

COVID-19 Vaccine Frequently Asked Questions

Disclaimer: This FAQ is based on the current available literature and is subject to change

What is an Emergency Use Authorization (EUA)?

Emergency Use Authorization occurs when the FDA allows a drug or vaccine to be used during a public health emergency. The FDA may choose to grant EUA once studies have demonstrated the safety and effectiveness of a vaccine but before the manufacturer has submitted, or the FDA has completed its formal review of the license application. EUAs provide timely access to critical medical products during a medical emergency when there are no sufficient treatments or vaccines available.

Which vaccines are available in the United States?

Vaccine	Ages included	Primary Series [^]	Date EUA granted	Date of FDA approval
Pfizer	5 and older	2 doses given intramuscularly 21 days apart*	12/11/20	8/23/21 (≥16 years)
Moderna	18 and older	2 doses given intramuscularly 28 days apart*	12/18/20	-
Janssen	18 and older	1 dose given intramuscularly	2/27/21	-

*An additional dose 28 days after the primary series may be given individuals who are moderate to severely immunocompromised

[^]For booster dosing recommendations, see below

Who is eligible for a booster dose?

Criteria for Booster Dose
If you received two doses of mRNA vaccine for primary series (+/- additional dose) <ul style="list-style-type: none"> • Age 65 and older • Age 18 + in long term care settings • Age 18 + with underlying medical conditions • Age 18+ who work/live in high risk settings If you received one dose of Janssen for primary series <ul style="list-style-type: none"> • Age 18 and older

Why is a booster dose recommended?

Research has shown that the current COVID-19 vaccines offer effective protection for at least 6 months. Some studies have shown immunity provided by COVID-19 vaccines may decline over time and may be less able to protect against the Delta variant. Starting around 6 months after being fully vaccinated a gradual reduction in vaccine effectiveness is being seen against asymptomatic and mild symptomatic infections with the Delta variant. Waning of vaccine effectiveness against severe disease (hospitalization and death) is being observed in people aged 65 or greater. Per the CDC, data from a small clinical trial showed that a Pfizer booster shot increased the immune response in trial participants who finished their primary series 6 months earlier. With an increased immune response after a booster dose, people should have improved protection against COVID-19, including the Delta variant.

How many mRNA vaccine doses are recommended for immunocompromised individuals?

Current evidence suggests a reduced immune response to a 2-dose mRNA COVID-19 vaccine series in immunocompromised individuals. This population may also have a higher rate of breakthrough COVID-19 infections than the general population. For this reason, **the FDA modified the EUA for the mRNA vaccines to allow an additional dose (third dose) of mRNA vaccine for moderately to severely immunocompromised individuals.** The additional dose may be given in ages ≥ 12 years old for the Pfizer vaccine, and ages ≥ 18 years old for the Moderna vaccine.

The CDC defines moderate to severe immunocompromised as:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

The definition of moderate to severe immunocompromised is not limited to these conditions. A patient's physician can help determine if they are a candidate for a third dose. The additional dose should be the same mRNA vaccine product as the first 2 doses. The third dose should be administered at least 28 days after the completion of the initial 2-dose mRNA vaccine series.

When can I receive a booster dose?

Below is a summary of COVID-19 vaccine doses and timing in ages 18 and older.

Vaccine	Primary Series	Additional Dose for Immunocompromised	Timing of Additional Dose for Immunocompromised	Booster Dose	Timing of booster
Pfizer	30mcg (0.3mL) 2 doses 21 days apart	30mcg (0.3mL) x1 dose	At least 28 days after completion of primary series with mRNA vaccine	30 mcg (0.3mL) x1 dose	6 months after primary series with mRNA vaccine or additional dose if applicable OR 2 months after primary series with Janssen vaccine
Moderna	100mcg (0.5mL) 2 doses 28 days apart	100mcg (0.5mL) x1 dose	At least 28 days after completion of primary series of with mRNA vaccine	50 mcg (0.25mL) x1 dose *note booster dose is half of primary series dose	6 months after primary series with mRNA vaccine or additional dose if applicable OR 2 months after primary series with Janssen vaccine
Janssen	5 x10 ¹⁰ VP (0.5ml) 1 dose	N/A	N/A	5 x10 ¹⁰ VP (0.5ml) x1 dose	2 months after completing the primary series with Janssen vaccine OR 6 months after primary series with mRNA vaccine or additional dose if applicable

