COVID-19 Colleague Vaccine FAQs

Updated March 5, 2021 (updates are highlighted in yellow)

Questions & Answers are categorized as follows:

- General COVID-19 Vaccine Questions
- Clinical COVID-19 Vaccine Questions
- COVID-19 Vaccination for Colleagues
- COVID-19 Huddle: Vaccine Clinics — Operations & Administration

General COVID-19 Vaccine Questions

1. What is a vaccine and how will it work for the novel coronavirus?
   a. Think of a vaccine as a way for your immune system to practice for a virus. Vaccines give the body a preview of one or more key features of a virus before you get the actual virus. Due to the vaccine, the immune system develops a “memory” of how to react and stop the virus once you are exposed to it. The vaccine allows the immune system to produce antibodies that latch onto the spike protein that makes coronaviruses unique. (Coronaviruses got their name because the viruses have protein spikes that look like a crown.). This allows the immune system to quickly recognize the actual coronaviruses and interfere with its ability to multiply. The idea is to stop SARS-CoV-2, the virus that causes COVID-19, from getting into cells, replicating itself and making us sick.

2. How are COVID-19 vaccines tested for safety?
   a. Approved COVID-19 vaccines were tested in large clinical trials to assess their safety. No vaccine will receive approval to be used outside of a clinical trial unless at least two months have gone by after the final shot in order to monitor for safety concerns. It may take more time, and more people getting vaccinated before we learn about extremely rare side effects. That is why safety monitoring will continue even after it is approved for use, as is done for all vaccines. The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) each have independent groups of experts that review all the safety data as it comes in and provide regular safety updates. If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action.

   Learn more about testing on the [CDC website](https://www.cdc.gov).
   Learn more about the Pfizer-BioNTech vaccine clinical trials on their website.
   Learn more about the Moderna vaccine clinical trials on their website.
   Learn more about the Johnson and Johnson (Janssen) vaccine clinical trial on their website.

3. How do vaccine trials work in the United States?
   a. There are several stages to vaccine development, such as the exploratory, pre-clinical, clinical, review and approval, manufacturing and quality control stages. In the clinical development stage, there are three Phases where humans participate in the trials:

   1. Phase I – Small groups of people are given the vaccine to test for safety, early effects and dosage.
   2. Phase II – Hundreds of people with different characteristics (such as age and health status) are given the vaccine to further test for safety, effects and dosage.
3. Phase III – Thousands of people are given the vaccine to test if it's safe and effective against the virus. During this time an independent Data Safety Monitoring Board reviews any reported safety concerns.

Once all three phases are complete, the FDA reviews the trial results and conducts other important safety inspections before approving a vaccine for use. Once approved, the FDA continues to oversee production and monitor activity to ensure safety.

4. Is there a level of vaccine prioritization among health care workers?
MercyOne is following this vaccine prioritization for health care workers per the following groupings:

- **1a (i)** – Health Care Personnel (HCP) who provide direct patient care to or are face-to-face with large numbers of suspected or confirmed COVID-19 patients (all roles in all locations across the continuum, including, for example, ambulatory sites, home care, etc.):
  - COVID- designated areas/locations, including monoclonal antibody infusion centers
  - Emergency Departments and urgent care
  - Testing centers and vaccinators
  - Fever, Upper Respiratory Infection (FURI) clinics
  - ICU

- **1a (ii)** – HCP who provide direct patient care to or are face-to-face with large numbers of patients NOT suspected of having COVID-19 (all roles in all locations across the continuum, including, for example, ambulatory sites, home care, etc.)
  - Includes all direct patient care facing roles and those interacting directly with patients including registration, transportation, dietary, etc.

- **1a (iii)** – Other HCP providing essential services throughout the healthcare delivery system: (all roles in all locations across the continuum, including, for example, ambulatory sites, home care, etc.):
  - HCP who handle infectious materials (e.g., environmental services, laboratory workers) who are not direct patient care facing and cannot work from home

- **1a (iv)** – All other HCP, including those who can currently work remotely (all roles in all locations across the continuum, including, for example, ambulatory sites, home care, etc.).

States may modify this according to their local populations.

Note that this includes all roles across all health care workers and all sites of care in MercyOne.

5. What is the phase three trial for the COVID-19 vaccine?
   a. A phase three trial is the last stage before FDA approval. It tests the vaccine’s safety, efficacy and effectiveness with thousands of patients. The first vaccines being tested in the U.S. will include 30,000 or more participants each, and the trials will follow them for two years.

