



- 1. When will a vaccine for COVID-19 be available at LGH?**
 - a. *We anticipate that two vaccines for COVID-19 will be released during the month of December and become available at LGH. Vaccination began on December 17 with doses from Pfizer. The second is a vaccine from Moderna and will likely arrive near the end of December.*
- 2. How do these vaccines work?**
 - a. *Both of these new vaccines contain messenger RNA, which after injection instructs human cells to make the spike protein of the virus, which is how the virus attaches to cells. Antibodies are generated against the spike protein, which block the virus from attaching to cells if you are exposed. Other arms of the immune system are also activated by the vaccines to provide protection against future COVID-19 infection.*
- 3. How effective are the Pfizer and Moderna vaccines for COVID-19?**
 - a. *Preliminary data from both companies from large phase 3 human trials indicate that both vaccines are approximately 95% effective in preventing COVID-19.*
- 4. Are these vaccines fully licensed by the FDA for use?**
 - a. *Vaccines for COVID-19 will initially be released by the FDA under an Emergency Use Authorization (EUA). This is the usual first step for a new vaccine. It means that the vaccine is available outside of a research study, but is not yet licensed. As further data are gathered during the EUA phase, companies can then apply to the FDA for approval for full licensure.*
- 5. Are these vaccines safe?**
 - a. *Cumulative data from both Pfizer and Moderna from multiple large human trials indicate that the vaccines are very safe. No serious adverse effects have been described. Soreness at the injection site and flu-like symptoms such as low-grade fever, body aches and feeling ill may occur, but are generally not severe.*
- 6. Are there any additives or preservatives in the Pfizer or Moderna vaccines?**
 - a. *No. Both vaccines are free of antibiotics, egg proteins, adjuvants, thimerosal, and preservatives. They consist of mainly of the RNA and a lipid coating. You will be provided with an information sheet that lists all of the ingredients of the vaccine.*
- 7. Can I get COVID-19 from the vaccine?**
 - a. *No. The vaccines do not contain live virus, and so it is biologically impossible to get COVID-19 from the vaccine.*
- 8. Does the COVID-19 vaccine contain stem cells or other fetal products?**
 - a. *For both Pfizer and Moderna, the manufacturing process of their vaccine does not involve the use of stem cells or fetal cell lines. However, in the development and testing of these vaccines, fetal cell lines were used. The vaccine itself, however, does not contain any fetal cells or proteins, or stem cells.*

9. What steps are being taken to fully evaluate the safety of these vaccines prior to their release?

- a. *Throughout the vaccine development process, independent Data Safety Monitoring Boards have provided oversight and ongoing safety evaluation for COVID-19 vaccines under development. A full reporting of the data from the phase 3 studies will be published in peer reviewed journals for scientific analysis. The FDA Vaccine Advisory Committee will perform an additional independent evaluation of the data. The FDA has granted EUA approval for the Pfizer vaccine, and the Advisory Committee on Immunization Practices (ACIP) from the CDC has recommended use of the vaccine for persons 16 years or older. FDA review of the Moderna vaccine is scheduled for December 17.*

10. Are the Pfizer and Moderna COVID-19 vaccines safe to give if I am pregnant or breastfeeding?

- a. *Women who were pregnant or breastfeeding were excluded from the vaccine studies, and so we have no information as to the safety of COVID-19 vaccination in these groups. The Society for Maternal Fetal Medicine, however, has issued a recommendation that pregnant women have access to the vaccine, and neither the manufacturers, the FDA, the CDC or the ACIP have listed pregnancy or breastfeeding as a contraindication. The decision to give the COVID-19 vaccine to a woman who is pregnant or breastfeeding should be made in consultation with the woman's medical provider. [Click here for additional information from Penn Medicine.](#)*

11. Should I get the COVID-19 vaccine if I have a chronic illness that affects my immune system?

- a. *Individuals who have an underlying immune system chronic illness were excluded from study in the Pfizer and Moderna, and so we have no data as to safety. A decision to consent to vaccination should be made in consultation with your medical providers.*

12. Who will get the vaccine first, and how will I be notified if I have been chosen as a priority candidate for vaccination?

