

COVID-19 Vaccine

Frequently Asked Questions & Answers

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Once you get the vaccine, you will still need to wear a mask because you could still be a potential carrier. This is true, correct?

Yes, partly because the vaccine may not prevent asymptomatic infections, but also because until we achieve herd immunity, a vaccine is not a guarantee for the recipient. 95% is great, but not perfect especially when virus is still literally everywhere!

Are medical professionals advising that Missourians follow the Missouri Department of Health and Senior Service's order of receiving a vaccine? We want to be respectful and mindful of personal feelings surrounding where we each fall within the DHSS' phases and tiers, but when it's our turn, are we doing more harm than good to hold off on getting the vaccine until the general public can get it?

Our stance is to carefully follow the state's recommended phases and tiers. Immunity from the vaccine is precious and all Missourians will eventually be offered vaccination. I don't recommend anyone eligible for a vaccine to turn it down, because a shot in an arm is a win. We should do our part to reach out to vulnerable populations, rural, elderly, under-served, low health literacy, no transportation, no internet, no phone, etc., so we can mitigate disparities in how vaccines are rolled out without individuals making a decision to forgo immunity until it is "deserved." We all deserve this vaccine, and at some point (hopefully sooner rather than later) it will be moot in which order it was originally received.

How long after getting the two doses does the immunity develop? Do I get some immunity after getting the first dose?

Immunity begins to develop as soon as about seven days following the first shot, and you are considered fully protected 14 days after shot number two.

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Can we get the second shot at a different location? If we're late getting the second vaccine is that okay?

Logistically, the vaccination centers are guaranteed to receive a second batch of vaccine at the appropriate interval for second doses. So, if at all possible, schedule the second vaccine at the time you receive the first. It is important to be sure to get the same vaccine product for both doses to ensure the best response

Is double masking protecting me more from the virus? What is the right protocol for wearing two masks? (snug versus gaps)

Cloth masks vary a lot in their protection, and any mask worn "loose" is not doing the best job. More layers = more filtration, and therefore more protection. Studies have shown that snugging up a mask by knotting the ear loops or wearing in such a way to pull it snug against the face provide more protection. There is also good evidence that the "dose" of the virus received (i.e., number of particles inhaled) may influence if a person gets sick, and how ill they get. So, anything you can do to filter more virus out of your breathed air is better.

I don't want to take a day off work for possible side effects. Is it really worth it to get the shot?

YES! For convenience, scheduling the second vaccine dose prior to a rest day may be ideal. However, most reactions are mild and relatively few people need to stay home from work. I (Dr. Morris) can give my personal story here, too. The second shot was definitely more impactful than the first, but I was on call all weekend and there was no way I was going to delay getting that shot! To add on, a day off of work due to side effects is less than the 10-14 days you may potentially need to take off due to COVID-19 infection and/or the financial burden associated with COVID-19 complications.

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How do we make sure that our most vulnerable are getting the information and the help they need to navigate the system? Is there anything we can do?

Identifying those vulnerable populations such as those with intellectual and developmental disabilities (IDD), hearing and visually impaired, those without internet access, low health literacy, etc. and finding communication methods and resources to appropriately and successfully assist in the navigation of the system.

Do we know if office staff who are employed by an Extension Council are classified under MU Extension in the Jan 14 order that reads MU Extension employees can currently get their vaccine?

If Council Members are NOT paid by MU Extension then they do not qualify for the current MU Extension tier to get vaccinated. Only individuals who are paid by MU Extension qualify for Phase 1B - Tier 1 Emergency Management and Public Works.

How do I know if I am in the next tier? Is there a list we can refer to?

Visit covidvaccine.mo.gov and click on the tab priority phases for the latest information. Missouri DHSS will update this site if/when information is updated.

Where can individuals go to sign up for a vaccine? Is this something individuals need to work with their county health department on?

Many sign-ups are available through your local county health dept and local hospital systems. There is typically no residency requirement. At MU Health Care we are not limiting our sign-up pool to established patients. Anyone can sign up.

Do I need a doctor's release to get the vaccination if I have pre-existing conditions?

No. Only a few specific allergy related situations are recommended to visit with a doctor (anaphylaxis to a DIFFERENT previous vaccine for instance) and no doctor's release or note is required in any circumstance. Patients sign a consent on their own.

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If folks are without the internet, how can we help them get info and/or get them signed up for a call for a vaccine?

Call either their county health department or their local hospital network i.e. MU Health Care, Barnes Jewish Hospital, etc.) and register via phone. Local doctor's offices are not the right person to call.

Will MU Extension employees be required to receive the vaccine?

No. Extension employees are not currently required to get vaccine.

What's the difference between Pfizer and Moderna or any other vaccines coming out on the market?