6. In the trial, do all 30,000 COVID-19 vaccine trial participants receive the vaccine?
   a. No. These trials are randomized, double-blind, placebo-controlled trials. In other words, some participants get the vaccine and others get a placebo injection of salt water. Which participants end up getting the drug or placebo is randomly assigned. Neither the participant nor the health care workers doing the injections know if the vaccine or placebo are in the vial. Even the researchers leading the trials do not know whether a given participant has gotten the vaccine or the saline injection. Which is why these trials
are known as “double blind”. The analysis of the data is done by an independent Data Safety Monitoring Board.

7. **Was diversity considered in the clinical trials?**
   a. Yes, the phase 3 clinical trials conducted by vaccine manufacturers included significant numbers of participants from the population groups most at risk for COVID-19. Pfizer included 44,000 participants: 81.4% White (26.2% Latinx), 9% Black, 4.4% Asian. Moderna included 30,541 participants: 79.2% white (20.6% Latinx), 10.3% black, 4.3% Asian. The remainder in each trial consisted of native America/Pacific Islander and multiple other races. Johnson and Johnson included 43,783 participants from three continents: 59% White (45% Latinx), 19% Black, 9% Native American, 3% Asian.

8. **How can the COVID-19 vaccine be fast-tracked when other vaccines take years?**
   a. Under normal circumstances, from pre-clinical testing to distribution, a vaccine takes roughly 72 months, or six years, to develop. Under the federal government’s **Operation Warp Speed** (OWS), the timeline to develop a COVID-19 vaccine has been reduced to only 14 months.

According to the CDC, OWS provided the resources and funding needed from the federal government to create highly coordinated efforts, which accelerate development while maintaining standards for safety and efficacy.

Specifically, clinical protocols that show the safety and efficacy of the vaccine are aligned, which allows the vaccine trials to proceed more quickly. Additionally, the protocols for the trials are overseen by the federal government, as opposed to traditional public-private partnerships, in which pharmaceutical companies decide on their own protocols.

Rather than eliminating steps from traditional vaccine development timelines, the steps outlined under OWS advance simultaneously, such as starting manufacturing of the vaccine at an industrial scale well before the demonstration of vaccine efficacy and safety as happens under normal vaccine development. This increases costs associated with development but does not risk the safety or efficacy of the vaccine and **compresses the overall timeline, but not the clinical study timeline**.

Additionally, according to the CDC, **Severe acute respiratory syndrome** (SARS) and **Middle East respiratory syndrome** (MERS) are two diseases caused by coronaviruses that are closely related to the virus that causes COVID-19.

Researchers began working on developing vaccines for these diseases after they were discovered in 2003 and 2012, respectively. None of the SARS vaccines ever made it past the first stages of development and testing, in large part because the virus disappeared.

One MERS vaccine (MVA-MERS-S) successfully completed a phase 1 clinical trial in 2019. Lessons learned from this earlier vaccine research have been used to inform strategies for developing a COVID-19 vaccine.

**Clinical COVID-19 Vaccine Questions**

9. **Currently, what are they types of COVID-19 vaccines undergoing clinical trials?**
   a. According to the CDC, there are three main types of COVID-19 vaccines that are or soon will be undergoing large-scale (phase three) clinical trials in the United States. Below is a description of how each type of vaccine triggers our immune systems to recognize and
protect us from the virus that causes COVID-19. **None of these vaccines can give you COVID-19 as they do not contain a live COVID-19 virus.**

- **mRNA vaccines** contain material from the virus that causes COVID-19. This material gives our cells instructions for how to make a harmless protein that is unique to the virus. After our cells make copies of the protein, our bodies recognize that the protein should not be there and trigger an immune response that will remember how to fight the virus that causes COVID-19 if we are infected in the future.

- **Protein subunit vaccines** include harmless pieces (proteins) of the virus that cause COVID-19 instead of the entire germ. Once vaccinated, our immune system recognizes that the proteins don’t belong in the body and begins making antibodies. If we are ever infected in the future, memory cells will recognize and fight the virus.

- **Vector vaccines** contain a weakened version of a live virus—a different virus than the one that causes COVID-19—that has genetic material from the virus that causes COVID-19 inserted in it (this is called a viral vector). Once the viral vector is inside our cells, the genetic material gives cells instructions to make a protein that prompts our bodies to build immunity that will remember how to fight that virus if we are infected in the future.