- a. *The priorities for healthcare personnel vaccination have been determined by federal and state authorities and are based on your risk of both exposure to, and the risk of transmission of, COVID-19. The recommendation is that healthcare workers and ancillary staff who provide face-to-face care of COVID-19 patients, healthcare workers who work on COVID-19 units, first responders and residents of long-term care facilities will receive the first rounds of vaccine. You will be notified by email if you have been prioritized for vaccination. As the number of vaccine doses allocated to LGH is not currently known, there may not be enough vaccine available to provide immunization for everyone within a high-risk group. If that is the case, a lottery system will be instituted to choose those healthcare personnel within that group to be vaccinated first.*

13. If I am chosen, and I consent to vaccination, how will I schedule my vaccination appointments?

- a. *You will be notified by email that you have been chosen, at which time you will be asked to decide if you consent for vaccination. You will get a second email once vaccine is available and you will be asked to schedule through MyLGHealth. If you do not have a MyLGHealth account, assistance will be provided to you to create one.*

14. What are the contraindications to receiving the COVID-19 vaccine?

- a. *Neither the Pfizer or Moderna vaccines contain any antibiotics or egg proteins. Vaccine contraindications to other vaccines based on egg or antibiotic allergies will not affect your candidacy for the COVID-19 vaccine. The Pfizer and Moderna vaccines do contain polyethylene glycol (PEG), a common additive in medications and foods. If you are allergic to PEG you should not receive the Pfizer or Moderna vaccines. Other vaccines to be released later this winter and spring would likely be safe, however. And if you had a severe reaction (you were given medication at the vaccine site or were sent to the ER) to the first dose of any of the COVID vaccines, you should contact your PCP or an allergist for assessment and advice before receiving the second dose.*

15. If I have already had COVID-19, should I get the vaccine?

- a. *Neither Pfizer or the CDC/ACIP list prior COVID-19 infection as a reason not to get the COVID-19 vaccine. The Pennsylvania Department of Health, however, suggests that if you have had COVID-19 previously, that you wait until 3 months have passed since your illness to get vaccinated. The 90-day waiting period, however, is not mandatory, and there is no contraindication to getting the vaccine sooner after you COVID illness. Just keep in mind that your post-vaccine flu-like symptoms may be more intense since you already had COVID-19.*

16. How many shots will I have to get to be fully immunized?

- a. *Both the Pfizer and the Moderna vaccines require two injections. For the Pfizer vaccine the second dose is 21 days after the first dose. For the Moderna vaccine the second dose is 28 days after the first dose. There will be a 3-4 day window period around the timing of the second dose.*

17. If I have a reaction to the COVID-19 vaccine, who should I notify?

- a. *You will be provided with a list of minor and expected side effects from the vaccine, such as soreness at the injection site and flu-like symptoms. You will get questions through MyLGHealth regarding symptoms after vaccination.*

18. How will my vaccination be documented?

- a. *At the time of your vaccination, you will be given a vaccination card documenting the details of you vaccination. You vaccination will also be recorded in your medical record.*

19. What if I miss the window to receive my second dose?

- a. *At the time of enrollment as a vaccine candidate, you will be asked to commit to both dates for the initial vaccine and the subsequent second dose. A window of a few days on either side of day 21(Pfizer) or day 28 (Moderna). At this time, it is not known whether the EUA will allow you to be vaccinated at another time if you miss your second dose window. You will receive multiple reminders of the time and date of your second dose appointment.*

20. Am I free to return to work or leave as soon as I am vaccinated?

- a. *We expect that the Emergency Use Authorization will require a period of observation after the vaccine is administered. This is likely to be on the order of 15 minutes. You will be provided with an area to safely wait during this observation period.*

21. If I am sick on the day I am to receive the vaccine, what should I do?

- a. *If you have a fever or feel ill on the day of your vaccine schedule, you should notify Employee Health, who will provide instructions. You should not receive the vaccine if you are ill.*

