

Frequently Asked Questions for Pfizer COVID-19 Vaccine

On 11 Dec 2020, the Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) for a vaccine to prevent transmission of SARS-CoV-2, the virus responsible for the COVID-19 pandemic. A second vaccine was approved on 18 Dec 2020. As these are brand new vaccines, there are naturally many questions about safety, side effects, and what to expect. Please read the below FAQs as a means to answer some of these concerns. Please note that as new data and guidelines become available some of these answers may change.

The Basics

1. Is the vaccine FDA approved?
 - Yes, with conditions. An EUA is not a full FDA licensure. It is reserved for situations where there is a known agent/threat/disease that causes life threatening disease (COVID), the benefits of the new product (vaccine) outweigh the risks associated with it, the new product must be effective in preventing or treating the condition, and there are no approved or effective alternatives. The Pfizer and Moderna vaccines meet all of these requirements, and EUA was granted after accelerated, though meticulous, study. Full FDA licensure is expected within 1 year.
2. How much research went into this vaccine?
 - Despite the bureaucratic shortcuts, there were no shortcuts through science. The vaccine still went through the standard phases of clinical trials: Phase 1 (dosing), Phase 2 (safety), and Phase 3 (effectiveness). The data from these phases were presented to regulatory agencies around the world for review. This same information will be given to patients in a fact sheet that will need to be reviewed as part of the consent process on vaccination day. We will also be available on-site to answer any questions that may arise.
3. How does this vaccine work?
 - In short, the vaccine carries instructions for the body to produce the spike protein the virus uses to get into the cell and cause infection. Our immune system recognizes this spike protein as an outside threat. It attacks and remembers this spike protein as a threat when it is encountered in the future. A good analogy would be a wanted poster your body receives with the vaccine to recognize the virus.
4. Why is the vaccine split into two doses?
 - This vaccine follows several other vaccination models that require multiple doses – for example HPV and Hepatitis. This is to ensure that enough immunity is stimulated to protect against the illness. The first dose introduces the immune system to what the virus will look like if it gets into the body – think of it like an exercise or a practice test. The second dose is like a final exam to ensure the body is ready to fight COVID.
5. Will dependents of Active Duty personnel have access to on-base vaccines (or will it depend on their Tricare program or other factors)? What about dependents of GS employees or contractors?
 - Anyone person with access to the base will be eligible to receive the vaccine. Their timeline of receiving it will be dependent on their Tier status on the schema. Healthcare workers and first responders (including civilian counterparts) will have priority. Most dependents and beneficiaries will fall into Phase 2 or 3. If you are not empaneled at the clinic, we will create a profile for you. We will also obtain information about your medical history for safety purposes.
6. Different types of vaccines exist; will we have the opportunity to choose which vaccine we want?
 - At this time Maxwell AFB only has Pfizer. It is not yet know if we will receive multiple products. Vaccines will distributed on the tier system and subject to supply limitations, especially at the beginning of the campaign. Other healthcare systems in the community have different products and may eventually open them up for more widespread

administration. It will be important to keep your PCM team updated on whatever vaccine you do receive if you choose to take it.

7. Does it actually work?
 - Yes, but remember that no vaccine is 100% effective. This vaccine is over 95% effective in preventing you from getting COVID, which means there's still a 5% chance you can get it – even with the vaccine. What this vaccine does do is prevent severe disease (breathing failure, ICU admission, death) 100% of the time. So if you do happen to get COVID after receiving this vaccine, you will not have as severe a case as you could have without it.
8. How much will this cost?
 - The vaccine is being administered free of charge.

Active Duty, Employment, and other Requirements

9. Is the vaccine mandatory?
 - Under an Emergency Use Authorization (EUA), it cannot be required for you to receive the vaccine unless there is a presidential mandate. Active Duty members will still need to present to the COVID vaccine lines to decline in person when their “Tier” is offered the vaccine. When the vaccine receives full FDA approval, it will likely become a readiness requirement, in which case it will be mandatory. Please note that some airlines, states, and nations may have vaccination as a requirement for travel even under the EUA. Further information for military members can be found in AFI 48-110, Chapter 8.
10. If it is not mandatory, why does the vaccine show up in IMR as a “requirement”?
 - The “requirement” in IMR is only a placeholder. Your record will never show you are delinquent in an IMR requirement while this vaccine is under an EUA. Your status will show as pink (not red), signifying a voluntary decision not to receive this vaccine. The same is true for other voluntary vaccines, such as the HPV vaccine.
11. Why do Active Duty members have to decline the vaccine in person? Why can't we email or call the MDG?
 - This requirement is from higher DoD leadership. In addition to assuring accountability for all uniformed members, it allows members to present to the line to voice any concerns, receive information, and then accept/decline without any risk of command coercion or intimidation.
12. What, if any, repercussions will there be on military or civilian personnel who refuse the vaccine?
 - There will be absolutely no repercussions for any who refuse. This vaccine is entirely voluntary while under an EUA. Active duty members must present in-person to decline, but otherwise there are no requirements for any population regarding this vaccine.
13. What happens if you decline the vaccine and then change your mind and want it?
 - At this time we are awaiting guidance from DoD/DHA leadership on this. We will make every effort to have the vaccine available to all who want it. For those who decline the vaccine a temporary medical exemption will go into your ASIMS profile. With this in place members will not be readdressed from the MDG until it receives full licensure and becomes a requirement. If you change your mind after declining the vaccine, contact your PCM directly so they can help coordinate your specific situation.
14. How do civilian employees fit into the tier construct?
 - Civilian employees are included in the tier system just like the active duty members. For those employees who are not in the early tiers but do have risk factors for severe disease, they will be included in smaller quantities in the early tiers until their group is reached.

