



COVID-19 Vaccine Frequently Asked Questions
August 17, 2021

New/Updated Information is highlighted in yellow.

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General Vaccine Information

Who is the CDC and what is their role with the COVID-19 vaccine?

The Centers for Disease Control and Prevention (CDC) is the national public health institute in the United States under the Department of Health and Human Services. The CDC's overall responsibility is to address health, and safety.

The CDC is focused on vaccine planning and working closely with health departments and partners to plan and operationalize a vaccination response to COVID-19. The CDC does not have a role in developing COVID-19 vaccines. Learn more about the vaccine planning process by visiting <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>.

What is New Jersey doing to plan for the COVID-19 vaccine?

The New Jersey Department of Health collaborated with health care partners and immunization stakeholders to develop the New Jersey Interim COVID-19 Vaccination Plan. This plan encompasses suggested priority groups for vaccination, logistics of vaccine storage and handling, health care provider recruitment, tracking and reporting of immunizations, etc. The plan is available at https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml. The Department will continue to update the plan as we receive new information and federal guidance.

Is a COVID-19 vaccine necessary?

COVID-19 can be a minor illness in some or lead to severe disease or even death in previously healthy people. This means, everyone should take the virus seriously! It is believed that the more people who get vaccinated, the less sickness will be in our communities.

Many treatments and medications are being studied, but there is no cure. Prevention is key. Vaccination is an important step in helping to prevent this illness and its potentially devastating consequences.

What vaccines are authorized for use?

Currently there are emergency use authorizations (EUA) for three vaccines in the United States:

- Pfizer-BioNTech: two-dose series for those 12 and older
- Moderna: two-dose series for those 18 and older
- Janssen's Johnson & Johnson (hereon referred to as J&J): one-dose vaccine for those 18 and older.

When did Pfizer become available to those 12 through 15?

On May 12, 2021, CDC Director, Rochelle P. Walensky, adopted the CDC's Advisory Committee on Immunization Practices' (ACIP) recommendation of the Pfizer-BioNTech COVID-19 vaccine

use in 12- through 15-year-old adolescents. CDC now recommends that this vaccine be used among this population, and providers may begin vaccinating them right away.

Please view New Jersey Department of Health Commissioner Judith Persichilli's statement available at <https://www.nj.gov/health/news/2021/approved/20210512b.shtml>

Why should children receive the COVID-19 vaccine?

COVID-19 vaccination can help protect children from getting COVID-19. Although fewer children have been sick with COVID-19 compared to adults, [children can be infected with the virus that causes COVID-19](#), can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Getting your child vaccinated helps to protect your child and your family. Vaccination is now recommended for everyone 12 years and older. Currently, the [Pfizer-BioNTech COVID-19 Vaccine](#) is the only one available to children 12 years and older.

For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>.

What is an Emergency Use Authorization (EUA)?

An EUA is used to help make medical products available as quickly as possible by allowing unapproved medical products to reach patients in need when there are no adequate, food and drug administration (FDA) approved and available alternatives. The known and potential benefits of the product must outweigh the known and potential risks of the product to grant an EUA. Learn more about the EUA process by watching the following video, <https://www.youtube.com/watch?v=iGkwaESsGBQ>.

How much will a vaccine reduce the risk of COVID-19 and its complications?

According to the FDA, the Moderna vaccine has 94.1% efficacy at preventing symptomatic cases. The Pfizer vaccine has 95% efficacy. J&J's one-dose vaccine has a 72% efficacy rate in the U.S. clinical trial sites. Additionally, the J&J vaccine was approximately 77% effective in preventing severe/critical COVID-19 occurring at least 14 days after vaccination and 85% effective in preventing severe/critical COVID-19 occurring at least 28 days after vaccination.

Recent [studies](#) that have looked at how COVID-19 vaccines work in real-world conditions (vaccine effectiveness studies) have shown that these vaccines are working well. While COVID-19 vaccines are working well, some people who are fully vaccinated against COVID-19 will still get sick, because no vaccines are 100% effective. These are called [vaccine breakthrough cases](#). However, there are some data to suggest that vaccination may make symptoms less severe in people who are vaccinated but still get COVID-19. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>.

How many shots of COVID vaccine will be needed?

Both Pfizer and Moderna require two shots. These vaccines are not interchangeable meaning you need to receive **two doses** of the **same** vaccine.

The J&J vaccine is only one dose.

When and where should I get the second dose?