10. **What is the difference between a live vaccine and an inactivated vaccine?**
   a. **Live vaccines** contain a version of the living virus or bacteria that is weakened so it does not cause a serious disease in people with healthy immune systems. These vaccines are a good teacher for the immune system because they are the closest thing to a natural infection. None of the vaccines currently being studied today for COVID-19 are live vaccines.
   b. **Inactivated vaccines** are made by inactivating, or killing, the germ during the vaccine making process. This type of vaccine produces an immune response in a different way than a live vaccine. Multiple doses are often necessary to build or maintain an immunity.

11. **How will we know the COVID-19 vaccine is safe?**
   a. Vaccines undergo at three phase testing process involving thousands of subjects. They receive approval from the FDA only after they demonstrate safety and meet at least the minimum standard of effectiveness. Monitoring continues after they hit the market; effectiveness and any rare side effects or safety issues become more apparent after millions of doses are given. The U.S. vaccine safety system ensures that all vaccines are as safe as possible. Learn how federal partners are working together to ensure the safety of COVID-19 vaccines.

12. **What level of immunity is obtained by either catching COVID-19, or getting the vaccine?**
   a. The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Since this virus is new, it’s not yet known how long natural immunity might last. Some early evidence—based on some people—seems to suggest that natural immunity may last at least 6-8 months. Regarding vaccination, it’s also not known how long immunity lasts until more data is available on how well it works. Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about. It is currently recommended that those who have recovered from acute COVID-19 illness be vaccinated, especially if more than 90 days have passed since diagnosis.

13. **What is herd immunity?**
   a. Herd immunity is when enough of a population has immunity against a disease that it can no longer spread. The herd-immunity threshold for coronavirus is not known. However, it is thought to be between 60 and 80 percent of the population. Herd immunity can be
reached through vaccine immunization or through natural infection.

14. **How do you know a vaccine is effective?**
   a. Vaccines are tested for safety and efficacy through clinical trials. Some people in the trial are given the vaccine, and some are given a placebo shot. The participants are then followed to see who gets COVID-19. By comparing how many people given the actual vaccine get sick to how many people who get the placebo get sick, we can tell how good the vaccine is in preventing COVID-19. In the case of the Moderna and Pfizer COVID-19 vaccines, both were near 95 percent effective in preventing COVID-19 illness in those vaccinated compared to those who got a placebo shot. **The Johnson and Johnson vaccine was shown to be 72% effective in the U.S. and 86% effective against severe illness and hospitalization.** There were no COVID-19 deaths among those vaccinated in clinical trials.
   b. BNT162b2 (BioNTech and Pfizer)-In a large placebo-controlled phase III trial, this vaccine had 95 percent efficacy (95% CI 90.3-97.6) in preventing symptomatic COVID-19 at or after day 7 following the second dose. This effect was assessed after an analysis of 170 confirmed COVID-19 cases (8 in the vaccine group and 162 in the placebo group) among over 36,000 participants aged 16 years and older. Nine of the 10 severe cases that occurred during the study were in the placebo group. Among adults ≥65 years who had other medical comorbidities or obesity, vaccine efficacy was 91.7 percent (95% CI 44.2-99.8).

15. **Why do the COVID-19 vaccines need to be stored in such cold conditions?**
   a. Vaccines are stored in specific conditions to avoid losing effectiveness of the ingredients. In particular, mRNA vaccine technology requires cold temperatures to preserve the vaccine and its properties. **Pfizer’s vaccine needs to be kept extremely cold—minus 70 degrees Celsius—requiring special freezers, or the use of dry ice. Moderna’s vaccine needs to be frozen too, but at only minus 20 Celsius—more like a regular freezer.** **Viral vector vaccines, like the Johnson and Johnson vaccine can be stored under regular refrigeration.**

16. **When will the COVID-19 vaccine be available?**
   a. The Pfizer-BioNTech vaccine was approved by the FDA and was shipped to hospitals beginning the week of Dec. 14, 2020. On Dec. 18, 2020, the FDA authorized the Moderna COVID-19 vaccine for emergency use in adults ages 18 and older. The Moderna vaccine showed 94% effectiveness in preventing COVID19 infection.

Currently, there are not enough vaccine doses available for all adults. The U.S. is vaccinating those in all roles across the health care continuum who spend most of their day working face to face with patients. Other health care workers will be added to the prior list as supplies increase. Supplies will be shipped weekly with quantities increasing over time.