Important things to know about booster doses:

- All of the doses of the primary series and the additional dose for immunocompromised individuals should be completed with the same product (unless there is an exceptional situation, i.e. allergic reaction, unavailability etc.)
- Any of the COVID-19 vaccines can be used for the booster dose, regardless of the vaccine product used for primary vaccination
- Immunocompromised individuals aged ≥18 who completed an mRNA vaccine primary series and received an additional mRNA vaccine dose may receive a booster dose of Pfizer, Moderna, or Janssen at least 6 months after their additional dose. In this situation the immunocompromised individual may receive a total of 4 doses
- Booster doses are only recommended for ages ≥18 years at this time

Are children 5-11 eligible for COVID-19 vaccination?

Yes, children aged 5-11 are recommended to receive the 2-doses of the Pfizer COVID-19 vaccine 21 days apart. An additional dose for immunocompromised children aged 5-11 years is **not** recommended at this time. The vaccine dose for children aged 5-11 is lower than the dose for ages 12 and older.

In clinical trials, the Pfizer vaccine was found to be 90.7% effective in preventing COVID-19 in this age group. The vaccine was found to be safe, and immunogenic data in children was found to be similar to those seen in young adults. Local and systemic reactions after vaccination in children were less frequent compared to young adults.

Can children younger than 5 years old take the vaccine?

At this time children younger than 5 years are not eligible to receive the COVID-19 vaccine unless they are taking part in a clinical trial.

What is a variant? What is the Delta variant?

A variant occurs when a virus changes because of a mutation. Some mutations allow viruses to spread more quickly or allow treatments and vaccines to be less effective against them. The delta variant is currently the most dominant COVID-19 strain in the United States. The delta variant is more likely to lead to severe disease, hospitalization, and death particularly among unvaccinated people. This variant spreads faster and is more than 2 times as contagious as the original COVID-19 virus.

Will the COVID-19 vaccines protect me from new strains of the virus?

Current data suggests that the COVID-19 vaccines authorized for use in the United States offer protection against variants currently spreading in the United States. Although the vaccines may have a reduced efficacy against mild cases, and spreading the viral variants, experts state COVID-19 vaccination is still highly effective at protecting against COVID-19 and still provides strong protection and high efficacy against preventing severe disease, hospitalization, and death. Breakthrough infections after COVID-19 vaccination that result in hospitalization and death are significantly less likely.

Can I take the vaccine if I am immunocompromised or am taking immunosuppressive therapies?

People with immunocompromised conditions or those on immunosuppressant medications might be at increased risk for severe disease if they get COVID-19. The CDC recommends these individuals still receive COVID-19 vaccination. The currently authorized COVID-19 vaccines are not live vaccines and therefore can be safely administered to immunocompromised people. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the COVID-19 Vaccine. The CDC recommends that COVID-19 vaccination should be completed at least 2 weeks before initiation or resuming immunosuppressive therapies. However, if this is not possible, these individuals may still receive the vaccination. Immunocompromised individuals should discuss this with their healthcare provider.

Is herd immunity by COVID-19 infection better than herd immunity by COVID-19 vaccination?

Data indicates that COVID-19 vaccines offer better protection against COVID-19 compared to natural immunity from infection. A recent study showed that unvaccinated people have 2.34 times the risk of reinfection with COVID-19 compared to those who are vaccinated. Due to this, it is recommended that even people who have recovered from COVID-19 get vaccinated.

How do I know that the COVID-19 vaccines are safe?

The authorized vaccines have been shown to be very safe through clinical trials. These trials involved testing the vaccine on tens of thousands of volunteers. The process was monitored closely by the FDA and other organizations.

To ensure the safety of the vaccines:

- The FDA reviewed clinical trial plans and protocols to ensure the procedures meet the highest scientific and ethical standards
- The clinical trials were closely monitored by a variety of organizations, including data safety monitoring boards that are made up of experts (medical personnel, ethicists, statisticians, patient advocates)
- FDA scientists and medical professionals evaluated all available information to determine if a vaccine is safe and effective and should be authorized for use
- All 3 vaccines met the safety requirements outlined by the FDA, in order to obtain emergency use authorization
- Several federal agencies and organizations continue to monitor the safety of the vaccines as they are being used

Is it safe for my child to take the COVID-19 vaccine?