There are specific spacing requirements between dose 1 and 2, depending on vaccine brand:

- Pfizer-BioNTech COVID-19 vaccine administered 21 days after the first dose.
- Moderna COVID-19 vaccine administered 28 days after the first dose.

Residents can get their second dose at any vaccine location and do not need to return to the site where they received their first dose. [Use the Vaccine Appointment Finder to make an appointment](#) for your second dose at any vaccination location. There is currently widespread vaccine availability across the United States.

What if my appointment for the second dose is longer than the recommended time between doses (i.e., 21 days for Pfizer; 28 days for Moderna)?

As always, it is recommended to follow the guidance by vaccine manufacturers and the CDC; however, this guidance should not be so rigid that it creates barriers to vaccination. Therefore, COVID-19 vaccines may be scheduled for administration up to 6 weeks (42days) after the first dose.

Are the COVID-19 vaccines interchangeable?

- Any COVID-19 vaccine can be used when indicated; no product preference
- **COVID-19 vaccines are not interchangeable – Safety and efficacy of a mixed series has not been evaluated**

What do I do if my mRNA (Pfizer or Moderna) vaccine is no longer available when it is time to get my second dose?

In exceptional situations in which the vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.

In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the 2nd dose (up to 6 weeks) to receive the same product than to receive a mixed series using a different product.

If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

I had a severe allergic reaction to my first mRNA vaccine (i.e., Pfizer or Moderna); can I take the J&J vaccine as my second dose?

In exceptional situations where the first dose of an mRNA Covid-19 vaccine was received, but the patient is unable to complete the series with either the same or a different mRNA Covid-19

vaccine, (e.g., due to a severe allergic reaction), a single dose of J&J Covid-19 vaccine may be administered at a minimum interval of 28 days from the mRNA COVID-19 vaccine dose.

The safety and efficacy of taking one shot of the Pfizer or Moderna vaccine and one of the J&J vaccine has not been tested. People who receive the J&J vaccine as the second dose should do so under the supervision of a healthcare provider.

Can I be protected by just receiving one dose of the COVID-19 vaccine?

J&J's one-dose vaccine has a 72% efficacy rate in the U.S. clinical trial sites. Additionally, the vaccine was approximately 77% effective in preventing severe/critical COVID-19 occurring at least 14 days after vaccination and 85% effective in preventing severe/critical COVID-19 occurring at least 28 days after vaccination. For more information, visit <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/janssen-covid-19-vaccine-frequently-asked-questions>.

Both Pfizer and Moderna require two shots. A recent study showed under real-world conditions, mRNA vaccine effectiveness of full immunization (≥ 14 days after second dose) was 90% against SARS-CoV-2 infections regardless of symptom status; vaccine effectiveness of partial immunization (≥ 14 days after first dose but before second dose) was 80%. You must receive two doses in order to get the best protection against COVID-19. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>.

Ask your healthcare provider about tools (like V-safe) that can send you automated reminders about getting your first and second shots at the appropriate time. For more information about V-safe visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>.

Is one COVID-19 vaccine preferred over the other?

The CDC does not state a product preference. All the vaccines that are currently available were studied in different trials, among different people and different timelines. They were not studied in head-to-head comparisons or trials; therefore, they should not be compared to each other.

Is there a cost for the COVID-19 vaccine?

There are no out-of-pocket costs for the COVID-19 vaccine. COVID-19 vaccines will be made available to individuals regardless of insurance coverage status. Individuals won't pay coinsurance, deductibles, or copayments. Providers that administer vaccinations to patients without health insurance or whose insurance does not provide coverage of vaccination administration fees may not charge enrollees directly for any vaccine administration costs.

The Pfizer vaccine can be administered to those 12 and older. Is a consent form required for vaccination of minors?

The EUA fact sheet for caregivers must be provided to the parents/guardians in advance. Informed consent must be obtained from a parent/guardian in order for the minor to be vaccinated. Informed consent can be obtained (a) by a parent/guardian signing an informed

consent form or (b) if the parent/guardian is physically present and verbally consents to the child receiving the vaccine.

Points of Dispensing (PODs) should follow existing laws regarding consent for minors for medical procedures and each POD should consult with their own legal counsel regarding the facility's specific policies and procedures for consent.

I lost my COVID-19 vaccination card. How can I get a copy to show proof I received the vaccine?