In terms of efficacy and mechanism of action, the Pfizer and Moderna are virtually identical. Both are "mRNA" vaccines and report over 90% efficacy.

Pfizer: EFFICACY: 95%

DOSE: 2 doses, 3 weeks apart

TYPE: Muscle injection

STORAGE: Freezer storage only at -94°F (-70°C)

Moderna: EFFICACY: 94.5%

DOSE: 2 doses, 4 weeks apart

TYPE: Muscle injection

STORAGE: 30 days with refrigeration, 6 months at -4°F (-20°C)

From a logistical standpoint, one key difference is the vaccine allotments. Pfizer ships in batches of close to a thousand vaccines per batch. Moderna vaccine comes in batches of 100. So typically, for mass vaccination events, Pfizer is more likely to be used. For smaller venues, you will more than likely see Moderna. Additionally, maintaining cold chain storage for Moderna is less challenging, so you may tend to see more Moderna vaccine in rural areas.

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Are different vaccines more effective to the new strains?

Most early reports of vaccine effectiveness in areas where variants are circulating indicate modest reductions. However, like flu vaccines, currently-authorized vaccines can be adjusted to protect against these new variants in the future if needed.

There are some individuals on the survey who say MU Extension is not listed as a tier as it is not listed on county COVID signups or portals. At what point do we recommend they call local health department and/or hospital network?

Since Extension faculty and staff may be involved in emergency response activities, we have been listed as Phase 1B tier 1, which means you are currently eligible to be vaccinated. Extension faculty and staff can sign up at a vaccination site near you. Since there are currently 2.5 million Missourians eligible to be vaccinated at this time, do anticipate a delay from the time you sign up at a vaccination site to when you will be contacted for vaccination.

I think COVID-19 is no worse than the flu and isolating people is worse than the disease. What recommendations do you have for helping individuals struggling with isolation?

COVID-19 and influenza do have a lot of similarities in that they are both respiratory diseases spread by droplet. However, COVID-19 is more severe than influenza. The death rate among COVID-19 patients was 18.5%, while it was 5.3% for those with the flu. Those infected with COVID-19 were nearly five times more likely to die than flu patients.

In addition, COVID-19 patients were four times more likely to require breathing machines, nearly 2.5 times more likely to be admitted to intensive care and stayed in the hospital an average of three days longer than flu patients.

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For these reasons and others, public health officials recommend isolation of all COVID-19 positive patients for at least 10 days to stop the spread. Sadly, over 500,000 Americans have died from COVID-19. Although staying in isolation for 10 days is not fun for anyone, knowing that you are saving lives may help with the struggle.

Please discuss how to handle differences between local health department ordinances and university mandates with regard to COVID

We acknowledge that Extension faculty and staff in rural areas may have more stringent workplace requirements for masking and social distancing than public health ordinances in your area. We at MU put safety first, and thus encourage our faculty and staff to follow MU policies. Evidence indicates that wearing face coverings and maintaining 6 feet distances are the best ways to prevent COVID-19 transmission no matter where you live in Missouri.

How soon can I get the COVID Vaccine if I already had COVID?

Once you are through isolation and are no longer infectious with the COVID-19 disease, you are eligible for vaccination. If you were treated for COVID-19 symptoms with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.

I live in a small, rural area. It seems like COVID does not exist here. Is it still important I follow the same guidance as bigger cities?

Unfortunately, COVID-19 is everywhere in Missouri. Some of our most rural counties have the highest rates. Use data to gauge the risk in your area, as the COVID-19 disease rates may not be readily apparent by how things seem day to day. The Missouri Hospital Association has an excellent dashboard for monitoring rates of COVID-19 disease throughout the state. Since the threat of COVID-19 is statewide, we recommend that you follow MU's guidance for face coverings and social distancing.

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I feel the vaccine was rolled out rather fast and they don't know the long-term effects of it. I also have a transplant and they don't seem to know the effects of that either. Do you have any updates on how the vaccine affects those who have received a transplant organ during their lifetime?

People with weakened immune systems due to organ transplants are considered Phase 1B - Tier 2: High-Risk Individuals and are currently eligible and encouraged to be vaccinated.

Although the timeline has been accelerated, it doesn't mean that the integrity of the trial and approval processes was compromised. Scientists have had a jump on developing the COVID-19 vaccine, using their experience from previous coronavirus vaccine efforts.

Another way scientists maintained safety and saved time when creating the COVID-19 vaccine was by working on efforts simultaneously, rather than working on one vaccine after another like the traditional process.

Because the COVID-19 disease is so severe in immunocompromised people, the benefits of getting vaccinated clearly outweigh the risk of disease in people that have undergone transplants. More information can be found [here](#).

I would like some suggestions or tips on how to promote the vaccine to others.

