



## **COVID-19 Vaccine Distribution Frequently Asked Questions (FAQ)**

### **Q: Why is getting the COVID-19 vaccine important?**

The virus that is causing the COVID pandemic is related to several viruses including the virus that causes the common cold. These family of viruses are called Corona Viruses and the name is due to the crown-like or “corona-like” pattern on the surface of the viruses. COVID-19 is a “novel” (new) corona virus, so our bodies do not have antibodies to recognize and defend against this new virus. Because COVID-19 spreads quickly and significant numbers of people can become seriously ill or lose their life due to COVID infection, getting vaccinated will slow down and prevent the spread of infection. This will help keep hospitals from being overwhelmed, and it will save lives.

### **Q: What can I expect when getting the vaccine?**

There will likely be several vaccines and they will likely differ from each other in how they work and how many doses are needed. The first vaccine being administered by the Absentee-Shawnee Health System requires two separate doses (vaccinations). Both doses are injected in the arm just like the flu shot and the shots are given 21 days apart. After you receive the first dose, you will need to return in 21 days to receive the second dose. It is crucial that you return for the second dose in order for the vaccine to be most effective.

### **Q: Does the COVID-19 vaccine contain the COVID-19 virus?**

No. Messenger RNA technology allows protection without the use of weakened or inactivated disease germs. Instead, this vaccine causes the body to develop the ability to recognize the COVID-19 and attack it without using a live virus to do so.

### **Q: Can the COVID-19 vaccine alter my DNA?**

No. The vaccine contains a piece of the virus's genetic material - or RNA. Injecting RNA into a person does not affect the DNA of a human cell and does not alter the DNA sequence of a human body. It only presents the body with the instructions to build immunity directed at the COVID virus.

### **Q: Can I get COVID-19 by taking the vaccine?**

No; this is a common myth associated with vaccines. Often, an individual who receives a vaccine has already contracted the illness, but is not showing symptoms, so when they are given a vaccine around the same time, they believe they are sick because of the vaccine, but this is not true. Also, the triggering of your immune system by the vaccine can cause brief, mild symptoms that may resemble an infection, but this is very uncommon.

### **Q: Who can get the COVID-19 vaccine?**

The ASTHS has developed a multi-phased approach for issuing the vaccine. Frontline healthcare workers and elders will be among the first to receive the vaccine. This is to protect health care staff and our most vulnerable AST population, including first-language AST speakers and those 65 and older who are most at risk for serious illness or a loss of life due to COVID. AST identified groups will be contacted by the health system to begin

immediate scheduling once supplies arrive in sufficient and stabilized quantities to continue moving through our phased plan. Presently, the predictability of supplies to begin mass scheduling is not stable or reliable enough for scheduling anything but smaller groups presently in each phase until larger quantities arrived, at which time we will begin expanding our testing. Things are changing rapidly and we will be updating you as soon as we are updated.

**Q: What are the possible side effects of the COVID-19 vaccine?**

Side effects are said to be uncommon, minimal, and can include soreness at the injection site. The Pfizer vaccine being administered by ASTHS can cause short-term side-effects including pain at the injection site, fever, muscle aches and pains, headache and fatigue -- side-effects that are similarly experienced by those who receive the annual flu vaccination. The side-effects are usually mild, wear off after a couple of days at most, and can be alleviated with medications like ibuprofen.

**Q: Why would a vaccine be needed if we can do other things like social distancing and wearing masks, to prevent the virus that causes COVID-19 from spreading?**

Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like covering your mouth and nose with a mask and staying at least 6 feet away from others, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC's recommendations [to protect yourself and others](#) will offer the best protection from COVID-19.

**Q: When can I stop wearing a mask and avoiding close contact with others after I have been vaccinated?**

There is not enough information currently available to say if or when CDC will stop recommending that people [wear masks](#) and [avoid close contact with others](#) to help prevent the spread of the virus that causes COVID-19. Experts need to understand more about the protection that COVID-19 vaccines provide before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

**Q: If I have already had COVID-19 and recovered, do I still need to get vaccinated?**

There is not enough information currently available to say if or for how long after infection someone is protected from getting COVID-19 again; this is called natural immunity. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Until we have a vaccine available and the Advisory Committee on Immunization Practices makes recommendations to CDC on how to best use COVID-19 vaccines, CDC cannot comment on whether people who had COVID-19 should get a COVID-19 vaccine.

**Q: How is IHS working across the Departments of the federal government to ensure a comprehensive holistic approach to addressing COVID-19 in Indian Country?**

The IHS is in constant communication with the CDC and other operating divisions across the Department of Health and Human Services. In addition, the IHS is in close communication with the White House and other non-HHS Departments across the federal government to ensure comprehensive communication is shared with Indian Country.

**Q: What is an FDA emergency use authorization and how is it being used to respond to COVID-19?**

The emergency use authorization (EUA) process is different than full FDA approval, clearance, or licensing because the EUA standard requires significantly less data than

otherwise would be required for approval, clearance, or licensing by the FDA. For more information, please visit: [What is an EUA ?](#) and the [FDA in Brief: FDA Issues Guidance on Emergency Use Authorization for COVID-19 Vaccines](#).

**Q: How can American Indians and Alaska Natives be confident that the COVID-19 vaccines will be safe and effective?**

The NIH is the nation's medical research agency leading the clinical trials network for COVID-19 vaccines. NIH is ensuring diversity in clinical trials, recognizing that American Indians and Alaska Native communities should be included in the studies, because it is essential for the development of vaccines that are safe and effective for these communities. See more at [NIH COVID-19 Communities Responding Together](#) .

On June 30, FDA released industry guidance providing recommendations to researchers and companies developing vaccine, emphasizing the focus on safety and effectiveness, as well as the importance of including diverse racial populations. The director of the FDA's Center for Biologics Evaluation and Research, Peter Marks, M.D., Ph.D., stated that "we need to help expedite vaccine development as much as we can without sacrificing our standards for quality, safety, and efficacy." He also reinforced this point by saying, "But make no mistake: the FDA will only approve or make available a COVID-19 vaccine if we determine that it meets the high standards that people have come to expect of the agency." When a COVID-19 vaccine is FDA approved and distributed by IHS, ongoing safety will be monitored by multiple mechanisms through local and national reporting.

**Q: Will the IHS make decisions on critical populations and which to serve first and require tribal health programs and urban Indian organizations to follow those decisions?**

IHS has collected preliminary data through the pre-planning tool. Decisions on critical populations will be based on final CDC recommendations, based on advice from the CDC Advisory Committee on Immunization Practices and as determined by local priorities.