COVID-19 VACCINE: Frequently Asked Questions
LAST UPDATED: 3/12/2021

PLEASE NOTE: This document is updated as new information becomes available. Information about vaccine distribution and administration can change quickly. The Louisiana Department of Health (LDH) is committed to transparency about the vaccine, including safety concerns, and will continuously educate the public and address questions the public may have.

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Vaccine Distribution

WHY ARE THE VACCINES SO IMPORTANT?

COVID-19 is now the leading cause of death in the United States. More than 7,600 Louisianans died from COVID in 2020 — that’s more than the number of deaths caused by accidents, stroke and diabetes combined in Louisiana in 2017. The vaccines are critical to ending the pandemic and getting our lives back to normal.

WHAT VACCINES ARE CURRENTLY IN USE?

There are now three (3) FDA-authorized vaccines:

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>NUMBER OF DOSES</th>
<th>AUTHORIZED ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech (Pfizer)</td>
<td>2</td>
<td>December 11, 2020</td>
</tr>
<tr>
<td>Moderna</td>
<td>2</td>
<td>December 18, 2020</td>
</tr>
<tr>
<td>Johnson &amp; Johnson (J&amp;J or Janssen)</td>
<td>1</td>
<td>February 27, 2021</td>
</tr>
</tbody>
</table>

COVID vaccines are in very limited supply. When it’s your turn, take whatever vaccine you can get your hands on.

HOW IS IT DETERMINED WHO GETS THE VACCINES?

The state is looking to the prioritization guidance from the CDC’s Advisory Committee on Immunization Practices (ACIP) and then tailoring that guidance to Louisiana’s context and needs.

WHO IS ELIGIBLE FOR THE VACCINES RIGHT NOW?

Phase 1A:

- Hospital personnel
- Staff and residents of nursing homes and long-term care facilities
- Frontline responders to serve as vaccinators (Emergency Medical Services, fire personnel and law enforcement).

Phase 1B, Tier 1 (in very limited amounts):

High-risk medical conditions (ages 18 and up, or ages 16 and up for Pfizer vaccine only):
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- Asthma (moderate to severe)
- Cancer
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Cystic fibrosis
- Down syndrome
- Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from solid organ transplant
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Overweight (body mass index [BMI] of 25 or higher but less than 30)
- Obesity (BMI of 30 or higher but less than 40)
- Severe obesity (BMI of 40 or higher)
- Pregnancy
- Severe neurologic conditions, such as dementia
- Sickle cell disease
- Smoking
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- Chronic liver disease
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)

Eligibility by workforce category:

- Ambulatory and outpatient providers and staff
  - Dialysis providers and staff
  - Behavioral health providers and staff
  - Urgent care clinic providers and staff
  - Community care providers and staff
  - Dental providers and staff
  - Non-emergency Medical Transportation (NEMT) providers and staff
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- Professional home care providers (including hospice workers) and home care recipients (including older and younger people with disabilities over the age of 16 who receive community or home-based care, as well as clients of home health agencies)
- Unpaid family caregivers to people who are receiving licensed home and community-based services
- American Sign Language (ASL) and foreign language interpreters and Support Service Providers (SSPs) working in community and clinic-based settings, and clients who are both deaf and blind
- Health-related support personnel (lab staff, mortuary staff who have contact with corpses, pharmacy staff)
- Schools of allied health students, residents and staff
- Law enforcement and other first responders
- Louisiana Unified Command Group
- Legislators
- State and local essential COVID emergency response personnel
- Some elections staff ahead of March and April elections
- Teachers and any other support staff working on site in K-12 or daycare
- Any staff working in congregate facilities (prisons/jails, shelters, dorms, rehab/detox centers, group homes)

WHO IS NEXT IN LINE FOR THE VACCINES?

- Judiciary personnel
- Department of Homeland Security personnel, National Guard (non-COVID deployed), federal intelligence and security personnel, military personnel
- Corrections officers and jailers
- Homeless shelter and other congregate group home/center staff
- Institutes of higher education faculty and staff
- Clergy
- Food processing and agricultural workers
- Veterinarians and veterinary support staff
- Postal personnel
- Public transit workers
- Grocery store workers and other deemed frontline essential workers

LDH will make an announcement when vaccines becomes available to these groups.
WHEN CAN I, BUSINESSES AND/OR THE GENERAL PUBLIC GET A VACCINE?

The vaccines are likely to become more widely available for the general population in late spring/summer 2021. When this happens, having a large portion of the population vaccinated is our best shot at a return to some form of normalcy. Based on conversations with our federal partners, we are encouraged that Louisiana will receive enough doses to vaccinate everyone who wants a shot.
**COVID-19 VACCINE: Frequently Asked Questions**

**Vaccine Administration**

**HOW MUCH WILL IT COST TO GET VACCINATED?**

The federal government is making vaccines available at no cost. You cannot be charged for a vaccine or a regular office visit to receive a vaccine, but your insurance may be billed an administration fee or the federal government if you are uninsured.