22. Should I get the COVID-19 vaccine if I have been exposed to COVID-19 and am under quarantine or furlough?

- a. *It is unlikely that exposure to COVID-19 will be a contraindication to being vaccinated. However, we must await the details of the formal Emergency Use Authorization from the FDA. Social distancing and masking requirements will be enforced at the vaccination sites.*

23. Are there any long-term side effects of these vaccines?

- a. *Patients have been enrolled in phase 1 vaccine trials since March, and phase 3 trials began in late July. No long-term side effects have been identified to date for the Pfizer and Moderna COVID-19 vaccines. The CDC will continue to track any reported safety issues with the vaccine as the COVID-19 immunization program rolls out.*

24. Have these vaccines been rushed through the development process by Operation Warp Speed or political pressure?

- a. *Operation Warp Speed (OWS) is a partnership between the Department of Health and Human Services, the Department of Defense, and vaccine manufacturers designed to provide financial support and coordination of industry efforts. It has also served as a mechanism to stockpile and plan for mass distribution of COVID-19 vaccines. There has, however, been no undue influence on the vaccine development process from a scientific perspective.*

25. How much will the vaccine cost?

- a. *The federal government is covering the cost of vaccine manufacture, distribution, and administration. There will be no cost to vaccine recipients.*

26. How many doses of vaccine will LG Health be allocated?

- a. *We do not know at this point in time how many doses LG Health will receive. It is anticipated, however, that once vaccine distribution starts that multiple allocations will follow thereafter. Ultimately it is expected that LGH will obtain enough vaccine to provide COVID-19 vaccine to all those who wish to be vaccinated, although this process may take several months.*

27. Will the COVID-19 vaccine be mandatory for all LG Health employees?

- a. *Initially, the vaccine will not be fully licensed by the FDA, but will be released under EUA. The COVID-19 vaccine will not be mandatory for LG Health employees.*

28. When will I gain immunity after vaccination, and how long will immunity last after I have been immunized?

- a. *The antibody response becomes full approximately one week after the second dose of the COVID-19 vaccine. The duration of immunity, however, is not yet known. Further experience with the vaccines over many months will determine if additional doses to maintain immunity are required.*
- 29. If I get a COVID-19 vaccine, am I guaranteed not to get COVID-19?**
- a. *No. Vaccination with the Pfizer or Moderna vaccines, according to available data, will provide 95% risk reduction of getting the infection. It will also reduce the likelihood of severe infection requiring hospitalization or ICU care. A small number of people who get the vaccine may still become infected and potentially spread the virus, but the infection is likely to be less severe.*
- 30. If I complete the vaccine series, will I still need to wear a mask and social distance?**
- a. *Yes. Infection control precautions will continue even after vaccination to provide maximum protection of both healthcare personnel and patients. Masking, social distancing, and hand washing practices will need to be maintained outside of the hospital setting as well. These mitigation steps, in addition to widespread vaccination, will be required to bring this pandemic under control.*
- 31. If I complete the vaccine series, will I be automatically assigned to a COVID unit?**
- a. *No. Staffing assignments will not change as a result of vaccine acceptance or declination.*
- 32. When will vaccination of the public begin?**
- a. *As more and more vaccine becomes available, and once healthcare workers are immunized, patients with high-risk conditions, teachers, critical service workers, and many others will be candidates for vaccination. It is anticipated that these phases of vaccine rollout will likely occur in the spring.*
- 33. Are other COVID-19 vaccines in development?**
- a. *Yes. It is anticipated that at least two additional vaccines will be released in the spring, and probably several others by next summer. It is too soon to make any predictions about which vaccines will be released.*
- 34. Why is there so much focus on the COVID-19 vaccine?**
- a. *Development and distribution of a COVID-19 vaccine is the most important advance to date in our battle against this pandemic. Successful vaccination of healthcare personnel, those at risk for severe disease and death from COVID-19 infection, as well as the general public will help to slow down the spread of the virus through the community. A successful national vaccination program, along with continued social mitigation steps (masking, social distancing, gathering restrictions), is hoped to spell the beginning of the end of the COVID-19 pandemic.*
- 35. Will I be paid for my time to get the vaccine?**
- a. *Yes, employees will be paid for their time getting the vaccine. If you are on your shift, you don't need to clock out to get your vaccine. If you are not at work, your timekeeper should make a one-hour adjustment to allow for travel time, vaccine administration and observation period.*
- 36. Will employees be compensated for out-of-office time if they experience significant side effects from the COVID-19 vaccine??**