If your child is 12 and older, they are eligible to receive the Pfizer COVID-19 vaccine. This vaccine was studied in clinical trials in this population and the FDA determined the vaccine was safe and effective based on the study results. The side effects of Pfizer vaccine has been reported to be similar in children compared to adults. An increased but rare risk of myocarditis/pericarditis has been reported in some adolescents/young adults (see section on myocarditis below), however, experts state the benefits of being vaccinated for COVID-19 outweighs the risks of being infected with the COVID-19 virus. Although children usually have milder COVID-19 infections compared to adults, some children can get very sick and have long lasting complications from the virus. Additionally, children can transmit the virus to older adults if they are infected, even if they do not show any symptoms.

Does my child need parental consent to receive the COVID-19 vaccine?

Yes, in West Virginia, parental consent is required for vaccination of minors below the age of 18. The only exception is if the child is an emancipated minor who can make decisions for themselves.

What side effects do the vaccines have?

In the vaccine clinical trials, the majority of side effects were mild to moderate, short lived, and happened within the first few days of receiving the vaccine. Examples of common mild to moderate side effects include pain at the injection site, headache, muscle and joint pain, fatigue, fever, or chills. Side effect occurrence is typically higher after the second dose of the Pfizer and Moderna vaccines. Side effects after a 3rd dose of mRNA vaccine have been reported to be similar to the 2nd dose. In Phase 3 clinical trials, severe side effects were reported to be less than 10%.

What is myocarditis and pericarditis?

Myocarditis is inflammation of the heart muscle and pericarditis is inflammation of the lining outside of the heart. There have been rare reports of myocarditis/pericarditis after COVID-19 vaccination with mRNA vaccines.

- Symptoms can include chest pain, shortness of breath, and palpitations
- Cases have occurred mainly in male adolescents and young adults aged 12-29 years.
- Onset is within several days of receiving an mRNA vaccine
- Cases occur more often after a second dose of mRNA vaccine
- In most cases patients with myocarditis/pericarditis respond well medications and rest and have prompt improvement of symptoms.
- Myocarditis/pericarditis has not been seen with the Janssen vaccine at this time

The CDC states the benefits of COVID-19 vaccination outweighs the risk of developing myocarditis/pericarditis and recommends COVID-19 vaccination in all recommended age groups.

Can the vaccines cause Guillain-Barre syndrome?

Reports of adverse events following COVID-19 vaccination in the Vaccine Adverse Event Reporting System (VAERS), suggest an increased risk of Guillain-Barre syndrome up to 42 days of receiving the Janssen COVID-19 Vaccine. The risk of developing Guillain-Barre syndrome is very low and experts state the benefits of vaccination outweigh the risks. This has not been observed with the mRNA vaccines at this time. People with a history of Guillain-Barre syndrome may still receive the vaccines.

Why was the Janssen vaccine paused?

The Janssen vaccine was paused because it was associated with an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome (TTS). TTS is a rare blood clot with low platelets. After reviewing all the data, the CDC and FDA have concluded the potential benefits of receiving the Janssen vaccine outweigh the potential risks, and use has been resumed.

At this time the available data suggest the risk of TTS is very low. The FDA and CDC will continue to monitor this risk. Nearly all reports have been in adult women between 18-49 years old. It is important that women under 50 be aware of this rare risk. Symptoms developed between 6-15 days after Janssen vaccination. These events have not been seen with the mRNA vaccines at this time

Individuals that receive the Janssen vaccine, should monitor for the following symptoms for **3 weeks** after they receive the vaccine

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

If any of these symptoms develop within 3 weeks of receiving the Janssen vaccine, seek medical care right away.

Experts believe that people with risk factors for blood clots or prior history of blood clots that were not associated with low platelets, are not at an increased risk of TTS. Additionally they state pregnancy and oral contraceptives do not make people more likely to develop TTS. People who take aspirin or anticoagulants as part of their routine medications do not need to stop taking these medications prior to

receiving the Janssen vaccine. If people do not take aspirin or anticoagulants as part of their routine medications, they do not need to start taking them prior to the Janssen vaccine.