**WHERE CAN I GET A VACCINE?**

All nine public health regions and 64 parishes of the state have at least one vaccine location. To find one near you, visit [http://covidvaccine.la.gov](http://covidvaccine.la.gov). Vaccines are available at select:

<table>
<thead>
<tr>
<th>Chain pharmacies</th>
<th>Grocery stores</th>
<th>Retail stores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent pharmacies</td>
<td>Hospitals</td>
<td>Public health providers</td>
</tr>
<tr>
<td>Urgent cares</td>
<td>Federally qualified health centers (FQHCs)</td>
<td>Community events</td>
</tr>
<tr>
<td>Medical practices</td>
<td>Rural health clinics (RHCs)</td>
<td>Other healthcare providers</td>
</tr>
</tbody>
</table>

The Department of Health is also holding Mass Vaccination Events (MVEs) around the state.

**I DON'T HAVE INTERNET ACCESS. HOW CAN I FIND A PROVIDER?**

You can call 211. Operators at the call center will help you locate a vaccine provider in a location that works for you and provide contact information for the provider.

**WHAT DO I DO IF THERE IS NO PROVIDER NEAR ME?**

You can make an appointment with any provider that has the vaccine, not just those in your parish. The Department of Health is working every day to enroll more providers in the COVID vaccination program.

**DO I HAVE TO MAKE AN APPOINTMENT OR CAN I JUST WALK IN?**

Patients who arrive without an appointment will not be vaccinated. Vaccinations are **BY APPOINTMENT ONLY.** Forming lines during a pandemic is not safe; also, providers need to be able to plan for their vaccinations.
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Patients can make an appointment by contacting participating providers, but vaccine supplies remain extremely limited. We appreciate everyone’s patience, especially with providers that are newly taking on this challenge. You can find a provider at the Louisiana Department of Health website at covidvaccine.la.gov.

HOW DO I REGISTER FOR A VACCINE?

The State of Louisiana is not registering people to get a vaccine. Pharmacies and other places that offer the vaccine may create their own, individual registration or appointment process.

WILL THE PROVIDER KEEP A WAITING LIST OF REGISTRANTS ONCE IT RUNS OUT OF VACCINE?

Some participating providers are allowing people to add their names to a waiting list once additional vaccines become available.

HOW MANY DOSES DOES EACH PHARMACY HAVE?

Beginning with the January 4 allocation of vaccines to pharmacies, the vast majority of pharmacy providers received 100 doses during each week of allocations. These allotments have increased and are expected to continue increasing.

WHO WILL ADMINISTER THE VACCINE?

The vaccines are administered by qualified healthcare professionals. For example, vaccinations for hospital staff are being done on site by the hospital.

I HAVE HEARD THAT I MIGHT NEED TO GET MORE THAN ONE SHOT TO BE VACCINATED. IS THIS TRUE?

Both the Pfizer and Moderna vaccines are in two doses, administered 3 or 4 weeks apart. You will get the necessary information about the second dose when you get your initial vaccine. The second dose is very important. One dose will not provide long-term protection. People vaccinated with the Pfizer vaccine will receive the second dose 21 days after the first dose. Those getting the Moderna vaccine will receive the second dose 28 days after the first dose.

The J&J vaccine is given in one dose. We know many people actually prefer a one-and-done vaccine, like young people, people who are afraid of needles, and people who work multiple jobs or have
difficulty taking time off work. This single dose also may offer more protection faster than the other two vaccines.

**DO I HAVE TO GO BACK TO THE SAME PROVIDER FOR THE SECOND DOSE?**

Yes, and you should make plans for your second dose immediately when you get your first dose. Schedule your next appointment right away or ask the provider if they will notify you when you’re due for the second dose. You will also receive a card with information about the brand of vaccine you received (Moderna or Pfizer) and when you need the second dose. It is important that the second dose be the same brand as the first dose.

If you received the first dose in another state and it is impossible to return for the second dose, you may reach out to vaccine providers in your area to ask if they can vaccinate you.

**HOW LONG AFTER THE FIRST DOSE CAN I WAIT BEFORE IT’S TOO LATE TO GET THE SECOND DOSE?**

The CDC says people should get their second shot as close to the recommended 3-week (Pfizer) or 1-month (Moderna) interval as possible, but in a pinch, you can safely delay the second dose up to 42 days and likely longer. There is no need to restart the vaccination series if the second dose must be delayed.

**IF I HAVE ALREADY HAD COVID-19 AND RECOVERED, DO I STILL NEED TO GET VACCINATED?**

Yes. Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, vaccines are an important way to protect yourself. Experts also do not know how long someone is protected from getting sick again after recovering from COVID-19, and natural immunity varies from person to person. Some early evidence suggests natural immunity may not last very long.