If you lost your COVID-19 vaccination card, you may ask the vaccination site to provide you with another COVID-19 card, however, not all sites provide this service and some locations have closed. Another option is to ask your healthcare provider to print your official immunization record. Please ask your healthcare provider to include the COVID-19 vaccine lot number in case you will need that information in the future. The official record will list all vaccines that you have received and the date you received those vaccines.

Another option is for individuals to download the Docket mobile app (COVID-19 vaccines only), which is available in the [App store](#) or on [Google Play](#) in English or Spanish depending on Smartphone settings, or submit a request to NJIIS. For specific instructions, visit <https://njiis.nj.gov/core/web/index.html#/requestImmunizationRecord>.

Has there been a change with the NJIIS opt-in process?

Yes, Governor Murphy signed Executive Order (EO 207) to change NJIIS from an opt-in to an opt-out system. If someone chooses to receive the COVID-19 vaccine, their doses will be automatically entered into NJIIS. This does NOT require or mandate anyone to receive the COVID-19 vaccine. For more information, please visit

https://www.state.nj.us/health/cd/documents/topics/NCOV/njiis_executive.pdf.
[Providers are required to enter all administered COVID- 19 doses into NJIIS.](#)

Although Governor Murphy signed legislation on June 4, 2021, to end the COVID-19 Public Health Emergency, the Administration can retain the tools necessary to manage the ongoing threat posed by the pandemic. There are 14 executive orders including EO207, that will remain in place through January 1, 2022, though they can be modified or rescinded prior to that date by the Governor. For further information, please visit <https://www.nj.gov/governor/news/news/562021/approved/20210604b.shtml>.

Vaccine Availability

Are more people now eligible for vaccination?

Everyone 12 or older who lives, works, or studies in New Jersey is now eligible for a COVID-19 vaccine.

PLEASE NOTE: 12 to 17-year-olds must have the consent of a parent or legal guardian to be vaccinated, and can only receive the Pfizer vaccine at this time under the FDA's Emergency Use

Authorization. Persons less than 18 years of age should be sure to schedule appointments at a site that has Pfizer vaccine. Both Moderna and J&J are authorized for persons 18 years of age and older.

How can I schedule an appointment to get vaccinated?

There are multiple ways to get an appointment including:

1. Use the [NJ Vaccine Appointment Finder](#) to find vaccination locations near you with available appointments.
2. Attend a [pop-up or mobile vaccination event](#) in your community.
3. Register with the [NJ Vaccine Scheduling System](#) to be notified when an appointment is available to you at vaccine locations that use the State's Vaccine Scheduling System. **If you need assistance registering with the NJVSS, please call 855-568-0545.**
4. Seniors 65+ can call the senior-specific hotline at 856-249-7007 from 8am to 8pm to schedule dedicated vaccine appointments
5. Veterans, their spouses, and their caregivers may be eligible for vaccines through the VA. [Learn more here.](#)

Note: Please verify requirements with a vaccination site before visiting or making an appointment. Some require proof of residency within a specific county or municipality. In addition, 12 to 17-year-olds must have the consent of a parent or legal guardian to be vaccinated, and can only receive the Pfizer vaccine at this time under the FDA's Emergency Use Authorization.

How can you get the COVID-19 vaccine if you are homebound?

If you are unable to leave the home to receive a COVID-19 vaccine or are the healthcare provider or family caregiver of someone who is homebound, you may request an in-home vaccination appointment by completing a form at covid19.nj.gov/homeboundvax (English) or covid19.nj.gov/homeboundvax-es (Spanish).

For assistance completing the form by phone, please call the **NJ COVID-19 Vaccine Call Center at 1-855-568-0545.**

Can you tell me more about the NJVSS? Is my information private?

The NJ Vaccine Scheduling System (NJVSS) is a secure online website developed by the NJ Dept. of Health for public health purposes. The NJVSS is a system that allows you to sign-up to make a COVID-19 vaccine appointment.

You will be asked to provide personal information (name, address, gender, race, and email), medical screening and occupation information. This helps to determine your eligibility for the vaccine or more importantly, which phase best fits you! NJVSS will send you e-mail reminders about your appointment and reminders about getting the second dose. The NJVSS also lets you make an appointment at a vaccination location most convenient for you.

The information collected on the NJVSS is used for public health purposes only AND to ensure that same person returns for the second dose of the same vaccine. For more information visit, <https://covid19.nj.gov/pages/vaccine> and <https://covidvaccine.nj.gov/>.

