

COVID -19 Vaccine FAQs

A safe and effective COVID-19 vaccine is a critical component of the U.S. strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths.

Easy access to COVID-19 vaccines is equally important. The Centers for Disease Control and Prevention (CDC) is working with public health departments, health care providers, and other partners to make sure people can easily get a COVID-19 vaccine and that cost is not a barrier. Within Illinois, the CDC recognizes the state and the city of Chicago as separate jurisdictions for the distribution of vaccine. Both Illinois and Chicago, however, are collaborating to ensure that vaccines are delivered and available in accordance with the CDC guidelines and recommendations of the Advisory Committee on Immunization Practices (ACIP).

Vaccine availability

Q. When can I get a COVID-19 vaccine?

A. The first supply of COVID-19 vaccine is anticipated as early as mid-December (pending Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA)). It is anticipated that the initial vaccine supply will be limited, and therefore allocated to health care personnel and Long-term care (LTC) residents and staff. However, the vaccine supply will increase over time and all adults should be able to be vaccinated in 2021. (To view the categories of priority populations, please see the chart below.)

Q. Where can I get the vaccine?

A. Initially, hospitals will provide COVID-19 vaccine to health care personnel. As more vaccine is distributed by the federal government, several thousand vaccination providers will be available, including but not limited to doctors' offices, retail pharmacies, hospitals, and Federally Qualified Health Centers (FQHCs), across the state.

CDC is working with pharmacies to establish a system to offer on-site COVID-19 vaccination services to residents and staff in LTC settings, including skilled nursing facilities, nursing homes, and assisted living facilities where most individuals are over 65 years of age.

Q. Will the state (or federal government) establish mass immunization programs, like they did in the 1960's?

A. Illinois is working with local health departments and providers across the state to provide COVID-19 vaccinations that resemble larger versions of yearly flu clinics, rather than the mass vaccination activities of the past.

Q. My family member was offered a vaccine through their employer. Why can't the rest of my family get the vaccine?

A. Because vaccine will be very limited when it first comes out, administration will be limited to those identified in prioritized (high-risk) groups. This is to ensure that all individuals in the high-risk groups are able to receive the vaccine. As more vaccine becomes available, those groups eligible to receive the vaccine will expand.

- Q. Is there a scheduled date for distribution per phases?**
A. There is not a scheduled calendar date, but once the Advisory Committee on Immunization Practices (ACIP) proffers its recommendation on priority vaccination groups, IDPH will distribute vaccine to Regional Hospital Coordinating Centers (RHCC) partners throughout the state. From there, the distribution will continue ultimately through local health departments to local healthcare providers.
- Q. Will distribution of vaccine be divided per capita?**
A. Vaccine will be distributed according to the population of each county, adjusted to ensure health equity by weighting according to the COVID-19 Community Vulnerability Index (CCVI).
- Q. What about one municipality that has very high numbers within an otherwise lower number county? (in reference to prioritizing vaccine distribution)**
A. Distribution within counties will be overseen by local health departments. IDPH will work with LHDs to ensure providers have adequate amounts of vaccine to support the municipalities/communities they serve.
- Q. I understand the vaccination requires two shots. What if I am unable (or do not want) to get a second shot?**
A. If you choose not to get a second dose, you may reduce the effectiveness of the vaccine. The first dose of the vaccine will provide some protection, but the recommendation is to receive two doses to be protected as intended.
- Q. What happens if they run out of the vaccine before I get my second shot?**
A. CDC is structuring shipments in such a way that 21 or 28 days after the first shipment, the same number of doses will be shipped, so providers will have enough vaccine for a second dose. The 21- or 28-day requirement between doses is a minimum requirement, not a maximum. If, for some reason, you are unable to receive the second dose at the recommended interval, you can receive the second dose at a later date.
- Q. Who besides healthcare workers will be able to administer the vaccine? For example, we recently passed a law allowing dentists to administer flu shots. Will dentists, pharmacists and other qualified professionals, besides doctors and nurses, be able to administer the vaccine?**
A. IDPH licenses EMTs and CNAs. All other healthcare professionals including but not limited to doctors, nurses, pharmacists, and dentists are licensed by the Illinois Department of Financial and Professional Regulation (IDFPR).