TTS shares similarities with autoimmune heparin induced thrombocytopenia (HIT). HIT is when low platelets develop after a person receives heparin. If a person has had HIT, they should be offered an mRNA vaccine until 90-180 days have passed since resolution of HIT.

For individuals who develop TTS, the use of heparin may be harmful and alternative treatments may be needed. Consultation with hematology specialists is recommended. The American Society of Hematology has published recommendations regarding diagnosis and treatment of TTS which can be found at this link:

<https://www.hematology.org/covid-19/vaccine-induced-immune-thrombotic-thrombocytopenia>

Are there going to be long term side effects from the vaccines?

Historically, long term side effects from vaccines has been rare. A vaccine advisory committee member to the FDA stated that historically, most side effects have been seen within the first 60 days of receiving vaccines.

How will side effects from the vaccines be treated?

Side effects from vaccines are typically short lived. You may take medications for pain or fever after you have been vaccinated. If you are concerned about your health after getting vaccinated, talk with your doctor. They will determine the appropriate treatment. You or your doctor can choose to report the side effect to the Vaccine Adverse Event Reporting System (VAERS). Information on how to submit a report to VAERS is available at <https://vaers.hhs.gov/index.html> or 1-800-822-7967.

Should premedications be given prior to vaccination?

Taking medications as acetaminophen, ibuprofen, or antihistamines before receiving the vaccine to try to prevent side effects is not recommended at this time. This is because there is not enough information on how this will impact antibody responses, though, you can take these medications after receiving the vaccine if you develop side effects.

Are there any contraindications (factors that would be a reason to withhold vaccination due to harm) to receiving the vaccine?

The CDC considers the following to be contraindications to vaccination with the **mRNA COVID-19** vaccines (Pfizer and Moderna):

- Severe allergic reaction (e.g., anaphylaxis) or immediate allergic reaction after a previous dose of an mRNA COVID-19 vaccine or any of its components
- Immediate allergic reaction of any severity to polyethylene glycol (PEG)*

The CDC considers the following to be contraindications to vaccination with the **Janssen** vaccine:

- Severe allergic reaction (e.g., anaphylaxis) to any of its components
- Immediate allergic reaction to polysorbate*

(An immediate allergic reaction means any hypersensitivity-related signs of symptoms such as hives, angioedema (throat swelling), respiratory distress (wheezing), or anaphylaxis within 4 hours following administration).

*These individuals should not receive the COVID-19 vaccines unless they have been evaluated by an allergist/immunologist and have been cleared to receive the vaccine.

People with a contraindication to one of the mRNA vaccines may be able to receive the Janssen vaccine and vice versa provided certain precautionary measures are taken. However, because of potential cross-reactivity between ingredients in the mRNA vaccines and the Janssen vaccine, consultation with an allergist/immunologist should be considered to help determine whether the patient can safely receive vaccination.

For the Janssen vaccine, if a person had had autoimmune heparin induced thrombocytopenia (HIT), they should be offered an mRNA vaccine until 90 days have passed since resolution of HIT.

Should I take the COVID-19 vaccine if I have a significant history of allergic reactions (not related to the COVID-19 vaccine)?

The CDC states severe allergic reaction (i.e. anaphylaxis) to any other vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) is a precaution, but not a contraindication to receiving the COVID-19 vaccines. Vaccine providers should observe these patients for 30 minutes after vaccination to monitor for the development of immediate adverse reactions. Deferral of vaccination and consultation with an allergist/immunologist may be considered. People with a history of anaphylaxis due to any cause should be observed for 30 minutes. Those with allergies to food, pets, insects, latex, or oral medications do not fall under this precaution and are monitored similarly to all other vaccine recipients (15 minutes). If you have a history of severe allergic reactions you should discuss this with your healthcare provider and notify the healthcare workers administering your vaccine.

Can I take the vaccine if I am pregnant?

Pregnant women are eligible and can receive a COVID-19 vaccine.