How do people prove that they are eligible for vaccination?

A person is eligible if they live, work, or are being educated in New Jersey and can self-identify as meeting the criteria for the current sub-phase. No professional or medical documentation is required.

Where can I schedule my second appointment?

Residents can get their second dose at any vaccine location and do not need to return to the site where they received their first dose. [Use the Vaccine Appointment Finder to make an appointment](#) for your second dose at any vaccination location. There is currently widespread vaccine availability across the United States.

Where can I find information on public transportation to vaccine locations?

Through the Department's VAXRIDE initiative, NJ TRANSIT supports New Jerseyans in their efforts to get vaccinated against COVID-19. Visit <https://www.njtransit.com/vaxride> to find vaccination sites that are conveniently served by NJ TRANSIT bus, train and light rail routes.

In addition, NJ 211 is offering free rides to and from vaccination sites in partnership with United Way Worldwide and Lyft. Rides are available wherever Lyft operates in New Jersey and is available to everyone including those with collapsible wheelchairs and walkers. To request a free ride, call 211 or text 898-211, or visit 211 to learn more.

I received my COVID-19 vaccine outside the United States. Are these doses valid?

Whether you need to be revaccinated will depend on the type of vaccine you received and if it is FDA-authorized or listed as emergency use by the World Health Organization. Talk to your doctor about whether your vaccine doses are accepted or will require revaccination.

Safety Concerns

What are clinical trials? I am concerned that this vaccine was made too quickly and did not undergo enough testing as other vaccines.

Clinical trials are research studies performed in people that are aimed at evaluating a medical, surgical, or behavioral intervention. They are the primary way that researchers find out if a new treatment, like a new drug, vaccine, or medical device is safe and effective in people.

Currently, clinical trials are evaluating investigational COVID-19 vaccines in many thousands of study participants to generate scientific data and other information for the FDA to determine their safety and effectiveness. These clinical trials are being conducted according to rigorous safety standards. For detailed information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>.

What are some of the vaccine side effects?

The most common side effects are injection site pain, fatigue, headache, muscle pain, and joint pain. Some people in the clinical trials have reported fever. Side effects are more common after the second dose; younger adults, who have more robust immune systems, reported more side effects than older adults.

As people get vaccinated, CDC, FDA, and other federal partners will use the following existing, robust systems and data sources to conduct ongoing safety monitoring. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>.

What are the contraindications for (reasons for not receiving) COVID-19 vaccination?

A severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the vaccine is a contraindication for receiving any of the COVID-19 vaccines.

People with an immediate allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive additional doses of either of the mRNA COVID-19 vaccines. CDC has provided a chart to assist in the evaluation of immediate reactions to vaccination:

www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-D.

I carry an Epinephrine Auto Injector (EpiPen®, EpiPen Jr®) for my current allergies. Will I be monitored after getting the vaccine to make sure I don't have anaphylaxis (a severe allergic reaction)?

Yes, the CDC currently recommends that providers should consider observing vaccine recipients for 15 minutes after receipt of a vaccine. Persons with a history of anaphylaxis (due to any cause) should be observed for 30 minutes.

The CDC recommends that people with a history of anaphylaxis not related to vaccines or injectable medications—such as food, pet, venom, environmental, or latex allergies—get vaccinated. People with a history of allergies to oral medications or a family history of severe allergic reactions may also get vaccinated. Although vaccination sites should have all the necessary emergency medical equipment available on site, consider bringing your EpiPen as an extra precaution.

Can I take acetaminophen and/or antihistamines before receiving mRNA COVID-19 vaccination to reduce pain and allergic reactions?

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** you take these medicines **before** vaccination for the purpose of trying to prevent side effects.

How can I sign up for a clinical trial?

Information on how to volunteer for a COVID-19 vaccine clinical trial is available on the National Institute of Health website, <https://www.niaid.nih.gov/clinical-trials/covid-19-clinical-trials>.

Is this a “live” virus vaccine?

None of the early vaccines (those by Moderna, Pfizer, AstraZeneca, or J&J) are live weakened versions (similar, for example, to the [measles, mumps, rubella](#), or [varicella \(chickenpox\)](#) vaccines). Moderna’s and Pfizer’s are mRNA vaccines, and AstraZeneca’s and J&J’s are non-replicating vectored vaccines.

You can learn more about the different types of vaccines being tested in the response to “What types of COVID-19 vaccines are being tested?”, visit <https://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid>.