It is the decision of IDFPR as to who may or may not administer a vaccination within their scope of practice and determine how they will modify their scopes of practice to

allow for additional vaccinators. Currently dentists, pharmacists and pharmacy technicians have had their scope of practice extended by IIDFPR to allow them to administer the COVID-19 vaccine when it becomes available. IDPH has issued recommendations to allow EMT's at the advanced and intermediate levels to administer vaccine, as long as their Medical Director for their EMS system follows certain guidelines.

Vaccine Requirements/Mandates

Q. Do I have to get a COVID-19 vaccine?

A. There is no federal or state mandate to receive the COVID-19 vaccine.

Q. Can my employer require that I receive a COVID-19 vaccine before returning to work?

A. Decisions regarding immunization at private workplaces are up to the employer.

Q. Are schools requiring students to receive a COVID-19 vaccine, similar to mumps and measles? Will restrictions be placed on my child if we refuse to vaccinate?

A. There is no requirement for students to receive the COVID-19 vaccine at this time. Currently, a pediatric vaccine is not available, and it may be some time before one is approved and becomes available.

Q. What happens if I refuse to get vaccinated?

A. There are no legal repercussions (such as fines, sanctions or punishments) for refusing the vaccine. If you do not get vaccinated, you will not be protected against the virus that causes COVID-19 and will be more likely to be infected with the virus. Additionally, you will be at risk of transmitting this deadly virus to loved ones and other community members.

Q. Do I need a vaccine if I have already had COVID-19?

A. We are still learning about COVID-19. At this time, there is not enough information available to say if or for how long after infection someone is protected from getting COVID-19 again; this is called natural immunity. More studies are needed to better understand how long natural immunity lasts with COVID-19.

Q. Do I have to get both the flu vaccine and the COVID-19 vaccine?

A. A seasonal flu vaccine will not protect you from COVID-19. Being infected with both the flu and COVID-19 at the same time, could lead to a more severe illness, which is why it is more important now than ever to get the flu vaccine.

Vaccine Safety

Q. Is a COVID-19 vaccine safe?

A. The U.S. vaccine safety system ensures all vaccines are as safe as possible. Safety is a top priority. Currently, clinical trials are evaluating investigational COVID-19 vaccines with many thousands of study participants to generate scientific data and other information for the FDA to determine their safety and effectiveness.

If the FDA determines a vaccine meets its safety and effectiveness standards, it can make these vaccines available for use in the U.S. by approval or Emergency Use Authorization (EUA). After the FDA makes its determination, ACIP will review the available data in order to make vaccine recommendations to the CDC. ACIP will then recommend vaccine use. After a vaccine is authorized or approved for use, vaccine safety monitoring systems will watch for adverse events (possible side effects). CDC is working to expand safety surveillance through new systems and additional information sources, as well as enhancing existing safety monitoring systems.

Q. Are the vaccines safe and if so, why have the pharmaceutical companies been indemnified? Are vaccine makers usually indemnified?

A. The FDA will make the determination on safety when they are deciding whether or not to approve the EUA.

Q. What have the trials revealed?

A. Through their respective clinical trials, Pfizer and Moderna have indicated their vaccines are approximately 95% effective.

Information gathered through clinical trials becomes public in the course of the EUA submission. Once the EUA is submitted, these documents become accessible by the public through the FDA.

Q. Can I get a COVID-19 vaccine if I am pregnant?

A. After the FDA's decision on an EUA, ACIP will make recommendations for who should be vaccinated. ACIP will review data from clinical trials and determine if it is safe for pregnant women or other population groups to receive the vaccine.

Q. Can children get a COVID-19 vaccine?

A. Currently, a pediatric vaccine is not available, and it may be some time before one is approved and becomes available. Clinical trials need to be conducted with children before determining if the existing COVID-19 vaccines are safe and effective for them.

