

1. What is the status of the COVID-19 vaccines right now? (Updated 08-16-2021)

Currently, there are three COVID-19 vaccines available in the United States. All are effective, safe, and provide protection against all known variants at this time.

They are not interchangeable, which means that if you start with one vaccine manufacturer, you need to receive that same type for your second vaccine, where applicable.

All require two (2) weeks after the full series is complete to be considered fully immune.

Vaccine Manufacturer	Number of Doses, Timing	Type of Vaccine	Age Group	Link to Fact Sheet for Recipients and Caregivers
Pfizer-BioNTech	Two, 21 days apart	mRNA	12 years and older	Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers (fda.gov)
Moderna	Two, 28 days apart	mRNA	18 years and older	Moderna COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers (fda.gov)
Johnson & Johnson/Janssen	One	Viral Vector	18 years and older	Janssen COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers 07122021 (fda.gov)

2. Are boosters recommended at this time? (Updated 08-16-2021)

Although we don't know the exact limits of how long a COVID-19 vaccination remains protective, it was recognized after evaluation of existing data, that protection against SARS-CoV-2 infection likely decreases over time following initial doses of the vaccine. This means that the vaccine could provide less protection against severe disease, hospitalization, and death, especially among those who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout. It is recommended that boosters "will be needed to maximize vaccine-induced protection and prolong its durability."

A plan to begin offering boosters in the fall of 2021, subject to the FDA and ACIP (*CDC's Advisory Committee on Immunization Practices*) conducting a thorough review of the safety and effectiveness of a third dose of the Pfizer and Moderna mRNA vaccines and issuing booster dose recommendations.

CDC already recommended that people whose immune systems are moderate to severely compromised should receive an additional dose of **mRNA COVID-19 vaccine at least 28 days after the initial 2 doses**. This is due to the fact that this group does not always build the same level of immunity compared to people who are not immunocompromised and have accounted for a large proportion of hospitalized breakthrough cases.

Once the review is complete by FDA and ACIP, boosters will be made available to everyone starting 8 months after an individual's second dose. At that time, people who were fully vaccinated earliest in the vaccination rollout, including many health care providers, nursing home residents, and other seniors, will likely be eligible for a booster.

Boosters will likely be needed for people who received the Johnson & Johnson (J&J) vaccine as well, but administration of the J&J vaccine did not begin in the U.S. until March 2021, and more data needed to make this conclusion.

[Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots | CDC Online Newsroom | CDC](#)

3. Would this be a worker's comp issue if there are unexpected adverse side effects after receiving the vaccine at work? (Updated 08-16-2021)

Yes, because it is required as a condition of employment, it would be considered work related if there were an unexpected adverse side effect.

4. Can we be sure the vaccine will be safe? Will it be safe for me? (Updated 08-16-2021)

We understand that there may be concern over the safety and efficacy of a COVID-19 vaccine that may be under EUA – *Emergency Use Authorization*. The U.S. Food and Drug Administration is required to make decisions that are guided by science and data regarding authorization or approval of COVID-19 vaccines and have undergone the most intense safety monitoring in U.S. history. "V-Safe," a new smartphone-based tool, which is an "after-vaccination health checker for people who receive COVID-19 vaccines" has been used to identify and report any safety issues that have developed post-vaccination so that they can be further investigated.

Vaccines cannot give you COVID-19, cause you to be magnetic or alter your DNA. You may have side effects after vaccination that are normal and should go away in a few days. These are signs that your body is building protection. They could include tiredness, headache or chills. Read more: [Myths and Facts about COVID-19 Vaccines | CDC](#)

More serious side effects, such as the **rare** occurrence of myocarditis and pericarditis in adolescents and young adults, have been reported after getting the second dose of the mRNA vaccine. The known and potential benefits of COVID-19 vaccination outweigh the known and

potential risks of rare side effects, but individual questions need to be discussed with your PCP. [Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination | CDC](#)

Additionally, J&J's vaccine has **rare** risk of blood clots with low platelets after vaccination in women younger than 50 years old. [Agencies Underscore Confidence in Vaccine's Safety and Effectiveness Following Data Assessment; Available Data Suggest Potential Blood Clots Are Very Rare Events \(cdc.gov\)](#)

5. Will team members have to pay for the COVID-19 vaccine? First and/or second dose?

NO - You won't be charged for the vaccine. It will be covered like your normal flu vaccination.