It is expected that there will be 50 million courses distributed by the end of February 2021 – enough to vaccinate health care colleagues, residents of long-term care facilities, and essential workers such as firefighters, corrections officers and transportation workers. All adults should be able to get vaccinated sometime in 2021.
17. **Is it possible for the COVID-19 vaccine to give me the virus?**
   a. Because none of the COVID-19 vaccines currently in development in the United States use the live virus that causes COVID-19, getting the vaccine cannot give you COVID-19. It typically takes a few weeks for the body to build immunity after vaccination. That means it’s possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection.

18. **Will getting vaccinated cause me to test positive on COVID-19 viral tests?**
   a. Vaccines currently in clinical trials in the United States won’t cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response, which is the goal of vaccination, you will likely test positive on some antibody tests. Antibody tests indicate you had a previous infection or that you have been vaccinated successfully and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results and how long immunity lasts after vaccination.

19. **I’ve already had a flu shot. Will it also protect me from getting COVID-19?**
   a. No. A flu vaccine will not protect you from getting COVID-19, but it can prevent you from getting influenza (flu) at the same time as COVID-19. This can keep you from having a more severe illness. While it’s not possible to say with certainty what will happen this winter, the CDC believes it’s likely that flu viruses and the virus that causes COVID-19 will both be spreading during that time. That means that getting a flu vaccine is more important than ever.

20. **Does a person who has previously been sick with COVID-19 still need to be vaccinated?**
   a. Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before. At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long. Experts won’t know how long immunity produced by vaccination lasts until more data is available on how well it works.

21. **Can my child get the vaccine?**
   a. The Pfizer-BioNTech COVID-19 vaccine has been approved for emergency for those ages 16 and older. The Moderna and Johnson and Johnson vaccines are authorized for use in adults 18 years and older. Additional studies are underway to determine safety and effectiveness for younger children, pregnant women and those with weakened immune systems.

22. **Can a woman who is pregnant or breastfeeding receive the vaccine?**
   a. Women who are pregnant or breastfeeding should talk with their doctor about the vaccine. The American College of Obstetricians and Gynecologists currently recommends that “COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination.”

23. **I am immunocompromised. Should I receive the vaccine?**
   a. Discuss your medical condition and the vaccine with your doctor for a personalized recommendation.
24. I have a history of allergic reactions to vaccines, like the flu vaccine. Should I get the vaccine?
   a. If you have a history of severe allergic reactions (anaphylaxis) to vaccines, talk with your doctor before receiving the vaccine.

25. Is the Pfizer, Moderna and Johnson and Johnson vaccine safe for people with egg or tree nut/peanut allergies?
   a. The Pfizer, Moderna, and Johnson and Johnson vaccines do not contain egg or nut products so people with a history of egg or nut allergies should not be concerned about having a reaction.

26. What are the Pfizer vaccine ingredients?
   a. Inactive ingredients in the Pfizer-BioNTech vaccine are shown here:

<table>
<thead>
<tr>
<th>Inactive Ingredients</th>
<th>Ingredient Name</th>
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<tr>
<td>SUCROSE (UNI: C16H115)</td>
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</tbody>
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27. What are the Moderna vaccine ingredients?
   a. The Moderna COVID-19 vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearyloxy-sn-glycerol-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose. A person with a history of anaphylactic reaction to any of these components should not receive the Moderna COVID-19 vaccine.

28. What are the Johnson and Johnson vaccine ingredients?
   a. Inactive ingredients in the Johnson and Johnson vaccine are listed here: Active ingredient - virus particles of the Ad26 vector encoding the S glycoprotein of SARS-CoV-2. Inactive ingredients - sodium chloride, citric acid monohydrate, trisodium citrate dihydrate, polysorbate-80, 2-hydroxypropyl-B-cyclodextrin, ethanol.

29. Does the Pfizer, Moderna and Johnson and Johnson vaccines have preservatives?
   a. No, both are preservative free.

30. My family member lives in a senior care facility, when will they get the vaccine?
   a. Those living and working in senior care facilities will be among the first, along with frontline healthcare workers, to receive the COVID-19 vaccine. You should contact the care facility for additional information.