The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant women be vaccinated against COVID-19. The CDC has stated the COVID-19 vaccines are unlikely to pose any risk to the fetus and that there is minimal safety risk as all of the current authorized COVID-19 vaccines are not live vaccines. Additionally, early data from COVID-19 vaccine surveillance databases have not identified any safety concerns for pregnant women who were vaccinated, or their babies. In contrast, observational data show that if a pregnant woman becomes infected with COVID-19, they may have an increased risk of severe illness or negative pregnancy outcomes, such as preterm birth.

Pregnant women who develop a fever after vaccination should take acetaminophen as fever is associated with negative pregnancy outcomes.

Can I take the vaccine if I am breastfeeding?

Lactating women are eligible and can receive COVID-19 vaccination. The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant or breastfeeding individuals be vaccinated against COVID-19 and that there is no need to avoid initiation or discontinue breastfeeding in patients who receive a COVID-19 vaccine

The CDC states that based on how these vaccines work in the body, COVID-19 vaccines are thought not to be a risk to lactating people or their breastfeeding babies. Recent reports have shown that breastfeeding people who have received COVID-19 mRNA vaccines have antibodies in their breastmilk, which could help protect their babies. More data are needed to determine what protection these antibodies may provide to the baby.

Will the vaccines cause infertility?

Currently, there is no evidence that any of the COVID-19 vaccines cause infertility. Claims circulating on social media is that antibodies formed after vaccination which target the COVID-19 spike protein may also target a protein found in placenta called syncytin-1. This has not been proven at this time. Expert virologists have stated the two proteins are not similar enough for this to happen. Additionally, if this were found to be true, then this would also suggest that people who become infected with COVID-19 and recover would carry a similar risk of infertility due to the formation of antibodies after natural infection. However, there is currently no definitive evidence that COVID-19 infection causes infertility.

Can children and adolescents take the vaccines?

Adolescents aged 12-15 may currently receive the Pfizer COVID-19 vaccine. In clinical trials, the estimated efficacy of the Pfizer COVID-19 vaccine was 100% in preventing symptomatic, laboratory confirmed COVID-19 infection in this age group.

Can I take the vaccine if I have an autoimmune condition?

Individuals with autoimmune conditions may still receive the COVID-19 vaccines. A recent study of COVID-19 vaccination in patients with rheumatic and musculoskeletal diseases showed that rheumatic and musculoskeletal disease flares following COVID-19 vaccination was uncommon. There were no reports of severe flares and reactions did not interfere with daily activity.

Can I take the vaccine if I currently am infected with COVID-19?

No. You should wait until you have recovered and no longer in isolation. See the question below for more information.

Can I take the vaccine if I have already had COVID-19 and recovered? How long after can I take it?

Yes. People who have already had COVID-19 and recovered should still receive the vaccine. This is because it is unknown exactly how long immunity lasts after recovering from COVID-19. Early studies show that it is not long lasting, and cases of reinfection have been reported. The Pfizer trial did include a small percentage of individuals who previously had COVID-19 and recovered. There is no recommended minimum interval between COVID-19 infection recovery and vaccination.

Can I take the vaccine if I am in quarantine?

Employees who are in quarantine should wait until their quarantine period has ended to avoid exposing health care personnel during their vaccination visit.

Can I take the vaccine if I have had convalescent plasma or a monoclonal antibody for COVID-19?

Currently, there is no data on the safety and efficacy of COVID-19 vaccines in people who received convalescent plasma or a monoclonal antibody. Vaccination should be deferred until 90 days after

receiving convalescent plasma or monoclonal antibodies. This is to avoid interference of these treatments with vaccine induced immune responses.

Can I take the vaccine if I am receiving antibody therapy for conditions other than COVID-19 (e.g., IVIG, RhoGAM etc.)?

Yes. There is no recommended interval between receiving these antibodies and the COVID-19 vaccines. The CDC states taking the COVID-19 vaccine with or at any interval before or after these antibody products is unlikely to negatively affect development of a protective antibody response.

Can I take the COVID-19 vaccine with other vaccines?

COVID-19 Vaccines may be co-administered with other vaccines. This includes receiving other vaccines on the same day or within 14 days of receiving the COVID-19 vaccine. It is unknown whether there are likely to be more side effects with coadministration.

How many people need to get the vaccine for “herd immunity”?