Q. Will youth with high risk conditions be included in any of the phases?

A. The availability of a vaccine for youth, under the age of 18 years, will depend on the availability of a pediatric vaccine. Clinical trials need to be conducted with children before determining if the existing COVID-19 vaccines are safe and effective for them.

Q. When injected with the vaccine, are you injecting me with COVID-19?

A. No, you are not being injected with the virus that causes COVID-19. None of the early COVID-19 vaccines tested in the U.S. use a live virus that causes COVID-19. The goal for each vaccine is to teach our immune systems how to recognize and to fight the virus that causes COVID-19. At this time, the vaccines closest to receiving approval are mRNA - messenger ribonucleic acid - vaccines. Like other vaccines, mRNA vaccines work by training the immune system to recognize a virus threat and begin producing antibodies to protect itself.

Q. After getting a flu shot, I always get the flu. Will this cause me to get COVID-19?

A. Some people develop flu-like symptoms, such as mild fever and muscle aches, after getting a flu vaccination. These symptoms are not the same as having influenza. Similar to the flu vaccine, you may experience a sore arm, mild fever, and muscle aches, but you will not get COVID-19 from the vaccine.

Q. I have allergies. Is this vaccine safe for me?

A. Once a vaccine is approved, we will know more about contraindications to receiving the vaccine. Discuss any concerns you may have with your health care provider.

Q. What are the side effects of this vaccine?

A. When the vaccine manufacturers submit a request for an EUA, data from their clinical trials will be shared and we will know more about any potential side effects. At this time, studies have shown few people have side effects and those who do have very mild ones that include a sore arm, mild fever, and muscle aches.

After a vaccine is authorized or approved for use, many vaccine safety monitoring systems are in place to watch for adverse events (possible side effects). This continued monitoring can identify adverse events that may not have been seen during clinical trials. If an unexpected adverse event is observed, experts quickly study it further to assess whether it is a true safety concern.

Q. It took four years to develop the mumps vaccine, how can the COVID-19 vaccine be safe and thoroughly tested so quickly?

A. The world's attention has been on COVID-19 this year. Because financial and time resources have been dedicated to finding a COVID-19 vaccine, it was able to be developed quicker than vaccines in the past. These current COVID-19 vaccines under consideration were required to go through the same clinical trials and safety reviews as previously developed vaccines. The FDA issued guidance on the steps required for developing and ultimately licensing vaccines to prevent COVID-19 – the same rigorous safety standards required for all vaccines and all of the required steps were met.

Q. How long will the vaccine protect me from COVID-19? Will this be an annual vaccination, like the flu?

A. We are still learning about length of immunity. To determine how long protection lasts, follow-up studies are required to detect levels of both types of immune responses –

antibody and T cell – as well as any repeated exposure risks. As more information becomes available, more information will be shared on the length of immunity.

Q. Can I get COVID-19 after the first dose of the vaccine?

A. Although the first dose of vaccine offers some immunity, you will still be considered susceptible to COVID-19. The first dose of the vaccine will provide some protection, but the recommendation is to receive two doses to be protected as intended. Pfizer and Moderna have indicated their vaccines are approximately 95% effective.

Q. All the research indicates that I am at high risk for contracting COVID-19, yet I am not considered eligible for the vaccine. How is that fair?

A. The vaccine manufacturers, CDC, and the state are all committed to getting the vaccine to everyone as soon as possible. ACIP is a group of medical and public health experts that develop recommendations on how to use vaccines to control diseases in the U.S. ACIP decides on vaccine prioritization recommendations by reviewing the FDA information, clinical trial data, and other information. Initially, the limited supply of vaccine will only be available to those determined to be most at risk of exposure to COVID-19. As the vaccine supply increases, more people will be added to those prioritized until it is available to the adult population at large.

Q. Is this vaccine preservative free?

A. Yes. The vaccine candidates that are likely to be the first offered are preservative free.

Other

Q. I would like to know how we plan to roll out an educational campaign for vaccine.

A. A comprehensive communication plan will be executed throughout the state, incorporating multiple traditional, social, and community media platforms. Providers, statewide, will be educated in the particular vaccine products after EUA approval, but before administering vaccine.