Use the resources on this page, on the livehealthy.missouri.edu page and our presentation from our livestream as ways to educate yourself and your community on the importance of the influenza and COVID-19 vaccines.

Dr. Morris and Lynelle had some excellent pointers in the Feb. 4 livestream that can help you think of ways to start or continue the conversation. Our team will also be talking about this on our next Livestream on March 11th. Please make sure to turn in!

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Are we starting to understand what the long-term effects of the disease and the vaccines may look like?

Yes. The longer we have experience with both the disease and the vaccines, the more we learn. While most individuals with COVID-19 recover and return to normal health, some patients can have symptoms that can last for weeks or even months after recovery from acute illness.

Even people who are not hospitalized and who have mild illness can experience persistent or late symptoms. Multi-year studies are underway to further investigate. The CDC continues to work to identify how common these symptoms are, who is most likely to get them, and whether these symptoms eventually resolve.

For vaccines, the vast majority of adverse events happen immediately following vaccination, or at least within the first few days. Clinical trials follow acute vaccine-related problems for 60 days following vaccination as part of the Emergency Use Authorization process. We do not expect any long-term effects of the vaccines based on results of these trials.

What is the risk of getting the vaccine if you are pregnant or nursing?

Pregnant and lactating females can safely receive COVID-19 vaccines. COVID-19 vaccines are recommended depending on the individual's risk of acquisition due to the level of community transmission, personal risk of contracting COVID-19 due to occupation or other activities, risks of COVID-19 to the mother and potential risks to the fetus, efficacy of the vaccine, known side effects of the vaccine and the lack of data about the vaccine during pregnancy.

Special counseling and a 15-minute observation period after vaccination, if chosen, is recommended.

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What role can Extension faculty play in educating communities about the benefits of COVID vaccines? A lot of friends and family have mentioned they'll wait to get a vaccine because they don't trust the science.

If you would like to help educate others about the benefits of COVID-19 vaccines, please consider the following ways you can help:

- Provide others with facts and resources
- Avoid inserting personal opinions
- Pass along local health department or hospital network phone numbers to individuals lacking internet service and want to sign up for a vaccine
- Reach out to your county's emergency management team; some counties are in need of volunteers to work phone banks and help make vaccination appointments

In two webinars I attended recently, one from the CDC, they mentioned VSafe and they both mentioned an app. So far, I could not find the app just the website Lynelle shared. Is there an app, or will there be one?

There is an app, you can receive information about when you get vaccinated. Click [here](#) for more information about it

In trying to help my parents in St. Louis get the vaccine and in one of my doctors' offices here in Kansas City, I've encountered doctor office staff publicly stating that they will not get the vaccine, that they don't think it is safe, etc. I was shocked. I don't think they should be working in the doctors' offices. What are the rules or guidelines? I think these people should at least not work up front facing and talking to patients.

Unfortunately, there are no other rules or regulations in spreading misinformation. Assure that the attending physician is aware that staff in his/her office is spreading misinformation.

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I have asthma which has been on the CDC High-risk list all year. Now that we have vaccines, the High-risk list for our state does NOT include asthma. Do you know why?

The state health department acknowledges this change and if you have a specific health concern, and your private provider recommends you get the vaccine regardless of the stage we are in, please know you can have your physician advocate for you in that way.

Should younger people, high school age, receive the vaccine? Are there concerns about the impact of future fertility for those individuals?

COVID-19 vaccines do not affect fertility. Medical professionals have called this “an utterly bizarre claim.” The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19 to prevent future illness.

There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta. In addition, there is no evidence suggesting that fertility problems are a side effect of ANY vaccine. People who are trying to become pregnant now or who plan to try in the future may receive the COVID-19 vaccine when it becomes available to them.

Should we be encouraging everyone to get a vaccine or mainly encourage those in the high-risk groups? And once the vaccine is in greater dispersal volume should we be encouraging everyone to get one?

We should follow and encourage following the Tier system laid out by the Missouri Department of Health and Senior Services. To the extent possible, reaching out to populations eligible for vaccination now would be very helpful, particularly those with comorbidities and folks over 65 years old. You can find information about where we are in the Tiered system [here](#).

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I've gotten the feeling that Extension should not be sharing COVID-19 information in communities (just referring people to local health department, state health department, CDC, and University guidance). Are we now being encouraged/allowed to share information in our communities?

We can share info from official sources. We should not be speculating or advising people on personal circumstances. Please use the resources on this page, on our livehealthy.missouri.edu website, our livestreams and information from the CDC to stay up to date on the information you are providing community members.

In the livestream you mentioned your children will get or have received their vaccination. Is there any concern for future side-effects for young people, below 25? Below 20?

We do not have any particular concerns for the safety of the vaccine for the age groups they are authorized for (Pfizer for 16 years and older, Moderna for 18 years and older). In the future, FDA licensure will likely include provisions for vaccinating children.