31. Do COVID-19 vaccines have side effects?
   a. The most common side effects are pain/redness at the injection site, headache, fatigue, muscle/joint aches and low-grade fever. The side effects respond well to Tylenol and non-steroidal anti-inflammatory medications like ibuprofen. Most side effects last less than 24 hours and those ages 55 and older reported fewer side effects.
32. Should people with a history of Guillain-Barre syndrome or Bell’s palsy receive the Pfizer and Moderna COVID-19 vaccines, which are mRNA vaccines?
   a. Yes, persons with a history of Guillain-Barre syndrome or Bell’s palsy may receive an mRNA vaccine, unless they have a contraindication (allergic reaction to the first dose of COVID-19 vaccine or known allergy to any of the vaccine components).

33. How many vaccine doses will be needed?
   a. Two doses of the Pfizer or Moderna vaccines are needed to provide the complete protection. The first one primes the immune system, helping it to recognize the virus, and the second one strengthens the immune response.
   b. The Johnson and Johnson vaccine requires a single dose.

34. Assuming there will be other vaccines approved in addition to the Pfizer one, will I be able to choose which one I want?
   a. It is recommended that people receive the vaccine as soon as supplies are available to them – no matter the brand. Because the vaccine is being distributed by the states, we will get shipments weekly but do not yet know how much of each brand.

35. Can I get the vaccine if I am not feeling well?
   a. If you are not feeling well, it is recommended that you wait until you are feeling better to get the vaccine.

36. Should someone with a current SARS-CoV-2 infection be vaccinated?
   a. Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose. While there is otherwise no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the 90 days after initial infection. Persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired. A person who received monoclonal/polyclonal antibodies or convalescent plasma as a treatment for COVID-19 are required to wait the full 90-day period.

37. What if I develop an acute COVID-19 infection after I receive the first dose but before I receive the second dose?
   a. A person who has developed a SARS-CoV-2 infection after receiving their first dose of vaccine (most likely exposed to someone with infection prior to their appointment for the first dose) should wait until they have recovered from infection AND meet criteria to discontinue isolation. If this person does not want to wait for 90 days after the infection, they can contact the vaccine clinic where they received their first dose and schedule an appointment to receive their second dose once the criteria is met. There is no need to restart the vaccine series.

38. When can my family receive their vaccines?
   a. We are following the CDC and state guidelines on distribution and prioritization. Right now, priority phase 1, which includes health care workers, is underway. Prioritization for the general population considers age and other risk factors. You will receive vaccine availability and distribution updates, as supplies will increase over time. All adults should be able to get vaccinated later in 2021.
39. I’m a health care colleague in the priority phase 1 but shouldn’t I wait until everyone in my household can get it at the same time?
   a. No, you are encouraged to receive the vaccine when it available to you to protect yourself and your family.

40. I work in an office setting or at home, and don’t have patient contact. Why am I considered a health care worker in the prioritization to receive the vaccine?
   a. As a colleague of a health care system, you are essential to keeping our hospitals, clinics and continuing care operations running smoothly in the communities we serve together. While you may not directly care for patients, you have an important role in making sure our doctors, nurses and caregivers have what they need to deliver care.

41. Once vaccinated, how long does it take before I develop immunity?
   a. The vaccine requires two doses three or four weeks apart, depending upon vaccine. Immunity takes some time to develop - at least two weeks after last the last injection. For example, someone vaccinated in late December won’t be fully protected until late January or early February.

42. Once I’ve been vaccinated, do I need to continue to wear a mask and practice social distancing?
   a. Yes. While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to us to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, and staying at least 6 feet away from others. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

43. Can I still transmit COVID-19 once I’m vaccinated?
   a. It will take between 1-2 weeks after the final dose of vaccine to be fully protected. It is highly unlikely that a person would become infected and transmit the virus to others once fully vaccinated. In very rare cases, people who are fully vaccinated can become infected. We believe getting many people vaccinated will be the fastest and best way to end this pandemic.