6. Will the COVID-19 vaccine be mandatory for healthcare workers? (Updated 08-16-2021)

The Maine Department of Health and Human Services (DHSS) and Center for Disease Control and Prevention (Maine CDC) issued an emergency rule on Aug. 12, 2021 that requires healthcare workers to be fully vaccinated by Oct. 1, 2021. Healthcare workers are defined as any individual employed by a hospital, multi-level health care facility, home health agency, nursing facility, residential care facility, intermediate care facility, EMS organization, or dental practices. This includes independent contractors.

Fully vaccinated means that you have received both shots of the Pfizer and Moderna, or one J&J dose, by Sept, 17 in order to allow full immunity to develop by Oct. 1.

7. How effective are the COVID-19 vaccinations? (Updated 08-16-2021)

After FDA approves a vaccine or authorizes a vaccine for emergency use, it continues to be studied to determine how well it works under real-world, "imperfect", conditions. These ongoing evaluations help us understand if vaccines are performing as expected outside the more controlled setting of a clinical trial. Factors to be considered include different populations and host factors, evolving viral factors such as variants and other factors that impact vaccine delivery such as storage and handling of vaccines.

Based on evidence from clinical trials in people 16 years and older, the **Pfizer-BioNTech** vaccine was 95% effective at preventing laboratory-confirmed infection with the virus that causes COVID-19 in people who received two doses and had no evidence of being previously infected. It was also highly effective at preventing laboratory-confirmed COVID-19 infection in adolescents 12–15 years old with the immune response at least as strong as that documented in 16–25 year olds. Results from real world conditions reduced the risk of COVID-19, including severe illness by 90% or more, among those fully vaccinated.

The Moderna vaccine was 94.1% effective at preventing laboratory-confirmed COVID-19 infection in people who received two doses and had no evidence of being previously infected.

The J&J/Janssen COVID-19 Vaccine was 66.3% effective in clinical trials at preventing laboratory-confirmed COVID-19 infection in people who received the vaccine and had no evidence of being previously infected. The vaccine had high efficacy at preventing hospitalization and death in people who did get sick.

Protection Against the Delta Variant

	Pfizer	Moderna	J&J
Effect against Infection	64-88%	72%	“very good antibody response”
Effect against Hospitalization	93-96%	96%	

8. Why should I get the vaccine? (Updated 08-16-2021)

Vaccination is our best protection against all strains of the virus that cause COVID-19. Infection prevention experts recommend that you get the vaccine to protect yourself, your family, your team members, your patients and those not yet eligible for a vaccine, such as young children.

By protecting yourself you can help stop the spread of COVID-19 in our communities and the potential for ongoing viral variants.

9. What are the benefits of receiving the vaccine? (Updated 08-16-2021)

Personal health benefits: COVID-19 vaccines have shown to be effective in preventing infection and serious disease. Vaccinated persons are much less likely to contract disease and if they do acquire a breakthrough infection, typically have much more mild symptoms with better outcomes. They are less prone to re-infections than someone who had natural disease.

Social aspects: Vaccinated people can resume activities that they did prior to the pandemic (but should still wear a mask indoors while in an area of substantial or high transmission). No testing or self-quarantine is required for domestic travel, and they don't have to get tested prior to leaving the U.S. unless their destination requires it. Although testing is recommended 3-5 days after international travel, vaccinated persons don't have to self-quarantine if asymptomatic.

Exposures/Contact Tracing: If vaccinated, testing 3-5 days after exposure is still recommended, as is wearing a mask indoors in public for 14 days following exposure or until their test result is negative, but they are not automatically removed from work and forced to quarantine in the home.

Protecting your friends, family, patients and those who cannot be vaccinated or are immunocompromised: Vaccinated people are less likely to get the infection, therefore less likely to pass it on.

Protecting your community: By helping to stop the spread of infection, those who have received vaccinations are preventing potential mutations (variants) from occurring and entering circulation.

10. If I receive a COVID-19 vaccine, will I still be required to wear a mask at work? (Updated 08-16-2021)

Yes, masking will still be required. Similar to other vaccines, a large number of people in the community will need to get vaccinated before transmission drops enough to stop the use of masks.

Even though the vaccine has been shown to significantly reduce the likelihood of becoming infected with COVID-19, there is not yet enough data to make fully informed recommendations on when masking will no longer be required. In addition, patients need to be reassured that hospitals are following all CDC guidelines and in order to make sure they feel safe, recommendations regarding masking of all hospital personnel will not be changed based on vaccination or exposure status.