Do any of the COVID-19 vaccines cause you to shed the virus?

No. Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use in the United States contain a live virus.

Can COVID-19 vaccines change the DNA of a person?

COVID-19 mRNA vaccines (Pfizer and Moderna) teach our cells how to make a protein that triggers an immune response. The COVID-19 viral vector vaccine (J&J) uses a modified version of a different virus (the vector) to deliver important instructions to our cells. Neither affects nor interacts with our DNA in any way.

Should people who are pregnant or breastfeeding receive the COVID-19 vaccine?

Yes! COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>.

Can being around someone who received the COVID-19 vaccine affect my menstrual cycle?

Your menstrual cycle cannot be affected by being near someone who received a COVID-19 vaccine. Individuals who have received a COVID-19 vaccine cannot shed or release any of the vaccine components. In addition, none of the vaccines authorized for use in the United States contain a live virus so it is not possible to shed it.

Many things can affect menstrual cycles, including stress, changes in monthly schedule, problems with sleep, and changes in diet or exercise. Infections may also affect menstrual cycles.

Can the COVID-19 vaccine affect mammography (breast) screenings?

Vaccines can lead to temporary swelling in the lymph nodes and this could make results of the mammogram difficult to interpret. Such findings would lead to follow-up exams to rule out possible cancer. This can cause undo anxiety for people who may just be experiencing a temporary side effect from the vaccine.

According to some experts, such as the Society of Breast Imaging, people should either schedule the breast screening before getting the shot or wait four-six weeks after getting the second dose of vaccine to get your mammogram. However, they don't want anyone to delay care if there is any kind of concern. For more information visit, <https://www.sbi-online.org/> and https://www.sbi-online.org/Portals/1/End-the-Confusion-Materials/recommendations-for-women-taking-covid-vaccine_landscape.pdf

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.

I heard there have been reports of heart issues after receiving the vaccine. Is it safe to get vaccinated?

Since April 2021, there have been increased reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart—called myocarditis and pericarditis—happening after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna) in the United States. There has not been a similar reporting pattern observed after receipt of the Janssen COVID-19 Vaccine (Johnson & Johnson).

In most cases, patients have responded well to medications and rest and had prompt improvement of symptoms. Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older.

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older given the greater risk of other serious complications related to COVID-19, such as hospitalization, multisystem inflammatory syndrome in children (MIS-C), or death. For more information, please visit <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>.

Have there been reports of Guillain-Barré syndrome (GBS) among recipients of the J&J vaccine?

The CDC and FDA are monitoring reports of GBS after J&J's COVID-19 vaccination.

GBS is a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness, or in the most severe cases, paralysis. Most patients make a full recovery within a few weeks, although sometimes nerve damage can be permanent. There are also rare reports of the condition after COVID-19 illness.

Per the CDC, there have been 100 reports of GBS following vaccination with the Janssen vaccine in the Vaccine Adverse Event Reporting System (VAERS) after 12.8 million doses of Janssen COVID-19 vaccine administered. Of these reports, 95 were serious and required hospitalization. The majority of cases have occurred in males aged 50 years and older about two weeks after vaccination, mostly within six weeks. The vast majority of patients have recovered, although one death has been reported.

The CDC continues to recommend that everyone 12 years of age and older receive a COVID-19 vaccine. The risk of severe adverse events after any COVID-19 vaccination remains rare, far lower than adverse health outcomes associated with contracting COVID-19.

For more information on vaccine safety, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html> and speak with your healthcare provider.

If I got the J&J vaccine, am I at risk of Guillain-Barré syndrome or a blood clotting disorder?

If you received the Johnson & Johnson shot and within two weeks have not developed any of the side effects associated with Guillain-Barré syndrome – muscle weakness, tingling in hands and feet, difficulty catching your breath, or choking on saliva – the risk for an adverse reaction is very low. Contact your healthcare provider if you have symptoms or concerns.

Why was production of J&J vaccine paused?

Out of an abundance of caution and following the guidance of the U.S. Centers for Disease Control and Prevention (CDC) and the U. S. Food and Drug Administration (FDA), the New Jersey Department of Health(NJDOH) paused the administration of the J&J vaccine across all vaccination sites in the state from April 13 to April 23, 2021.

