Frequently Asked Questions about the COVID-19 Vaccine

Since December 2019 when the first case of COVID-19 was announced in Wuhan, China, SARS-CoV-2 virus, has spread around the world. To date, in the United States, there have been reported over 25 million cases and more than 400,000 deaths (with numbers still rising). To put this in context, the case fatality rate (number of people who have a disease and then die due to the disease) is 3.1% for COVID-19 while it is only 0.1% for the flu.

Granted, many more people survive than die from COVID-19 infection, but there are other health conditions that can develop as part of COVID-19 infection or subsequent to COVID-19 infection including heart, lung, brain and nerve problems, kidney injury, and whole body inflammation syndromes which occur in both adults and children. There are also longer term problems that we are just beginning to unravel including persistent symptoms after COVID-19.

While there are still many unknowns about COVID-19, we have learned a lot in the year since the pandemic began and have developed new treatments and now vaccines to fight back against COVID-19.

In December 2020, the FDA authorized two vaccines for emergency use. The first doses manufactured by Pfizer-BIONTECH rolled out to hospitals on Dec. 14, 2020. Since then, Inova has given more than 100,000 shots to healthcare workers throughout the Washington, DC region, and will now assist in vaccinating the local community based on the CDC guidelines (https://www.cdc.gov/vaccines/covid-19/index.html).

However, despite this success, some people still may have concerns about being vaccinated. We understand that in order to stop the rapid spread of this infection, people need to be protected against it. The best way to be protected against an infection is immunization. It is estimated that about 80% of the human population will need to be protected in order to stop the pandemic.

Many people still have questions about the vaccine including questions about the development of the vaccine, its safety and efficacy, side effects and its impact on those with certain health conditions. Below, we answer many of these questions and provide links to resources for more information. If you still have questions, it is best to discuss these with your primary care doctor.
FAQ’s

Q: Why should I get vaccinated for COVID-19?

A: The COVID-19 vaccine helps protect you from getting sick, and is very likely to limit your ability to spread the virus. This will also help protect those around you in your community – your family, friends and neighbors – who may not be able to be vaccinated because of their age or certain health conditions.

Q: Is there anyone who should not get a COVID-19 vaccine?

A: Only people with a history of severe allergic reactions (e.g. anaphylaxis) to an ingredient in the vaccine should not get the vaccine. Talk to your doctor if you have questions or concerns about getting the vaccine. For pregnant women or women trying to conceive, the CDC says there is no reason pregnant or lactating women should not receive the vaccine. More information can be obtained here. Click here for more perspective from the American College of Obstetrics and Gynecology. Carefully review the Vaccine Information Sheet and discuss with your practitioner if you are unsure.

Q: Should I get the COVID-19 vaccine even if I’ve already had COVID-19?

A: Currently, it is recommended that you still get the vaccine even if you previously had COVID-19, but please contact your primary care provider if you have questions. It is important to note that regardless of a previous COVID-19 recovery or vaccination, individuals will still need to abide by the same health and safety protocols recommended by the CDC and Virginia Department of Health to help prevent ongoing spread.
Q: Can I catch COVID-19 from the vaccine?

A: No, you cannot catch COVID-19 from the vaccine. The vaccine does not use the virus like the flu shot. It helps your body build its own defense against the SARS-CoV-2 virus by using a synthetic form of the virus’s spike protein code called messenger RNA (mRNA).

The mRNA primes your immune system to recognize and respond to the virus spike protein. It teaches your immune system to recognize the virus as “foreign” and fight to block its spread. It uses mRNA to start the process and help remember the virus spike protein so it can get a quick start in fighting it off. The mRNA does not change anything in your cells.

Q: Can the COVID-19 vaccine cause a false positive COVID-19 test?

A: The vaccine has no effect on the viral tests (PCR or antigen based nasal/oral swabs) used to diagnose COVID-19. For tests that are not used to diagnose active COVID-19 disease, like tests for antibodies in your blood, it will appropriately cause some of these to become positive.

Q: How soon after vaccination will I be safe from getting COVID-19 infection?

A: The current vaccination process requires two shots to be sure you are capable of successfully fighting off the virus. After the first injection, there may be some immunity, but you will need the second to achieve a high level of protection. After your second shot, the immune system is fully activated to fight the virus approximately one to two weeks afterwards.

Please remember, until your immune system has been fully activated (has enough information to fight of the SARS-CoV2 infection) which happens after your second dose of the vaccine, you can still catch COVID-19. The more people who are vaccinated, the more quickly we can achieve herd immunity (which means 80% of people are vaccinated against COVID-19) and get back to “normal”, but until then we need to continue to wear a mask, wash our hands frequently, and socially distance even after our second shot.