- a. *If employees cannot work due to significant side effects or COVID-19-like symptoms within the first two days after vaccine, they would notify their manager who would code their out-of-office time as “COVID LEAVE” in Kronos. If an employee has significant side effects or COVID-19-like symptoms for more than two days after the vaccines, they must call the Employee Health Call Center to be assessed and potentially tested or quarantined.*

37. Do I need to choose between the Pfizer and Moderna vaccines? Are both equally effective?

- a. *The Pfizer and Moderna COVID-19 vaccines are both messenger RNA vaccines in a lipid envelope. They are equally efficacious and both have excellent safety profiles. The only difference is that the second vaccine dose for Pfizer is day 21 and for Moderna it is day 28. Which vaccine you receive will depend on availability. Both are considered equivalent.*

38. I did not receive the survey asking me if I would like to receive the vaccine. Or, I answered the survey and would like to change my answer.

- a. *Please email your request to: COVID19questions@pennmedicine.upenn.edu*

39. I developed a COVID-19 infection shortly after getting my first dose of the vaccine. Can/should I get the second dose?

- a. *The protection from the first dose does not begin until at least 12 days after the injection. Some individuals were either incubating COVID-19 or were exposed around the time of the vaccination and so can develop a COVID-19 infection in that early phase. It is OK to get the second dose, as long as it is scheduled more than 10 days out from the onset of your COVID-19 illness; that is, until your contagious/ isolation period has passed. If your second dose is scheduled during this 10-day period, then cancel your second dose and reschedule for a time after the 10-days are up. Do not postpone the second dose by more than 2 weeks.*

40. I have had allergic reactions to many vaccines and injectable drugs. Should I get the COVID-19 vaccine?

- a. *The CDC recommends that for such patients the vaccine can be given, but that the period of observation after the injection should be at least 30 minutes. Notify your vaccine clinic of your previous reactions at the time of scheduling. You may also want to consult your PCP for advise on vaccination prior to scheduling.*

41. What should I take for arm soreness following my vaccine?

- a. *Tylenol (acetaminophen) is preferred as it relieves pain and fever but is not anti-inflammatory. Ibuprofen’s anti-inflammatory effects can at least in theory reduce the effectiveness of the vaccine since an inflammatory response is part of the mechanism of the vaccine. This however, has not been studied scientifically. So it is recommended not to take anything before the vaccine, and to use Tylenol first if symptoms warrant. Ibuprofen can be used after symptoms have developed and if they are unable to be tolerated with Tylenol alone.*

42. Q. What ingredients are in the mRNA vaccines?

- a. *The mRNA vaccines contain: **mRNA** – The mRNA is a blueprint that teaches your cells to make one protein from the virus that causes COVID-19 and the antibodies against it. **Lipids** – These are molecules that are not able to dissolve in water.*

*They protect the mRNA so that it does not break down before it gets into our cells. These lipid particles can be thought of as little “bubbles of fat” that surround the mRNA like a protective wall and make it easier for the mRNA to enter cells. **Salts** – Salts, similar to table salt, are used to keep the pH of the vaccine close to that found in the body, so the vaccine does not damage cells when it is administered. **Sugar** – This ingredient is the same as the sugar you put in your coffee or on your cereal. In the vaccine, it helps keep the “bubbles of fat” from sticking to each other or to the sides of the vaccine vial. mRNA vaccines do NOT contain: Blood products, Antibiotics, DNA, Fetal cells, Pork products, Egg proteins, Preservatives (e.g., thimerosal)*