Medical Considerations

15. Why can't children receive the vaccine?
 - At this time there has not been enough safety data released to adequately cover all the safety concerns for this populations. Further study is needed (and ongoing). It is likely they will be approved within the next few months.

16. Can breastfeeding mothers and pregnant women receive the vaccine?
 - There is limited safety data for these populations, however the American College of Obstetrics and Gynecology (ACOG) recommended not withholding the vaccine to these women if they are eligible and wish to receive it.
17. For those that are pregnant or breastfeeding it said to consult your OB/GYN. Will you require documentation from them to administer the vaccine?
 - No documentation of OB clearance is required. It is just a suggestion to discuss with your OB provider if you have specific pregnancy questions regarding receipt of the vaccine.
18. Will there be COVID testing prior to receiving the vaccine?
 - No COVID testing will be required prior to getting the shot. If you are experiencing COVID-19 symptoms prior to your visit, it is recommended you seek medical attention as you would normally. If you have recently had COVID, as long as you have been cleared to come out of isolation you are eligible to receive the vaccine.
19. What if I have had COVID before? Don't I have natural antibodies?
 - If you had COVID but have been cleared to come out of isolation, you may receive the vaccine. If you wish, you may wait 90 days from your infection date as the risk of reinfection during this time period is very low according to available data. The data is not certain about how long natural immunity lasts, however data suggests the vaccine may protect for far longer. It is recommended that recovered COVID patients still receive the vaccine.
20. Can I get other vaccines when I receive the COVID vaccine?
 - At the COVID lines **only** the COVID vaccine will be administered. Outside of this, it is recommended that you do not receive any other vaccines 14 days before and 14 days after the COVID vaccine. This is to ensure there is no cross reaction with other vaccines.
21. If I have a condition that makes me temporarily ineligible during my Tier but I still want the shot, how can I make sure I get it?
 - The vaccination process for OWS is going to take months to complete. If someone is temporarily ineligible due to active COVID infection, recent vaccine, or some other condition they can receive the vaccine as soon as that condition is no longer an issue. We will continue to use the tier system to prioritize vaccination when orders come in.

Side Effects

22. What are the most common side effects?
 - By far the most common side effect is injection site soreness, much like the flu shot we receive each year. This should pass within a day or two. The next most common side effects noted so far are fatigue and headache. These are generally more prevalent after the first dose, usually within the first 48 hours, and resolve within a day or two. The overwhelming majority of side effects are mild.
23. Will I need to quarantine or stay away from high-risk populations after receiving the vaccine?
 - No. Since there are no infectious components, quarantine or limiting contact (other than the current CDC recommendations) is not necessary.
24. Does the vaccine cause Bell's palsy? If I had Bell's palsy in the past after the flu vaccine should I get this one?
 - Phase III data for Pfizer included all of the common side effects for the vaccine as well as potential rare unexpected side effects. Listed among unexpected outcomes was a very small group of individuals who developed Bell's palsy. This data was compared with those in the placebo (non-vaccinated group) who developed the condition as well, and this data was compared to normal occurrence of Bell's palsy in the global population. What this scrutiny showed was that the normal rate of occurrence of Bell's palsy compared with the rate occurring with vaccination was nearly identical. The conclusion was that this vaccine does not cause Bell's palsy. If you have had this condition in the past, it is possible, though unlikely, it can occur again.

25. I saw on the news the vaccine can cause severe allergic reactions? Is it safe for me to get it if I have allergies?
- Currently data is very limited on the severe reactions that have been noted outside of the clinical trials. This was a lengthy point of discussion during the approval meeting on 10 Dec. Both Pfizer and the FDA are undergoing independent studies of the risk for people to take the vaccine that have history of anaphylaxis. Currently the recommendation is to hold vaccinating anyone who has had anaphylaxis to another vaccine or injectable medication in the past. If there was severe allergic reaction to an oral equivalent of a medication or vaccine or need for an EpiPen, it may be administered cautiously after review and discussion with a physician. Food and mild drug allergies may receive the vaccine with proper monitoring. Once additional studies are completed, we will be able to give better guidance on those with a history of anaphylaxis. The EUA Patient factsheet includes the ingredients of the vaccine itself, and this will be provided to everyone prior to receiving the shot. Briefly, the vaccine only contains fat molecules, the mRNA molecule, sodium chloride, and potassium chloride. On the surface these ingredients have extremely low chance of stimulating an allergic response (two are salts found in our bodies naturally).