Q: Did the government cut corners to get the vaccine out so fast?

A: No. Research using mRNA in a vaccine has been ongoing since the 1990s.

The vaccines being given at Inova were tested in more than 70,000 people worldwide. Everyone who receives the vaccine is being monitored afterwards, so if there are any problems, they can be addressed immediately. Inova has seen minimal side effects in the 100,000+ doses we have administered so far.
Q: Were all races and ethnicities well represented in these vaccine trials?
A: Yes. Inova is administering the Pfizer and Moderna vaccines and all races and ethnicities were included in their trials. The demographic breakdown was similar to the general population of the United States.

**Side Effects**

Q: I heard the side effects from the vaccine can make me really sick. Is this true?
A: Most of the reported side effects (soreness at the site of injection, mild headache, body aches, low fever or chills) have been reported as mild to moderate and occur about 12-24 hours after the shot, and last no more than seven days (most are only for 24-48 hours). The second dose often produces more of these symptoms so it is suggested that you plan your work schedule around your second dose so that you can consider taking the day off after receiving the second dose of vaccine.

Remember, if you develop side effects, this is not a bad thing, it just means your immune system is working well. If you don’t develop side effects, this doesn’t mean that your immune system isn’t working, it just means our bodies react differently when we get the vaccine.
Q: I am worried about having an allergic reaction to the vaccine. Should I be worried?

A: No, the rate of allergic reaction is very low. If you have ever experienced a severe allergic reaction to another vaccine (such as anaphylaxis), you should inform the person administering your vaccine. After you receive your shot, you will be asked to wait for 15-30 minutes after getting the vaccine to make sure you are feeling well. The waiting area is staffed with medical professionals who are there to help you if there are any concerns.

Q: What am I supposed to do if I have side effects?

A: Everyone who gets the vaccine is asked to sign up for V-Safe, a program run by the Centers for Disease Control and Prevention (CDC) to help track side effects. V-Safe will deliver a text message to you every day for about one week after you get the vaccine to check in to see how you are doing. If the responses you submit to V-safe are concerning, a representative from the CDC will call you to ask more questions. If you are experiencing mild side effects, you can take medication that you normally may take when you have a headache or body aches such as ibuprofen (Advil) or acetaminophen (Tylenol). You also can contact your primary care physician who can help you with any questions you may have. It is important to recognize that shortness of breath, cough, loss of taste, and loss of smell are not vaccine side effects and should prompt a phone call to your physician.

Q: How do I tell the difference between vaccine side effects and COVID-19?

A: These may be similar, in that both may be associated with fever, muscle aches, headache, and fatigue. The vaccine side effects are usually mild and last 36 hours or less. However, if you are concerned and or if your symptoms persist, contact your primary care provider for their advice on next steps.

The vaccines do not cause sore throat, cough, shortness of breath, or lack of taste/smell. If you develop any of these symptoms and have concerns about possible COVID-19 infection, you should talk to you healthcare professional.

Q: Can I take antipyretic or analgesic medications such as ibuprofen or acetaminophen prior to vaccination?

A: It is not recommended to take prophylactic medications such as Advil or Tylenol for the purpose of preventing symptoms due to lack of information on the effect of antibody response. However, you may take these medications after vaccination to treat post-vaccination symptoms if they occur.
Protection from COVID-19

Q: How protected am I between the first and second shot?
A: You will have some immunity about 10 days after the first shot. This is not adequate to protect you from infection with the SARS-CoV-2 virus but you may experience a milder illness. People over 65 years of age may have less protection than younger people during the interval between the first and second shots. It is important to get both doses of the COVID-19 vaccine and for now, you must continue to demonstrate safety precautions including masking, social distancing and hand hygiene to protect yourself and others who have not been or are not able to be vaccinated due to age or medical condition.

Q: If I catch COVID-19 after being vaccinated will the symptoms likely be milder?
A: Yes. The vaccine is designed to prevent symptomatic and serious disease.

Q: What happens if I don’t get my second shot or I am late getting my second shot?
A: It is important to get both doses of the COVID-19 vaccine and you should try to get the second dose within the window you were told when you got your first shot. However, being a few days late in getting your second shot should not be concerning. It is important to get the entire vaccine series to provide protection against COVID-19. Right now, one dose of the vaccine is not enough to provide full protection.

Q: I have heard the vaccines may not work against the new COVID-19 variants, is this true?
A: Currently, the vaccines still protect against the new virus variants (mutants). The changing of the virus is expected, as this is what viruses do, so it is best to get your vaccine when it is your turn. In order to stop the coronavirus from mutating, we need to stop it from infecting people and the best way to do that is to get vaccinated against COVID-19.