44. Vaccine distribution would seem to pose many logistical challenges. What has been done to plan for distribution of the COVID-19 vaccine?
   The federal government is overseeing a centralized system to order, distribute, and track COVID-19 vaccines. The states are charged with many of the details of distribution, tracking, and follow-up. All vaccines will be ordered through CDC. Vaccine providers, such as MercyOne, will receive vaccines from CDC’s centralized distributor or directly from a vaccine manufacturer. Planning efforts are very detailed and include among many things a focus on:
   ● Establishing and testing logistics plans with manufacturers and commercial partners that are part of CDC’s centralized COVID-19 vaccine delivery system.
   ● Coordinating the first distribution of vaccines and needed supplies from centralized locations.
   ● Reporting on vaccine inventory, administration, and safety using a variety of new and enhanced data systems.
   ● Expanding safety surveillance through new systems and additional information sources, as well as scaling up existing safety monitoring systems.
45. What has MercyOne been doing to prepare for the logistical challenges of such widespread vaccine distribution?
a. We have a vaccine operations workgroup looking at the many factors related to how to vaccinate lots of people quickly while still maintaining physical distancing. Also, because at least one of the vaccines needs to be kept very cold before use, we are developing the workflows and processes to make sure the vaccine is handled properly until used. Another vaccine advisory group is developing recommendations around who should be vaccinated first, as vaccines will be in short supply initially. In addition, each region has its own vaccine operations group planning specific locations for vaccination (for example, drive through vaccination sites) in each local market.

COVID-19 Vaccination for MercyOne Colleagues
46. As a Catholic health organization, what considerations have been given to a COVID-19 vaccination program?
a. The Catholic Health Association (CHA) has asserted six principles to effectively and justly develop and allocate COVID-19 vaccines:
   ● Vaccines should be demonstrably safe and adequately tested
   ● Vaccines should be demonstrated to be scientifically effective
   ● Vaccines development must respect human dignity
   ● Vaccines should be equitably distributed with priority to those at most risk
   ● Efforts to develop and distribute an effective vaccine should emphasize solidarity
   ● Consistent with the principle of Subsidiarity, the distribution of effective vaccines should involve local communities

47. Should I be concerned about how the vaccine was developed?
The majority of COVID-19 vaccines approved for emergency use authorization in the United States did not directly use tainted cell lines in development.

On Dec. 21, the Vatican Congregation for the Doctrine of the Faith (CDF) released a statement, approved by Pope Francis, that states all approved COVID-19 vaccines—including those that used tainted cells in their development—are morally acceptable for use during the pandemic due to the “grave danger” of the “uncontainable spread of a serious pathological agent.”

The CDF states that “...all vaccinations recognized as clinically safe and effective can be used in good conscience with the certain knowledge that the use of such vaccines does not constitute formal cooperation with the abortion from which the cell lines used in production of the vaccines derive.” The Vatican confirmed that getting vaccinated and keeping the public safe is more important than the distant concerns about the use of tainted cell lines.

48. I’m pro-life. Should I be concerned about how the vaccine was developed?
a. The United States Conference of Catholic Bishops have clearly stated that both the Pfizer and Moderna vaccines are morally acceptable. In a December 14 memo, they wrote: "Neither Pfizer nor Moderna used morally compromised cell lines in the design, development, or production of the vaccine."

49. Is MercyOne mandating that I receive the COVID-19 vaccine?
a. Receiving the COVID-19 vaccine will be voluntary for MercyOne colleagues at this time.

50. Will MercyOne be offering the COVID-19 vaccine to colleagues?
a. Yes, we are offering the vaccine to colleagues in accordance with recommendations from the national Advisory Committee on Immunization Practices, and guidance from the
CDC, and other federal and state agencies. Eventually, all colleagues who are interested in receiving the vaccine will have an opportunity to be vaccinated.

We strongly encourage everyone 16 years or older to receive the Pfizer-BioNTech vaccine or those 18 years or older to receive the Moderna vaccine to continue protecting themselves and help end the pandemic. Women who are pregnant or breastfeeding, those who are immunocompromised, and those with a history of severe allergic reactions to vaccines should first speak with their doctor.

51. Which vaccine will MercyOne receive?
   a. MercyOne will receive all vaccines approved by the FDA emergency use authorization process. Because they will be distributed from the federal government to the state and then to us, it is likely that different vaccination locations will have different vaccine at different times. Once you start with the first shot it is important that you get the second shot made by the same vaccine manufacturer, and we are working to be sure the second appointment can be made at the time of the first vaccination.

52. How will I know when I can receive the vaccine?
   a. The first supply of the vaccine will be available the week of December 14. Initially, the vaccine will be available to those at highest risk for COVID-19, including front line healthcare workers and people who live or work in senior care facilities. Supplies will increase over time, and all adults should be able to get vaccinated later in 2021. You will receive frequent updates about vaccine availability and distribution at your Health Ministry.

53. How do I sign up to receive the vaccine?
   a. The process varies by state. We will continue to keep you informed about availability, and the process to sign up to receive the vaccine when the supplies are available for you. We are committed to making it easy for colleagues; some Health Ministries have online tools for scheduling colleague vaccines.