Q. Is a COVID-19 vaccine a guarantee that I will not get the virus?

A. Like any vaccine, there is no guarantee that you won't get the virus, but early indications are the vaccines under consideration are 90%-95% effective in protecting against COVID-19.

Q. How many people need to get vaccinated to have herd immunity to COVID-19?

A. The percentage of people who need to have protection in order to achieve herd immunity varies by disease. Experts do not know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19.

- Q. What are the vaccine recommendations for children under age 18?**
A. Until more studies are completed, a vaccine for children under 18 is not expected to be available in the immediate future.
- Q. The vaccine is now available, when will we move to Phase 5 of the Restore Illinois plan? If not now, what is required to get to Phase 5?**
A. At this time, we are not able to immediately move to Phase 5. The vaccine and/or a highly effective treatment needs to be widely available, and new cases need to be eliminated for a sustained period of time, before we can move to Phase 5 or we risk the possibility of increased cases, hospitalizations, and deaths.
- Q. If I get the vaccine, can I quit wearing a mask?**
A. At this time, we are asking the public to continue wearing masks even if they have received the vaccine. As we learn more about immunity and the vaccine is widely available, this could change, but we are not at that point yet.
- Q. What entity will be paying for the vaccines?**
A. The US Department of Health & Human Services (HHS) will absorb the cost of the vaccines.
- Q. Can the State purchase more?**
A. There is no cost to the State for the vaccine. The federal government, through HHS and the CDC, oversees the allocation of vaccine to states.
- Q. How much will this vaccine cost me? Is it covered by my insurance?**
A. There is no cost for the vaccine. However, vaccination providers will be able to charge an administration fee for giving the shot. Vaccine providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration at the US Department of Health and Human Services.
- Q. Will the administrative fees be passed on to the patient in the form of a co-pay or deductible?**
A. No.
- Q. Will the manufacturing workers who were deemed essential also be in the first round?**
A. Although this information is dependent on the final redocumentations from ACIP, it is expected that manufacturing workers who are deemed essential will be in the second phase.

What are the possible priority groups? Although this information will be released by ACIP after the EUA is issued, these priority groups could include:

- Health care personnel
- Residents of Long-term care facilities
- Workers in essential and critical industries
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years of age and older

Phase	Population Group	Examples of individuals in priority population groups
1a	High risk workers in health care facilities	Physicians, nurses, respiratory technicians, dentists and hygienists, nursing assistants, assisted living facility staff, long-term care facility staff, group home staff, home caregivers, Emergency Medical Services (EMS), etc.
1a	Residents in Long Term Care (LTC) facilities	Adults who live in facilities that provide a variety of services including medical and personal care to persons who are unable to live independently.

Health care personnel continue to be on the front line of the nation’s fight against this deadly pandemic. By providing critical care to those infected with the virus that causes COVID-19, many health care personnel are at high risk of being exposed to and getting sick with COVID-19. Health care personnel who get COVID-19 can also spread the virus to patients seeking care for other medical conditions that, in turn, increase patients’ risk for severe COVID-19 illness. Early vaccine access is critical to ensuring the health and safety of this essential workforce of approximately 21 million people across the USA, protecting not only them but also their patients, communities, and the broader health of our country.

People with certain underlying medical conditions are at increased risk for severe COVID-19 illness, regardless of their age. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or that they are at increased risk of dying. Early vaccine access is essential to ensuring the health and safety of this population that is disproportionately affected by COVID-19.

Among adults, the risk for severe illness and death from COVID-19 increases with age, with older adults considered to be at the highest risk. Early vaccine access is vital to help protect this population that has been disproportionately affected by COVID-19.

Workers in essential and critical industries are considered part of America’s critical infrastructure, as defined by the Cybersecurity & Infrastructure Security Agency. Current data show that many of these workers are at increased risk for getting COVID-19. Early vaccine