protect their children, to be less anxious, to visit their parents, or to get back to activities like seeing friends, resuming work, or returning to school. After addressing concerns with empathy and facts, you can steer the conversation from "why not" to the important reasons that matter to them—their "why." You may choose to share your reasons for getting vaccinated or discuss common goals you may have, like visiting with each other safely. The reasons that someone may choose to get vaccinated will always be those that are most compelling to them personally.

Help make their vaccination happen



Once someone decides on their "why," help them make a commitment to get vaccinated. Help make the path to vaccination shorter, easier, and less stressful for them. Offer to help your family member or friend make a vaccination appointment at a location nearby and, if needed, go with them to the appointment. Offer to help with transportation or to babysit if they need childcare. Remember, every person who chooses to get vaccinated brings us all a step closer to moving past the COVID-19 pandemic. As a trusted messenger to your family and friends, you can play a role in their decision to vaccinate.

SOURCE: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/talk-about-vaccines.html

176. What causes vaccine hesitancy?

There are many reasons why people may hesitate to take the COVID-19 vaccine.

- Distrust of vaccines: Some people will not accept any vaccines at all. For example, some people choose not to get the yearly flu vaccine because they think it does not work or they worry that it will make them sick. Others worry about links between vaccines and autism disorder, and although these links have been disproven, they choose to skip recommended childhood vaccines.
- Vaccine timeline: Others may accept common vaccines but may hesitate to take the COVID-19 vaccine because it is new and was created quickly. In the past, development and approval of most vaccines took years. For the COVID-19 vaccine, creation and approval took less than a year. This seems rushed to some and may contribute to concerns about vaccine safety. However, development of the vaccine was not as rushed as it seems. Scientists have used the technology behind the COVID-19 vaccine for 20 years. Therefore, they were able to create the vaccine as fast as they did.
- **Effectiveness:** While some people worry about safety, others worry about effectiveness. After development of the vaccine, scientists studied it in human volunteers. These early studies have shown that the vaccine is safe and effective, but there is still much that is unknown, including how long the vaccine is effective, if it works against new strains of the virus, and whether or not someone who is vaccinated can still spread the disease to others.
- Side effects: Fear of unknown side effects and frustration about unknown long-term effects are other reasons that some people may not accept the vaccine.
- Lack of concern about the virus: Finally, there are also some communities where people do not consider COVID-19 to be a serious risk. In these communities, people may not accept a COVID vaccine because to them the risks of the vaccine seem greater than the risks of the disease.

Source: https://www.goodrx.com/blog/distrust-of-the-covid-19-vaccine/

176. What are the issues related to vaccine hesitancy? I do not understand it.

SEE ABOVE, Response to Question 76.

177. Can a vaccine cause the illness it is meant to prevent?

No, the COVID-19 vaccine does not cause the illness.

178. Is there a link between vaccines and autism?

179. Is the mercury in the vaccine shown to cause autism?

Thimerosal is a preservative that contains mercury. It is used in multi-dose vials of some influenza vaccines to prevent the growth of bacteria, as explained by the CDC.
* Thimerosal has a different form of mercury (ethylmercury) than the kind that causes mercury poisoning (methylmercury**).** It is safe to use ethylmercury in vaccines because it is processed differently in the body and it's less likely to build up in the body — and because it's used in tiny amounts. Even so, most vaccines do not have any thimerosal in them. There is no linkage between the COVID-19 Vaccine and autism.

The CDC explains that vaccines containing Thimerosal have a record of being very safe with most common side effects causing minor reactions such as redness and swelling at the injection site.

COVID-19 Activities and Brainteasers

Explain It

Explain how each action can help prevent the spread of coronaviruses.

Avoid touching eyes, nose, and mouth	
Wash hands	
Cover coughs and sneezes	
Stay home when sick	