54. Who will get vaccinated first?
   a. Per CDC Advisory Committee on Immunization Practices (CDC-ACIP) guidance, frontline health care workers and long-term care facility residents and staff will get the first doses. It is expected high-risk populations including older adults and people with underlying medical conditions will be next. States have been given the flexibility to modify these depending upon their local populations.

55. How much will it cost to get the vaccine?
   a. The vaccine is free to all Americans. MercyOne colleagues, including those who are insured, will pay nothing if they receive the vaccine at a MercyOne location or elsewhere. The federal government purchased the vaccine so you and your family should not expect to pay to receive the vaccine no matter where you receive it. You will, however, be asked for insurance information upon registration. If you have no insurance, you can still get the vaccine at no cost to you.

56. Which vaccine brand is better?
   It doesn’t matter which vaccine you receive. All COVID-19 vaccines are very effective particularly in preventing severe illness and death from COVID-19. The most important thing is to get vaccinated as soon as it is your turn. Vaccination is the most effective way to end the COVID-19 pandemic and protect yourself and those around you.
57. Am I able to choose the vaccine one I receive?

It is not likely you will be able to choose which vaccine you receive, as supply is limited. Unless you are allergic ingredients in a specific vaccine, you should get the first vaccine available to you. We do not know which vaccine we will get until we receive it. Because they are distributed by the federal government to the state and then to us, it is likely different vaccination locations will have different vaccine at different times. If you receive a two-dose vaccine, it is important that you get the second dose made by the same vaccine manufacturer and will most likely have your second appointment scheduled at the time of your first vaccination.

58. Why do I need to provide my insurance information if the vaccine is given at no cost to me?

a. MercyOne colleagues who receive the vaccine are doing so as patients. We require all patients to provide information, including insurance, during the registration process. MercyOne, and all health care providers, may charge fees to your insurance provider for the administration of the vaccine. This cost is not passed onto colleagues, or patients, as health plans are reimbursed by the federal government for any fees incurred for the administration of the vaccine. This fee, paid for by the government, allows MercyOne to pay for operational and staffing expenses related to administering the vaccine. There is no out of-pocket cost for MercyOne colleagues or for anyone who receives the vaccine.

59. Why are colleagues who have no direct interaction with patients, or who are working remotely, receiving the vaccine before other groups that interact with the public- such as teachers and grocery store workers?

a. MercyOne is following CDC and state and local public health authority on distribution. All health care workers are included in the CDC’s phase 1a for health care workers. This includes MercyOne colleagues of all roles.

- **All MercyOne colleagues are caregivers – indirectly or directly.** Colleagues who do not interact with members or are working remotely are contributing to operations and ensuring all our frontline colleagues have the resources, technology and information to deliver care to our members.

- **Many colleagues have been reassigned to the frontline** – To help our Health Ministries manage COVID-19 surges, many colleagues who have been working remotely have been reassigned to frontline roles as needed. Colleagues in these roles will continue to be asked to volunteer for frontline assignments as our Health Ministries are vaccinating thousands of people every day in our communities.

- **State and local public health authorities are directing us to vaccinate at high volumes** - We are following state guidelines on distribution and moving swiftly to complete as many vaccinations as possible. Vaccinating colleagues in administrative roles is the final part of phase 1a. Many states have directed our Health Ministries to begin phase 1b and other priority groups now.

60. I am healthy and I work remotely. Can I give you my allotted vaccine doses to someone who works with the public, and is more at risk for COVID complications?

a. We are following CDC and state and local public health authority guidelines for distribution. You are strongly encouraged to receive your first vaccine dose as soon as it is available to you. Other priority groups are receiving the vaccine in the coming weeks.

61. Where can I get vaccinated? Will Employee Health Services (EHS) be responsible for vaccinating colleagues as part of the employment relationship?

a. Vaccines will be available at pharmacies, doctor’s offices, public health clinics, mobile clinics, etc. EHS (also known as Occupational Health in some ministries) will not manage the vaccine process. MercyOne, in its role as a provider of health care services, will
provide vaccines for colleagues who choose to receive it. Colleagues will follow established patient vaccination processes to register as a patient and receive a COVID-19 vaccine. In doing so, we will ensure a consistent and efficient process for both colleague and community vaccination, which is critical during a mass vaccination. However, to the extent that EHS colleagues are available and willing to assist in the actual vaccination process, their participation and support will be welcomed.