The CDC and the FDA reviewed the data involving six reported cases—among nearly 7 million doses administered in the U.S.—in women between the ages of 18 and 48 who received the J&J vaccine. Symptoms occurred 6 to 13 days after vaccination. In these cases, a type of blood clot called cerebral venous sinus thrombosis was seen in combination with low levels of blood platelets. Both the CDC and FDA have said that these adverse events are extremely rare. According to the FDA and CDC, individuals who have received the vaccine and develop abdominal pain, leg pain, shortness of breath, severe headache, or other unusual symptoms within three weeks after vaccination should contact their health care provider.

On April 23, 2021, the NJDOH notified vaccine Points of Dispensing (PODS) that updated FDA fact sheets for patients and providers will be provided and that they may resume administration of the one-dose vaccine. The decision came after the ACIP met to review data involving the cases of individuals who received the J&J vaccine and had adverse reactions.

The extended pause was meant to give scientists time to collect more data before deciding whether to resume use of the J&J doses to combat COVID-19.

Should I be concerned about the safety of this vaccine?

The identification of what is approximately a less than 2-in-a-million risk associated with the J&J vaccine is a sign that the nation's safety monitoring system for COVID-19 vaccines is working. After any vaccine is successful in clinical trials and approved for use, the FDA continues to monitor it for safety. The pause in the use of the J&J vaccine allowed scientists to evaluate each incidence of the clotting disorder. They determined that the level of risk was very low and that the benefits of continued use of the J&J vaccine greatly outweighed any risk associated with it.

Please remember this potential safety issue was caught early, and this pause reflects the federal government's commitment to transparency as CDC and FDA review these data. COVID-19 vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history.

Where can I learn more about vaccine safety and how to report a side effect?

There are different systems in place to monitor vaccine safety, including the Vaccine Adverse Events Reporting System <https://vaers.hhs.gov/index.html> and the smart phone app, v-safe. Your doctor will provide you with information to register for v-safe. Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>.

Protection from Vaccine/Efficacy

How soon do antibodies form after getting the vaccine (i.e., how soon after getting vaccine am I protected)?

It typically takes a few weeks for the body to build immunity after vaccination. So, it is important to continue to protect yourself and keep wearing a mask and keep physical distance from others. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>.

If I had COVID-19 and recovered do I need to get the vaccine?

Yes, you should be vaccinated regardless of whether you already had 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. A [recent study](#) found that those who were previously infected with COVID-19 had a greater chance of reinfection if they were unvaccinated. Learn more about [why getting vaccinated is a safer way to build protection](#) than getting infected.

Anyone **currently** infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the [criteria](#) to discontinue isolation. Talk to your doctor if you have more questions about getting a COVID-19 vaccine.

I had COVID less than 90 days ago, can I get the vaccine?

Yes, you may get the vaccine unless you received monoclonal antibodies within the last 90 days. If you received monoclonal antibody therapy for COVID-19, you should wait for 90 days after the treatment. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

If a person had COVID-19 illness or multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)), should they get tested before getting the COVID-19 vaccine?

You should not be required to have an antibody test before you are vaccinated.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.

If you or your child has a history of ([MIS-A](#) or [MIS-C](#)), consider delaying vaccination until you or your child have recovered from being sick and for 90 days after the date of diagnosis.

Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

If I get sick with COVID-19 after receiving the first dose, when should I get the second dose?

You can receive the second shot at the recommended interval (i.e., **21 days for Pfizer: 28 days for Moderna**) after COVID disease as long as your illness has resolved and after you have met the [criteria](#) to discontinue isolation.

If you received monoclonal antibodies as treatment for COVID-19 infection, then you should wait 90 days after the monoclonal antibodies to get the 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.

I am fully vaccinated, but tested positive for COVID-19, how is that possible?

Yes, it is possible to test positive for COVID-19 even if you are fully vaccinated. COVID-19 vaccines in the US are highly effective, including against the Delta variant, but they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death.

Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. However, fully vaccinated people who become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings if they are in an area of [substantial or high transmission](#).
- Get tested if experiencing [COVID-19 symptoms](#).
- If you came into [close contact](#) with someone with COVID-19 get tested 3-5 days after the date of your exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing [COVID-19 symptoms](#).
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

CDC will continue to monitor variants to see if they have any impact on how COVID-19 vaccines work in real-world conditions. For more information about variants, visit <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#vaccinated>.

Were the COVID-19 vaccines tested against the variants?

The J&J vaccine was tested against the South Africa and Brazil variants. All of the current vaccines are testing the effectiveness against the variants and the possible benefits of additional vaccine doses.