11. Do I need to wear a mask and avoid close contact with others if I have received 2 doses of the vaccine? (Updated 08-16-2021)

Yes. While you are afforded protection, it will be important for everyone to continue using all the tools available to us to help stop this pandemic. These include practices such as covering your mouth and nose with a mask while indoors in areas of substantial or high transmission or around vulnerable people, washing hands often and staying at least 6 feet away from others. Together, COVID-19 vaccination and following CDC's recommendations for how to protect yourself and others will offer the best protection from getting and spreading COVID-19. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

12. Should I receive the vaccine if I have already been sick with COVID-19 and have recovered? (Updated 08-16-2021)

Infection results in highly variable antibody responses, meaning that some people have very good immunity after infection and some have very little or none. And it is not just a matter of the level (or quantity) of antibodies that affects how effective they are against

reinfection. Also, the vaccine is designed to create a maximal response. In other words, we know that vaccination will provide more reliable and better immunity against the virus.

A recent study has shown that unvaccinated persons are more than twice as likely to be re-infected with COVID-19 than those who were fully vaccinated, indicating that vaccines offer better protection than natural immunity alone and that vaccines, even after prior infection, help prevent reinfections.

13. Where can I get more information about COVID-19 vaccines? (Updated 08-16-2021)

The CDC has a website that provides much useful and authoritative information about COVID-19 vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html> or go to the FDA website at [COVID-19 Vaccines | FDA](#).

It's advisable that you DO NOT get your information regarding vaccines from social media as it is neither fact-checked nor based on scientific or data driven information.

14. Should vaccinations, including the flu shot, be postponed if a patient has COVID-19? (Updated 08-16-2021)

Routine vaccination visits should be postponed for people who are suspected or confirmed to have COVID-19, regardless of symptoms. While it is generally OK to get a routine vaccine when mildly ill, 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 to avoid exposing others. 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.

15. When scheduling or confirming an appointment for vaccination, or any healthcare visit, people should: (reviewed 08-16-2021)

- Notify their provider's office before their visit if they have or develop any symptoms of COVID-19.
- Notify their provider's office if they have been exposed to someone with COVID-19 within the last 14 days.

Someone who has symptoms, tests positive or has been identified as being exposed to COVID-19 should follow CDC recommendations for home isolation. They should reschedule their appointment once they meet criteria to discontinue home isolation.

16. When can a COVID positive patient be vaccinated? (Reviewed 08-16-2021)

Once the isolation period is over they can be vaccinated. Ensuring that routine vaccination is maintained or restarted during the COVID-19 pandemic is essential for protecting people and their community from vaccine-preventable diseases and outbreaks.

17. What is an EUA vaccine? (Updated 08-16-2021)

An Emergency Use Authorization (EUA) for a vaccine is based on the need to use a vaccine quickly to save lives during a public health emergency. The EUA is a faster track but no steps are skipped in the safety evaluation process. The FDA will assess if the vaccine known and potential benefits outweigh the known and potential risks. Two separate advisory boards (Vaccines and Related Biological Products Advisory Committee and Advisory Committee on Immunization Practices) will also review the data and make recommendations. An EUA does NOT imply that the authorization was done too quickly or that the vaccine is not safe.

FDA (Food and Drug Administration) expects vaccine manufacturers to include a plan for active follow up for safety, including serious or clinically significant adverse events, to inform ongoing benefit-risk determinations to continue the EUA and to continue their clinical trials to obtain additional data to pursue licensure (full approval).

18. What is an mRNA vaccine? Will this change my DNA? (Updated 8 16-2021)

To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Instead, mRNA vaccines 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.

Messenger (m)RNA never enters the nucleus of the cell, which is where our genetic material (DNA) is kept. The cell breaks down and gets rid of the mRNA soon after it's finished using the instructions. It is not harmful, nor does it alter your cells in any way.

Researchers have been studying and working with mRNA vaccines for decades and interest has grown in this method because the process can be standardized and scaled up, making vaccine development faster than the traditional methods of making vaccines. Beyond vaccines, cancer research has used mRNA to trigger the immune system to target specific cancer cells.

19. Is there ANY chance that you can get COVID from the vaccine? (Updated 08-16-2021)

Absolutely none! All of the current Pfizer (BNT162b2) and Moderna (mRNA-1273), as well as Johnson & Johnson/Janssen Do NOT contain COVID-19 virus so they cannot give you COVID-19. Side effects that may occur are evidence that your body is reacting to the vaccine and producing immunity, not an indication of infection.

20. If I get the COVID vaccine, will I still need to test or quarantine after I travel out of the state? (Updated 08-16-2021)

No, CMHC follows Maine CDC guidelines for travel. Maine no longer requires proof of a negative test or quarantine for domestic travel. This is subject to be re-evaluated as prevalence of COVID-19 variants evolve.