After Vaccination

26. Do I have to continue to wear a mask after vaccination?
- **YES!** Continued mask use and social distancing is absolutely imperative after receiving the vaccine. These measures will be in place possibly for months or up to a year after the vaccine is released. This is to protect the greater population while herd immunity is established. This will not happen overnight. So, continued non-pharmacologic interventions (NPI) will still be needed for some time.
27. How long does it take for the vaccine to give immunity?
- After the first dose, your body will start to develop antibodies to the virus, but that second dose is crucial to cementing them into your immune system. The research indicates that immunity may be assumed within two to three weeks after receiving the second dose.
28. Can I travel or go on leave after vaccination?
- That is a decision that comes at a higher level. Stay tuned with information from base and group leadership on specific Air Force or installation restrictions. Keep in mind that individual states and nations may have their own requirements.
29. Can I start to expand my “bubble” – see friends and family, go out more in public, etc. – once completing my series?
- Maybe, but do so cautiously. Transmission of the virus is at its highest right now, and there are still millions who have not yet gotten their shots. It is not yet fully known if people who have been vaccinated can still be carriers even if they do not get sick. The safest thing to do would be to wait to see family members or friends until both parties have been vaccinated.
30. Can I change my mind after I receive the first dose?
- If you receive the first dose and do not wish to have the second, you can still decline. You will need to present in-person to do so at the COVID vaccine line. If/when you wish to complete the series, you may need to start from the beginning again – further data is pending on this.
31. What if I miss the second dose?
- Data is still being gathered on the maximum amount of time that can lapse between first and second doses. The Maxwell vaccine team has put together a reminder and scheduling system to ensure that no one falls through the cracks. It is highly encouraged that receiving the second dose is a priority.
32. What proof of vaccination will be given?
- A CDC vaccination card will be given at the time of administration. This functions similar to the Yellow Card some of us may be familiar with. Additionally, you will receive copies of the paperwork completed during the vaccine visit, and everything will be uploaded into an electronic record.

33. How do we know the MDG will receive the second dose in time?
- When orders are made for the vaccine by individual sites, shipment of follow-up doses is also scheduled. The vaccine companies and shipping authorities realize the critical importance of receiving the second dose and are making sure that second doses arrive on time.
34. How will we be notified when it is time to get the vaccine?
- Announcements will be made to eligible groups and via widespread base communication. We are working to schedule patients for vaccination. This will be done according to the Tier system and with coordination at the unit level with commanders. After receiving the vaccine you will receive an automated call to remind you of your next dose appointment. This will be scheduled when you receive the first dose.
35. When will things get back to normal?
- Beating this pandemic is not going to happen overnight, even with the vaccine available. It is important for our population to reach "herd immunity," which is a point when enough of the population has immunity or has been vaccinated that the virus can no longer spread between people and dies out. It is estimated that 60-85% of the population needs to be vaccinated for this to happen. Late summer or fall is when this is anticipated to be possible. If we do not reach herd immunity, we could be in this current state for 5-10 years.

Debunking Rumors

36. If I take the vaccine, will it give me COVID?
- No. The Pfizer vaccine has no infectious components whatsoever. You will not get COVID from this vaccine.
37. This vaccine uses mRNA, which is similar to DNA. Won't this affect my genetics and potentially be passed on to my children?
- No. mRNA and DNA are similar in that they are both ways biological information can be transmitted. The difference is where they do their work. DNA stays in the nucleus of the cell and is responsible for your genetic make-up, while mRNA works outside the nucleus (and genetic material) to make proteins. The mRNA in this vaccine **never** interacts with your native genetic structure. It uses your cell's machinery to make a duplicate of the protein from the virus to train your body to make an immune response. This does not and cannot be transmitted to your children. After completing its purpose, the mRNA is broken down by your body. This type of medicine is not brand new. Using mRNA to deliver medications (especially in cancer therapies) has been used for several years.
38. If the vaccine is safe, why are there videos on the news and internet of people fainting when they receive it?
- Fainting is a common stress reaction, known as a vasovagal response. It can occur in people who are prone to it in many circumstances. Having blood drawn or receiving injections are common triggers. Other examples of this include the sight of blood, extreme emotional stimulation (think Beatlemania), or standing at attention too long with your knees locked. The point is, these episodes are not caused by the vaccine itself.

New Developments

39. Does the vaccine still work even though there is a new mutated strain?
- Governments and scientists around the world are working hard to answer this question. Current data has shown that this vaccine is effective against the new strain.