What resources would you share with business owners or organization leaders to help them be a 'known face' for Covid 19 vaccination?

The Missouri Department of Health and Senior Services have developed lots of excellent material to share with business owners and organizations. You can find it [here](#).

What are we to make of news that the second vaccine is causing more severe side effects than the first?

This is not uncommon for vaccines that have second and third doses. However, the symptoms after the second vaccine for COVID-19 are not severe and are still very temporary and can be treated with typical over-the-counter pain relief medications.

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Should someone with allergies to several different medications be concerned about taking the vaccine? What if we have an autoimmune disease?

CDC recommends that people with a history of severe allergic reactions 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.

Does the vaccine use fetal stem cells?

None of the COVID-19 vaccines currently authorized or under development utilize fetal stem cells.

Do you have to take vaccine annually?

Whether we need to take the vaccines annually is still an unknown. We have to wait and see whether the antibody response in vaccinated people is sustained for a year.

Does it affect DNA?, Why is medical field against hydroxychloriquine and Ivermectin?

The COVID-19 vaccine does not affect your DNA. The medical field relies on the results of clinical trials and outcomes when deciding prescribe drugs or treatments. Neither hydroxchloriquine nor Ivermectin performed well in these types of controlled trials.

If you have tested positive previously, should you still get the vaccine?

Yes. We are seeing evidence of reinfection, so the CDC definitely recommends vaccination for people who previously tested positive for COVID. Do wait until you are considered noninfectious before presenting for vaccination.

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This isn't dissimilar to other science-related topics where the public is driven more by emotion (and in this case politics, too) and doesn't care about or believe in the science. How do we appeal to the emotional aspect?

This will be the topic of our next livestream! Tune in on March 11 at 11 a.m. However, in the meantime, consider story-telling i.e. here is what happened when I got my vaccine) or appealing to the positive aspects of getting vaccinated (i.e. your family loves you and wants to keep you healthy).

What are your suggestions for employees who are in situations where masks aren't worn, surfaces aren't wiped down, etc., whether that's within an Extension office or when dealing with the public?

We all find ourselves in this circumstance and certainly some more frequently than others. If you think you have been in an at-risk situation, wash your hand immediately and remove yourself as soon as possible. If this is an ongoing problem, discuss the situation with your supervisor. The bottom line is that we don't want anyone in Extension put at needless risk

I got info to sign up for a vaccine in Columbia. I am in Camden County. Would my travel be covered if I chose to go there for the vaccine?

No, since the shot is not required for your employment with the University of Missouri.

Are there non-government / NGO resources for solid COVID-19 vaccine information?

The Immunization Action Coalition is a good non-government resource for vaccine information. However, at this point, know that the vast majority of what we know about COVID-19 vaccines we have learned from CDC, FDA and other government entities as they are responsible for vaccine effectiveness and safety surveillance, in addition to the pharmaceutical companies that have developed the vaccines. For more information click [here](#).

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The question I feel unable to answer is what the Emergency Use Authorization itself did. I feel confident that no safety steps or phases were skipped, but what did the EUA do to get the vaccine into the arms of Americans faster?

The United States FDA made COVID-19 vaccines available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA's decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

For more information, click [here](#).

Is there any guidance or concern regarding vaccinating people who are breastfeeding?

The short answer – the benefits of vaccination outweigh the risks for breastfeeding moms. According to the [CDC](#), “there are neither data on the safety of COVID-19 vaccines in lactating women nor on the effects of mRNA vaccines on the breastfed infant or on milk production/excretion. mRNA vaccines are not thought to be a risk to the breastfeeding infant. People who are breastfeeding and are part of a group recommended to receive a COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated.”

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What other vaccines use mRNA technology?

mRNA is a relatively new methodology for developing vaccines. mRNA vaccines for human use have been developed and tested for rabies, Zika, cytomegalovirus, and influenza, even though these mRNA vaccines have not been licensed. COVID-19 mRNA are the first to be used under Emergency Use Authorization due to the pandemic.

I have an autoimmune condition and have a list of allergies to certain medications. Should individuals with certain medicine allergies or certain autoimmune conditions steer clear of getting the vaccine?

Autoimmune conditions – mRNA vaccines do not contain any live virus so can be used for people with autoimmune conditions. For allergies, the only contraindication for receiving mRNA vaccines is an allergy to a certain ingredient used in some medicines called polyethylene glycol (PEG).

According to the CDC, “Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.” For more information, visit:

With the new central signup, does that mean folks who have signed up through Boone County Health or MU need to sign up again?

It sounds like the sign up with DHSS is an additional option to give you peace of mind that you are signed up and referred to vaccinators in the area. I don't think at this point there is any need to be concerned about this list negating previous sign ups.