After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral 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.

Antibody testing is **not** currently recommended to assess for immunity to SARS-CoV-2 following COVID-19 vaccination. For more information, please see <https://www.fda.gov/medical-devices/safety-communications/antibody-testing-not-currently-recommended-assess-immunity-after-covid-19-vaccination-fda-safety>.

Is an additional dose (third dose) recommended now?

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommended that people with moderately to severely compromised immune systems (weakened immune system) receive an additional dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna) **at least four weeks after completing the two-dose series** of Pfizer or Moderna. There is no additional approval for individuals who received the (J&J/Janssen) COVID-19 vaccine because more studies are needed regarding its benefits.

Does it matter which vaccine I receive?

The additional dose should be the same vaccine (Pfizer or Moderna) you received for the first two doses. But, if the same vaccine given for the first two doses is not available, the other vaccine may be given. A person should not receive more than three mRNA COVID-19 vaccine doses.

Who is eligible to receive this additional dose?

CDC's recommendation includes people with a range of conditions, such as recipients of organ or stem cell transplants, people with advance or untreated HIV infection, active recipients of treatment for cancer, people who are taking some medications that weaken the immune system, and others. A full list of conditions can be found on the [CDC website](#).

Why is the third dose recommended only for this specific group?

At this time, additional doses are only recommended for people with moderately to severely compromised immune systems because they may not have received enough protection from their original two-dose vaccine series. People who have a weakened immune system are at higher risk of serious, prolonged illness. Studies have found that among fully vaccinated people hospitalized with COVID-19, immunocompromised people accounted for a large proportion (40–44%) of those breakthrough cases even though they only make up about 3 percent of the adult population. People who are immunocompromised are also more likely to spread COVID-19 to household contacts. These updated recommendations can help to protect these individuals at a time when COVID-19 cases are on the rise.

While vaccination is likely to increase protection in this population, even after vaccination, people who are immunocompromised should continue to follow current prevention measures (including wearing a [mask](#), [staying 6 feet apart from others](#) they do not live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves and those around them against COVID-19 .

If eligible, how soon can someone get the third shot?

Those who are eligible should be able to get a third dose now at any location offering COVID-19 vaccines. All existing active points of dispensing Points of Dispensing (PODs) are being instructed to offer third doses. All sites are being advised to accept walk-ins for third dose administration. To find a vaccination location, visit covid19.nj.gov/finder.

Would you need to provide a doctor's note or proof of completing the COVID-19 vaccine series before receiving the additional dose?

A person should not be asked for proof of their condition or need a doctor's note. If a person doesn't have their vaccine card or their digital COVID-19 record via the Docket app, (available in the [App store](#) or on [Google Play](#)), the vaccine provider should look up the individual's vaccine record in the New Jersey Immunization Information System (NJIS), the statewide immunization registry.

Why isn't the additional dose recommendation for those who received the J&J/Janssen COVID-19 vaccine?

The recommendation only applies to mRNA COVID-19 vaccines (Pfizer or Moderna) because studies have shown that those who have low or no protection after completing the two-dose series may have greater protection after receiving an additional dose. More studies are needed to see if immunocompromised people who received the (J&J/Janssen) vaccine will also benefit from an additional dose.

What is the difference between an "additional dose" and a "booster dose"?

An "additional dose" refers to people with weakened immune systems who are recommended to receive another dose of an mRNA COVID-19 Vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the two-dose vaccine series. This is because they may not have received enough protection from their 2-dose vaccine series.

A "booster dose" refers to people who received protection after completing their vaccine dose(s), but an extra dose may be needed because that protection decreases over time. The extra dose is given to help boost (increase) their level of protection. The need for and timing of a COVID-19 booster dose has not been established, and no booster doses are recommended at this time.

Are healthcare staff required to receive the COVID-19 vaccine?

Beginning September 7th, 2021, all workers in certain state and private health care facilities and high-risk congregate settings will be required to be fully vaccinated against COVID-19 or be subject to COVID-19 testing at minimum one to two times per week.

The requirement to be fully vaccinated or submit to testing applies to all full and part-time employees, contractors, and other individuals who work in covered facilities and settings, including individuals providing operational, custodial, or administrative support.

Health care facilities and other settings covered by the requirement will have until September 7, 2021 for all employees to come into full compliance with the vaccine mandate. At that time, if workers in the facility or setting have not submitted proof that they are fully vaccinated against COVID-19 they will be required to submit to a minimum once to twice weekly testing.