Q: Can I get other vaccinations (for example: shingles vaccine, pneumonia vaccine, flu vaccine) at the same time as my COVID-19 vaccination?
A: It is currently recommended that both doses of the COVID-19 vaccination be given either two weeks before or two weeks after any other vaccinations.
**Pregnancy**

**Q:** We want to start a family. I heard the vaccine can possibly hurt our chances or hurt the baby. Is this true?

**A:** Women undergoing fertility treatment or planning to get pregnant should be encouraged to receive vaccination if they are eligible. Since the vaccine is not a live virus, there is no reason to delay pregnancy attempts because of vaccination administration or to defer treatment until the second dose has been administered.

While COVID-19 vaccination can cause fever in some people (up to 16% of those vaccinated and mostly after the second dose), this risk should not be a concern when deciding whether to receive a vaccine while pregnant or trying to become pregnant. Talk to your doctor if you have any concerns about a fever while pregnant.

**Q:** I am pregnant, and I am afraid the vaccine will hurt my baby. Can this happen?

**A:** Currently, there are limited data available on the safety of COVID-19 vaccines for people who are pregnant. Speak with your healthcare provider to help you make an informed decision. However, based on how mRNA vaccines work, experts believe they are unlikely to cause harm to women who are pregnant or to the fetus.

The CDC, American College of OB-GYN, and the Society of Maternal Fetal Medicine all state that COVID-19 vaccines should not be withheld from pregnant individuals, those planning to get pregnant, or those on fertility treatments who are otherwise eligible for vaccination. To date, the CDC is monitoring approximately 15,000 pregnant women who have received the COVID-19 vaccines. Click here for more information.

Note: Pregnant women with COVID-19 have a higher risk for severe illness, including death, than age-matched controls.

**Surgery**

**Q:** Is it safe to receive the COVID-19 vaccine before a surgical procedure? If so, is there an ideal timeframe?

**A:** Yes it is safe to receive the vaccine before a surgical procedure. If the timing of the procedure is flexible then it is recommended to schedule the procedure at least 3 days but no more than a week after a vaccine dose. This guidance is
given so that any symptoms such as a fever can be correctly attributed to the side effects of either vaccination or the operation/procedure itself.

Q: How soon after my surgery/procedure can I receive the COVID-19 vaccine?
A: The COVID-19 vaccine should be scheduled at least three days after your procedure to allow for any symptoms that may develop, including a fever, to be correctly attributed to the procedure or the vaccine.

Q: Will the COVID-19 vaccine impact my surgical procedure? Will the vaccine ingredients interact with anesthesia or any other medications?
A: No, the vaccine will not impact your procedure and appropriate COVID-19 precautions will still be followed regardless of vaccination status. The components of the vaccine should have no impact on the anesthesia or any medications used in relation to your surgical procedure.

Q: Should I postpone my COVID-19 vaccine to after my surgical procedure? If so, how long should I wait?
A: We do not recommend postponing vaccination unless it would not be feasible to receive it due to the timing of the procedure or expected procedural recovery. Speak with your surgeon for more information. However, as noted above, it would be advisable to space your surgery date and vaccination date by at least 3 days to allow for the proper assignment of any symptoms that may arise such as fever to either the surgery or the vaccination.

Q: Am I required to schedule a COVID-19 test before my surgical procedure if I received two doses of the COVID-19 vaccine?
A: Currently, Inova requires a COVID-19 test before surgeries and procedures. We will continue this requirement until we know more about asymptomatic spread after vaccination.

Q: Am I required to schedule a COVID-19 test before my surgical procedure if I was previously diagnosed with COVID-19?
A: If you were previously diagnosed with COVID-19 within the previous 90 days, you do not need another COVID-19 test before elective surgery.

The timing of elective surgery after recovery from COVID-19 utilizes both symptom and severity-based categories. Suggested wait times from the date of COVID-19 diagnosis to surgery are as follows:
• 4 weeks for an asymptomatic patient or recovery from only mild, non-respiratory symptoms.

• 6 weeks for a symptomatic patient (e.g., cough, dyspnea) who did not require hospitalization.

• 8-10 weeks for a symptomatic patient who is diabetic, immunocompromised, or was hospitalized due to COVID-19 infection.

• 12 weeks for a patient who was admitted to an intensive care unit due to COVID-19 infection.

These timelines should not be considered definitive; each patient’s preoperative risk assessment should be individualized, factoring in surgical intensity, patient co-morbidities, and the benefit/risk ratio of further delaying surgery.