**HOW ARE NURSING HOME RESIDENTS BEING VACCINATED?**

All Louisiana nursing homes have signed onto a partnership between the federal government, CVS and Walgreens that calls for pharmacy workers to administer the vaccine in long-term care facilities. The Moderna vaccine is being used in that partnership and is available to both nursing home residents and staff.
After Getting the Vaccine

I HAVE HEARD THERE MAY BE SIDE EFFECTS. WHAT ARE THEY?

Minor side effects are a normal sign the body is building protection. You may experience pain and swelling in the arm, fever, chills, tiredness or a headache; most side effects will go away in a few days or less.

The likelihood of experiencing a serious side effect is less than 0.5%. A single serious side effect following a vaccination has been reported to the CDC: The person reported gastrointestinal distress and lightheadedness, and recovered after a brief hospital stay.

WILL I STILL NEED TO WEAR A MASK AND PRACTICE SOCIAL DISTANCING?

Yes, you will still need to wear a mask and practice social distancing even after receiving both doses. Masks are especially important due to the COVID variants circulating in the U.S. CDC now says tight-fitting is better than loose, multiple layers are better and two masks are better.

While we know that vaccines provide a very high degree of protection from becoming sick, there is not enough research to know with certainty whether a vaccinated person can continue to spread the virus if they are exposed.

WILL I STILL NEED TO QUARANTINE IF I AM EXPOSED TO SOMEONE WHO IS INFECTED WITH COVID-19?

People who have been fully vaccinated against coronavirus (two doses of either Pfizer or Moderna, or one dose of J&J) do not have to quarantine if they are exposed to someone infected with the virus. However, they should still take precautions such as wearing a mask and practicing social distancing. For people who live in congregate settings such as nursing homes, the Department of Health still recommends quarantine for anyone who has been exposed.
Vaccine Development and Safety

HOW DO THE VACCINES WORK?

Unlike many vaccines, the Pfizer and Moderna COVID-19 vaccines do not contain a dead or a weakened virus that triggers an immune response. Instead, these vaccines contain a genetic instruction manual that tells your immune system how to respond and protect you from exposure to the actual virus.

The technology used in the Pfizer and Moderna vaccines is not new. It is called mRNA, or messenger RNA, and it has been around for decades. This is the first time mRNA has been used in a vaccine, but the effect is the same as other vaccines: Your body gets protection without the serious consequences of a severe illness due to COVID-19 exposure.

The J&J vaccine works like many vaccines you are already familiar with. It uses an adenovirus vector, (in this case, a harmless cold virus) that carries the blueprint for the spike proteins on the virus’s surface. This virus works like a Trojan horse, infecting cells and replicating the coronavirus spikes. If you later become infected with the coronavirus, these replicated spikes are how your immune system recognizes and knows how to fight the real thing.

ARE THE VACCINES EFFECTIVE?

Based on evidence from clinical trials, all three vaccines are 100% effective at preventing serious hospitalizations and deaths. That’s our most urgent, important goal.

The CDC will continue to provide updates as it learns more about how the vaccines work in real-world conditions.

ARE THE VACCINES SAFE? WHAT DOES FDA AUTHORIZATION MEAN?

Vaccines are authorized for use by the FDA, meaning clinical trials have proven the vaccines as a safe and effective defense against COVID-19. The FDA and ACIP will continue to monitor safety and effectiveness data.

No steps were skipped during the clinical trials and data review process for COVID-19 vaccines. Safety is a top priority. The COVID vaccines are being held to the same standards as other vaccines to make sure they are safe.
ARE THE VACCINES OK FOR CHILDREN?

As of now, there is no vaccine for children, though the Pfizer vaccine has been approved for teenagers 16 years of age or older. Until there’s a vaccine safely tested for children, there will not be a vaccine for children.

ARE THE VACCINES OK IF I AM PREGNANT OR BREASTFEEDING?

There have not been specific studies on the vaccines in pregnant persons or breastfeeding persons, but there also has been no indication that there are negative effects for this population. Pregnant and breastfeeding persons should discuss whether they should receive their vaccine with their providers.

CAN THE VACCINES AFFECT MY FERTILITY?

There is zero evidence that the COVID vaccine affects fertility. The vaccine tells the body how to fight the protein that is on the outside of the coronavirus, but this protein is completely different from the protein that allows for successful reproduction. The antibodies your body produces to fight the coronavirus will not attack reproductive proteins.

HOW CAN I TRUST A VACCINE THAT WAS DEVELOPED SO QUICKLY?

The COVID-19 vaccines are being developed faster than other vaccines because there is worldwide urgency, and because there was ample research in recent years into coronaviruses — the same viruses that were behind SARS and MERS outbreaks. Once Chinese scientists were able to create a genetic map of the coronavirus, scientists were able to use that information to create a vaccine that would replicate the spike proteins the coronavirus uses to infect cells and tell the body how to fight it.

More resources than usual are available to manufacturers to accelerate vaccine development because of the pandemic, including the U.S. government’s commitment to buy vaccine doses up front. These accelerations will not impact vaccine safety.