62. Do we need to wear a mask and avoid close contact with others if we have gotten two doses of the vaccine?
   a. The CDC has provided this answer: Yes. Not enough information is 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 in real-world conditions 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. We also don’t yet know whether getting a COVID-19 vaccine will prevent you from spreading the virus that causes COVID-19 to other people, even if you don’t get sick yourself. CDC will continue to update this page as we learn more.

   While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to help stop this pandemic.

   To protect yourself and others, follow these recommendations:
   • Wear a mask over your nose and mouth
   • Stay at least 6 feet away from others
   • Avoid crowds
   • Avoid poorly ventilated spaces
   • Wash your hands often

   Together, COVID-19 vaccination and following CDC’s recommendations for how to protect yourself and others will offer the best protection from getting and spreading COVID-19. For more information please visit the [CDC website](https://www.cdc.gov).

63. Can we stop screening our colleagues and providers at the door once we have received the second dose of vaccine?
   a. MercyOne locations follow the state of Iowa policies along with those of our member organizations (Trinity Health and CommonSpirit Health). We are currently obligated by proclamation from the Governor of the State of Iowa to screen all colleagues at the beginning of their shift.

64. If I get the vaccine, do I still need to follow all the MercyOne COVID-19 policies?
   a. Yes, your choice to get the vaccine is a personal one and does not impact how you are expected to behave regarding our COVID-19 policies. It is anticipated that until enough people get vaccinated, we will continue to require masks at work and encourage all the things we have been doing to try to decrease transmission including physical distancing,
wearing masks in public, avoiding large crowds and hand hygiene, at least until most people in the U.S. have been vaccinated.

65. What happens if I experience a need to be off work following my voluntary COVID-19 vaccination?
   a. Following vaccination, mild side-effects such as fever, muscle aches, headache, joint aches, or chills have been reported. If you experience fever, muscle aches, headache, joint aches, or chills within 1 calendar day of vaccination, you can work if you are well enough to work.

   Follow your ministry’s established process with Employee/Occupational Health if you:
   • do not feel well enough to work or
   • experience a cough or
   • Experience inability to taste or smell or
   • Have symptoms consistent with COVID-19 that last beyond 1 calendar day

   You should also follow up with your primary care provider.

   If time off is needed, MercyOne provides a comprehensive time away from work program for colleagues to use, generally referred to as Paid Time Off (PTO) in most ministries.

66. There is a lot of misunderstanding about the vaccine. How can I help educate people I know about the vaccine?
   a. As health care professionals, we have the responsibility to continue to be leaders in our communities. Please encourage everyone to get educated about the vaccine’s safety and efficacy by directing them to our information page and to the CDC and state vaccine information pages. Our colleagues, families, friends, neighbors and acquaintances look to us for guidance and are influenced by our words and examples we set.

   MercyOne has a dedicated webpage for our community to learn more – www.MercyOne.org/covid19vaccine - please share this resource.

COVID-19 Vaccine for our Patients and Communities

67. Will MercyOne offer the COVID-19 vaccine to our patients?
   a. Yes. We will participate in this national effort to get as many people vaccinated as quickly as possible, as it is our best weapon to stop this pandemic. We will follow the federal and state guidelines on vaccination priorities in order to assure those with the most risk of getting infected and being hospitalized or dying from COVID-19 are vaccinated first.

68. Will MercyOne offer the COVID-19 vaccine to our broader communities?
   a. Yes, effective and efficient community vaccination is critical during mass vaccination. We are eager to participate in this national effort as it presents the best weapon for stopping the pandemic.

69. Where can I get more information?
   a. If you have additional questions, view the CDC’s Frequently Asked Questions about COVID-19 Vaccination for regularly updated answers to common questions. You should also visit the MercyOne COVID-19 Resources site for the latest information. Also, many myths are circulating, please see updates here.
COVID-19 Huddle: Vaccine Clinics — Operations & Administration

70. What is the adverse event reporting process for colleague vaccinations?
   a. Colleagues receiving COVID-19 vaccine on a voluntary basis are considered patients and adverse reactions to the vaccine should be reported in VOICE/MIDAS for MercyOne Trinity Health ministries. By way of reminder, 'Vaccine Adverse Reaction' has been added as an Event Type on the Medication/IV form in VOICE/MIDAS.

Sources

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