Residual symptoms such as fatigue, shortness of breath, and chest pain are common in patients who have had COVID-19. These symptoms can be present more than 60 days after diagnosis. In addition, COVID-19 may have long term effects. Speak with your doctor about a preoperative evaluation.

Q: Am I required to show proof of my COVID-19 vaccination before my procedure?

A: No. Vaccination status will not have an impact on whether or not your surgery/procedure takes place.

Q: Is Inova offering COVID-19 vaccinations to pre-surgical patients?

A: Having surgery or a procedure is not part of the criteria used when prioritizing patients for the vaccine, however, we encourage everyone to get their vaccine as soon as it is their turn.

Cancer

Q: Should cancer patients receive the COVID-19 Vaccine?

A: Based on CDC guidance, we are encouraging patients with active cancer to receive the COVID-19 vaccine when available. Active cancer refers to any cancer patient currently being treated or has been diagnosed within the last year. This can be given while on chemotherapy, immunotherapy or radiotherapy.
Q: When should a cancer patient get the vaccine?
A: The ideal timing is not clear and experts believe it is safe at any time during a chemotherapy cycle or during a course of radiation therapy. For patients undergoing radiation therapy, please discuss any further timing-related issues directly with your Radiation Oncology physician. We advise that the vaccine not be given on the day of chemotherapy or immunotherapy treatment. Some experts have proposed that timing it between 1 and 2 weeks prior to and after chemotherapy may be optimal for effectiveness.

Q: Are cancer patients eligible to get the vaccine in Northern Virginia?
A: Yes. Northern Virginia is currently in phase 1b of COVID-19 vaccine distribution as of January 14. This now includes any person age 65 or older or any person age 16-64 with a high risk medical condition such as cancer. Click here for Inova’s latest vaccine availability.

To properly manage the vaccination process, individuals who have received their initial vaccine dose from Inova should anticipate receiving their second dose at their scheduled follow-up appointment. Inova is currently working with local health departments to receive supply and vaccinate eligible populations. Updates about our supply and eligibility will be made on this page; please check back frequently.

Q: Are there any cancer patients for which the above recommendations do not apply?
A: Please discuss timing of the vaccine with your oncologist if you have leukemia, lymphoma or other hematologic malignancy.

Q: How do I schedule my COVID-19 vaccine?
A: Instructions for scheduling your vaccine when it is available to you can be found here. If you are 75 years or older, please contact your Inova primary care provider and ask to be scheduled. If you do not have an Inova primary care provider, you can contact your local health department (links are provided below).

Q: Should I let my oncologist’s office know that I have been vaccinated?
A: Please notify your oncologist’s team via MyChart if you have received the vaccine or bring your vaccine documentation in during your next scheduled visit. Your oncologist cannot schedule a vaccine for you (nor your oncologist’s clinic or infusion clinic).
Q: After I receive my COVID-19 vaccine, do I still have to take precautions to prevent becoming infected?
A: Yes, you should continue to wear a mask and practice social distancing and other safety precautions even after being vaccinated as per CDC guidelines.

Mammogram

Q: Should I delay my mammogram?
A: No, please do not delay your mammogram. If you cannot schedule your mammogram around your vaccine in the timeline suggested above please move forward with your scheduled mammogram or breast imaging appointment.

Q: Can the COVID-19 vaccine impact my mammogram or ultrasound results?
A: All vaccines can cause temporary swelling of the lymph nodes, which is a sign that the body is building immunity and making antibodies as intended. In some rare cases, reports of lymphadenopathy; swelling of the lymph nodes, can develop in the arm and neck region 2 to 4 days after COVID-19 vaccination. This can last, on average, 10 days. This temporary swelling can impact mammogram and breast ultrasound readings. Therefore, it is important that you provide an accurate health history including your vaccination status, timing and side (left vs. right arm) of vaccination at your breast imaging appointment.

If possible, we recommend scheduling routine screening mammograms either before your first COVID-19 vaccine or later than 14 days after vaccination (first or second dose). However, if you have any breast symptoms, you should not delay getting a mammogram or breast ultrasound.

Q: I need a mammogram – when is the best time to schedule my exam?
A: If possible, and when it does not delay care, consider scheduling screening exams prior to the first dose of a COVID-19 vaccination or 4-6 weeks following the second dose of a COVID-19 vaccination.

Additional Resources
VDH COVID-19 Vaccine Phase 1b
CDC Vaccine Recommendations
Inova COVID-19 Vaccine Scheduling
American College of Obstetrics and Gynecology