Fully vaccinated international travelers to Maine do not need to quarantine or test if they are asymptomatic.

Unvaccinated international travelers should quarantine for 7 days since their arrival and test, if asymptomatic, within 3-5 days of their arrival into the U.S. Healthcare workers returning to work must use source control, physical distancing, hand and respiratory hygiene AND keep a face mask on at all times for the total of 14 days. If source control needs to be removed for food/drink healthcare workers must be in a private space with door closed and no other occupants. [C:\Users\CARRIE~1.RIC\AppData\Local\Temp\msoD8F2.tmp \(maine.gov\)](C:\Users\CARRIE~1.RIC\AppData\Local\Temp\msoD8F2.tmp (maine.gov))

21. Once the vaccine is administered, will we still have to answer the daily questions regarding symptoms? (Updated 08-16-2021)

Yes, screening is a safety and regulatory requirement.

22. If I suffer side effects (ex. flu like symptoms, fever, aches, etc.), am I required to answer "yes" to one of the pre-screening COVID questions prior to coming to work do I stay home? (Updated 08-16-2021)

Yes, symptoms on the screening questions are to be honestly answered regardless of whether they're due to a vaccine side effect, COVID-19, or any other cause. Occupational Health needs to be notified and will make a determination as to whether you need to stay home, require testing or may continue to work.

23. I am auto immune-compromised and have a couple other health issues. I am concerned that I may get sick or sicker if I get the vaccine. I have a low immunity to fight it. (Updated 08-16-2021)

That's all the more reason that you should pursue vaccination!

A compromised immune system is one that will have trouble fighting infection. Vaccines help our bodies develop immunity to the virus that causes COVID-19 without us having to get the illness or having the disease-causing virus enter our bodies at all.

If you have any specific questions or concerns, you should always consult with your primary care physician. It is important to get information from reliable sources (CDC, medical directors, providers). Social media is full of misinformation and opinions based on that misinformation. Here are some additional links to information:

- CDC: <https://www.cdc.gov/vaccines/hcp/covid-conversations/answering-questions.html>
- CDC: About COVID-19 vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines.html>
- CDC: Provider Resources for COVID-19 Vaccine Conversations with Patients and Answering Patients' Questions: <https://www.cdc.gov/vaccines/hcp/covid-conversations/>
- CDC FAQ: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>
- CDC: [Understanding How COVID-19 Vaccines Work | CDC](#)

24. What do I do if I had a reaction after getting the COVID-19 vaccine?

If you had an immediate (within 4 hours) or severe allergic reaction (anaphylaxis/requiring epinephrine or an EpiPen) to a previous COVID-19 vaccine, you should not get a second dose of that vaccine.

If you get a rash where you were vaccinated; red, itchy, swollen or painful reaction at the injection site called "COVID arm," you can receive the second shot. These reactions have been documented to start a few days to more than a week after the first shot and are sometimes quite large. They can be treated with an antihistamine, if itchy, or if painful, a pain medication like acetaminophen or a non-steroidal anti-inflammatory drug. When you return for your second vaccine, let your provider know and they may recommend that you get the second dose in the opposite arm.

Common side effects such as pain, redness or swelling at the injection site, or fatigue, headache, muscle pain, chills, fever and nausea may be common. To reduce pain and discomfort at the site, apply a clean, cool, wet washcloth over the area and use or exercise your arm. Drink plenty of fluids and dress lightly if fever develops.

Side effects after the second vaccine may be more intense than the ones experienced after the first one. These side effects are normal signs that your body is building protection and should go away within a few days.

Serious side effects are rare, but if you have concerns regarding worsening redness or tenderness or if they are worrying you, contact your provider.

25. I have no interactions whatsoever with patients. Why do I need to be vaccinated?

While many of our team members have no patient interactions, we all have interactions with other team members. And those team members may be patient caregivers, or they might have non-immunized family or they may just play an important role in our organization (like you do!). In any event, we are trying to protect each other and our patients. And as I said earlier, the governor's rule is very clear – anyone who receives compensation from a healthcare facility.

26. If I experience an adverse event as a result of the vaccine or vaccine administration, will I be compensated for my injuries?

There are several programs currently in place to provide compensation for individuals who experience adverse medical events as a result of vaccination. The program available to an individual may vary. The first step in any determination will be to file a patient report in the Vaccine Adverse Event Reporting System (VAERS) as soon as you identify that you have experienced an adverse event.