It is especially important for those who work in healthcare and/or congregate (crowded) to be vaccinated from COVID-19 so they reduce the chance of spreading infection to others. For more information, visit [COVID-19 vaccine requirement](#).

What are the travel recommendations in New Jersey?

New Jersey residents returning home and travelers visiting New Jersey do not need to quarantine, but should follow travel guidance from the CDC, the NJ Department of Health, and all local health and safety protocols of their travel destination.

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.

For more information, visit <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>.

Masking

What are New Jersey's masking guidelines?

Face masks are strongly recommended for both vaccinated and unvaccinated individuals in indoor settings where there is increased risk, including:

- Crowded indoor settings
- Indoor settings involving activities with close contact with others who may not be fully vaccinated
- Indoor settings where the vaccine status of other individuals in the setting is unknown
- Where an individual is immunocompromised or at increased risk for severe disease

Social distancing, masking, and other safety measures are still required in high-risk areas such as [healthcare settings](#), [public transportation](#), [child care centers](#), [correctional facilities](#), and homeless shelters. The combination of COVID-19 vaccination and [continued precautions to protect yourself and others](#) will offer the best protection from getting and spreading COVID-19.

Note: Cloth face coverings are not recommended for children under 2 years, people who are incapacitated, people who have difficulty breathing, or any other person who cannot easily remove their own mask.

Will school staff be required to wear a mask?

Yes, all students, educators, staff, and visitors will be required to wear face masks indoors for the start of the 2021-2022 school year. Effective Monday, August 9, 2021, masks are required in the indoor premises of all public, private, and parochial preschool, elementary, and secondary school buildings, with [limited exceptions](#).

Will wearing two masks provide more protection from COVID-19?

The CDC released new research that found wearing a cloth mask over a surgical mask offers more protection against the coronavirus, as does tying knots on the ear loops of surgical masks so that they fit more snugly. For the best protection, the CDC says to make sure the mask fits snugly against your face and to choose a mask with at least two layers. For more details, please visit <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>.

Other Vaccines

Can you receive COVID-19 at the same time as other vaccines?

COVID-19 vaccines and other vaccines may now be administered on the same day. Currently it is unknown if there is a potential for increased reactions when COVID-19 is given with other vaccines. Speak with your healthcare provider to determine what works best for you.

Will getting the flu vaccine protect me against coronavirus?

No. Influenza viruses and coronaviruses are different. Getting a flu vaccine will not protect against COVID-19; however, the vaccine can reduce flu illnesses, hospitalizations, and can help to conserve potentially scarce healthcare resources during the pandemic.

It's likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter, making it more important than ever to get a flu vaccine! It is the best way to protect yourself and others – especially those who are particularly vulnerable to both COVID-19 and influenza such as older adults and those with chronic health conditions.

Treatment Options

What are monoclonal antibodies?

Antibodies are proteins that people's bodies make to fight viruses, such as the virus that causes COVID-19. Antibodies made in a laboratory act a lot like natural antibodies to limit the amount of virus in your body. They are called monoclonal antibodies. Antibody treatment can be used by people with mild to moderate COVID-19 who:

- Test positive for SARS-CoV-2.
- Are within 10 days of the start of their symptoms.
- Are age 12 or older and weigh at least 88 pounds.
- Are at high risk of getting very sick from COVID-19 or of needing to be admitted to a hospital because of COVID-19.

For questions about whether you can and should get antibody treatment, call your doctor or health care provider

More information about monoclonal antibody treatment can be found at the following websites:

https://www.state.nj.us/health/cd/topics/covid2019_community.shtml#3 and

<https://combatcovid.hhs.gov/>

https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients?gclid=EAlaIQobChMlzLTXveW37wIVTuDICh2k3g2kEAAAYASAAEgl-jvD_BwE

Additional Information

- https://www.nj.gov/health/cd/topics/covid2019_vaccination.shtml
- covid19.nj.gov/

- covid19.nj.gov/vaccine
- covid19.nj.gov/finder (search for vaccine appointments)
- COVID-19 Hotline 1-800-962-1253 or 2-1-1 (**for information only. NOT for scheduling vaccine appointments**)
- Call [855-568-0545](tel:855-568-0545) for assistance with the NJ Vaccine Scheduling System (NJVSS) and vaccine appointment support.
- Call 856-249-7007 to get appointment assistance for seniors 65 and older.