The number or percentage of population that need to be vaccinated in order to reach “herd immunity” is not yet known. This number is impacted by the pathogen itself (in this case a novel virus with still unknown aspects), how efficacious these vaccines are, and how long immunity lasts with these vaccines. This is an unknown at the moment as we do not know how long immunity lasts either from vaccination or from natural infection.

For 2 dose vaccines, what happens if I only receive one dose of the vaccine and not both?

It is recommended to receive both doses of the vaccine. Both doses of the vaccine are necessary for optimal protection.

For the 2-dose series vaccines, do I have to take the same product for both doses?

The mRNA COVID-19 vaccines are not interchangeable with each other. The safety and efficacy of a mixed-product series have not been evaluated. Both doses should be completed with the same product. In exceptional situations, where the product used for the first dose is no longer available, an alternate mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the vaccination series. If two doses of different mRNA COVID-19 vaccines are administered, no additional doses are needed.

How do the Pfizer and Moderna mRNA vaccines work?

The vaccines contain synthetic mRNA, which is genetic information used to make the SARS-CoV-2 spike protein. The spike protein is the part of the coronavirus that attaches to human cells. The spike protein alone cannot cause COVID-19. Once the spike protein is created it causes the immune system to make antibodies against the virus. These antibodies can provide protection if a person comes into contact with the coronavirus. The mRNA vaccines are non-infectious and do not enter the human cell nucleus so it cannot be inserted into human DNA. Additionally, mRNA is rapidly broken down, and this theoretically reduces chances for long term side effects. The mRNA vaccines do not have the ability to cause cancer.

How does the Janssen viral vector vaccine work?

The Janssen vaccine contains a weakened “common cold” virus called an adenovirus. This virus cannot replicate in the human body, and will not cause an infection. The adenovirus carries a gene for the coronavirus spike protein which allows it to be created and recognized by the immune system. The spike protein is the part of the coronavirus that attaches to human cells. The spike protein alone cannot cause COVID-19. Once the spike protein is created it causes the immune system to make antibodies against the virus. These antibodies can provide protection if a person comes into contact with the coronavirus.

Can I get COVID-19 from a vaccine?

No. None of the COVID-19 vaccines currently authorized for use or in development in the United States use the live virus that causes COVID-19. The vaccines will either contain mRNA (non-infectious genetic material), viral vectors, (modified versions of live viruses that cannot replicate), or protein subunits (parts of viral proteins) which cannot cause infection. Protection from the vaccine is not immediate, and it will take 1-2 weeks following the second dose of an mRNA vaccine, or 28 days following the Janssen vaccine to be considered fully vaccinated. That means it is possible you could catch the virus from the community just before or after vaccination and get sick. The vaccine itself, does not cause infection.

Will taking the vaccine cause a false positive COVID test?

No. The COVID-19 vaccines will not cause a false positive result on COVID-19 viral tests that test for a current infection. There is a possibility that you will test positive on some antibody tests that detect antibodies to the spike protein. A positive antibody test means you may have previously been infected with COVID-19, or it may result from vaccination.

Why did vaccine development happen so fast?

The vaccine process happened faster because vaccine research and development, clinical trials, manufacturing, and plans for distribution are occurring at the same time. This method removed delays that occur when these processes are carried out separately. Steps for development were not eliminated.

What do the vaccines not contain?


The vaccines do not contain:

- Antibiotics
- Blood products
- DNA
- Fetal tissue
- Gelatin
- Gluten
- Mercury
- Microchips
- Pork or other animal products
- The virus that causes COVID-19


Is the vaccine available only to U.S. citizens or people of certain immigration statuses? No. COVID-19 vaccines are available to people of all immigration statuses. Your immigration status does not matter to us and you will not be asked about it at the vaccination site.

COVID-19 Vaccine QR Codes


Pfizer

Global website	Telephone number
www.cvdvaccine.com 	1-877-829-2619 (1-877-VAX-CO19)

Moderna

Website	Telephone number
www.modernatx.com/covid19vaccine-eua 	1-866-MODERNA (1-866-663-3762)

Janssen

QR Code	Fact Sheets Website	Telephone numbers
	www.janssencovid19vaccine.com	US Toll Free: 1-800-565-4008 US Toll: 1-908-455-9922

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