COVID-19 WORD SEARCH

V U J N T D R X J Y X C O J D A X C C U
Y R H S I O X S O H I V C Z M A C O U Y
S F C V I Z K T Z K B E S P Y S R T T B
X M O V Q Y Q R W J G O M I K O Z W T S
N C O A C O Q A C Z Y U V D N E H K N Z
J O A T Y S S K E J X P O A R P U I Q J
W F W A P H Y D W C Y S V E U R F C D I
C O U G H M O I Z M I I N R A V B N R C
Y Z F E Z G Y M H B R Y T P N M O R Q P
F G U Z U D X S W U U M A S A X Q M K X
P E D D W J A W S U O I G A T N O C L H
G G V J S Y R Y U Q H G Q W I F X Z O A
D G B E Z Y B I K S A M I W S J M Z C I
L L T J R Q K I I T E B K Y N P L I J D
Q R V R S J Z R F O S W U R A G E D C Z
N D G Z P R L C M S S P H P I A P K L V
C C A B J H Q Y S P S V G W S Q K R E Q
C M I K C C W O J H N K P J C H M R A Y
Y E V Z L C Z A D V R K V I K T N J N E
B Z F L C S R E W N D K O R F Q N Y I Z

CLEAN
CONTAGIOUS
CORONAVIRUS
COUGH
COVID
FEVER
MASK
SPREAD
SYMPTOMS
WASH

gratitude jar

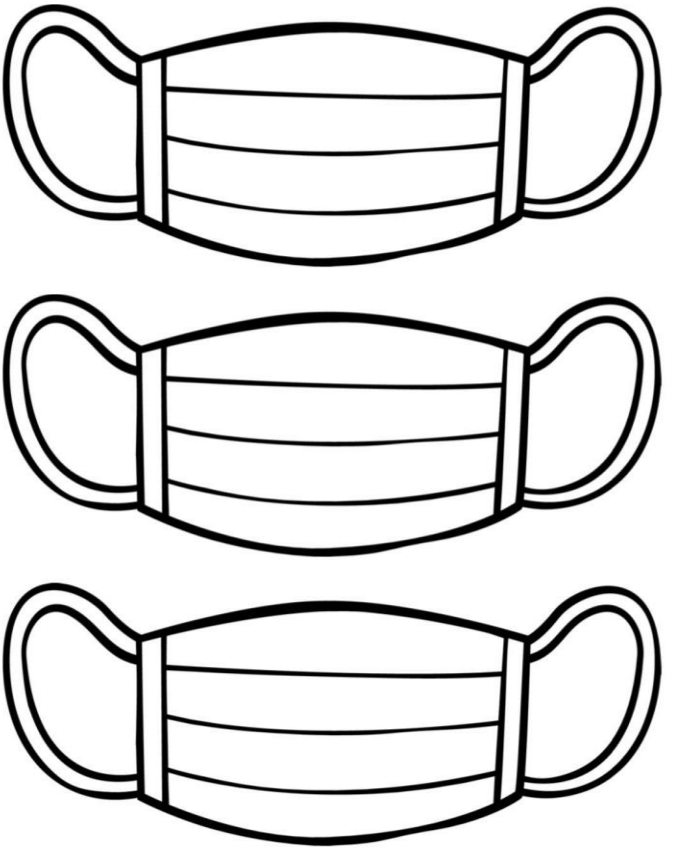
What are you grateful for? Write or draw them!

Flower & Grace KIDS YOGA

Name:

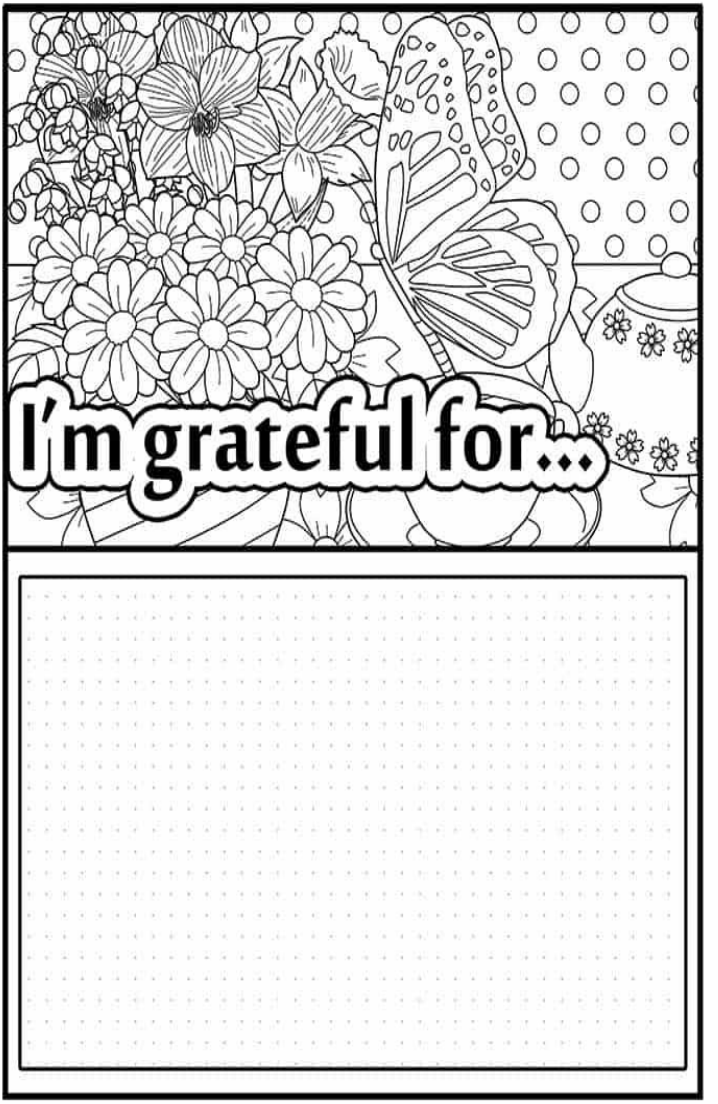
DESIGN-A-MASK

Can you create three different mask designs below?



Fun Activities- Take a Virtual Trip!

Your Notes


I'm grateful for...

Check out these FREE field trips from home:

- Tour **Yellowstone National Park!**
  https://www.nps.gov/yell/learn/photosmultimedia/virtualtours.htm

- Explore the **surface of Mars** on the Curiosity Rover.
  https://accessmars.withgoogle.com/

- Head to the **Georgia Aquarium**
  https://www.georgiaaquarium.org/webcam/beluga-whale-webcam/

  or

  Monterey Bay Aquarium
  https://www.montereybayaquarium.org/animals/live-cams

- Watch the adorable **Panda Cam at the Atlanta Zoo**
  https://zooatlanta.org/panda-cam/

- See even more animals with six Animal Cams at the **Houston Zoo**
  https://www.houstonzoo.org/explore/webcams/

- **Travel to Paris, France** to see amazing works of art at The Louvre with this virtual field trip.
  https://www.louvre.fr/en/visites-en-ligne

- This Virtual Tour of the Great Wall of China
  https://www.thechinaguide.com/destination/great-wall-of-china

- Head to the iconic British Museum in London on this virtual tour https://britishmuseum.withgoogle.com/

- Explore two exhibits at the National Gallery of Art, in Washington D.C., https://artsandculture.google.com/partner/national-gallery-of-art-washington-dc?hl=en

- Visit the VanGogh Museum in Amsterdam https://artsandculture.google.com/partner/van-gogh-museum?hl=en – the largest collection of artworks by Vincent van Gogh, including over 200 paintings, 500 drawings, and over 750 personal letters.

- Seattle Symphony live streaming concerts for free https://seattlesymphony.org/live

- The Metropolitan Opera is streaming operas for free! *https://metoperafree.brightcove-services.com/?videoId=6222244838001*

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Fun Activities- How to Meditate: Simple Meditation for Beginners

This meditation exercise is an excellent introduction to meditation techniques.

1. Sit or lie comfortably. You can also sit in a chair.
2. Close your eyes.
3. Make no effort to control the breath; simply breathe naturally.
4. Focus your attention on the breath and on how the body moves with each inhalation and exhalation. Notice the movement of your body as you breathe. Observe your chest, shoulders, rib cage, and belly. Simply focus your attention on your breath without controlling its pace or intensity. If your mind wanders, return your focus back to your breath.

Maintain this meditation practice for two to three minutes to start, and then try it for longer periods.

CONTRIBUTORS:

- City of Hartford Department of Health and Human Services
- Hartford Foundation of Public Giving
- Hartford Public Library-The American Place
- Shirley Surgeon, City of Hartford Councilwoman
- Alista Technologies
- Community Coalition Members
- Design Studios, LLC
- Dorman Law Firm, LLC
- Dr. Gary Rhule, Internal Medicine
- Education Development Support Network (EDSN)
- Inquiring News
- Lion's Den Vegetarian Restaurant
- McCook Law Firm LLC
- Morgan Media
- SEIU1199 New England Health Care Union
- United Way of Hartford
- Wayne Stapleton, REALTOR

Email: westindiansocialclub@gmail.com
Phone: (860) 247-5659
3440 Main Street, Hartford, CT 06120
westindiansocialclub.org