

FAQ: COVID-19 Vaccine

As your trusted pharmacy partner, we want to address some clinical questions you may have around the vaccine. We are optimistic about the vaccines and therapeutics being developed in response to the pandemic and we will continue to update you as we move through this dynamic time together.

Q: Are there any groups of people that should not receive the COVID-19 vaccine?

A: The vaccine is contraindicated for people with severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 vaccine. If there is a history of severe allergic reaction (e.g. anaphylaxis) to another vaccine or other injectable therapies (IM, IV, SC) discuss with healthcare provider for risk assessment, potential deferral of vaccination or 30-minute observation period if vaccinated.

Q: Can the vaccine be given to persons with a history of COVID-19 infection?

A: Yes. Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic infection because people can become infected with the virus more than once. At this time, experts do not know how long someone is protected from getting sick again after recovering.

Q: Should the vaccine be given to persons with known current SARS-CoV-2 infection?

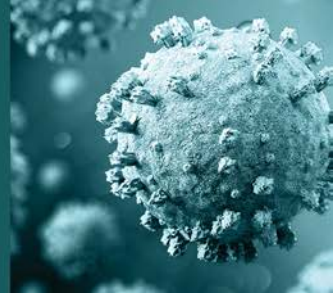
A: No. Vaccination should be deferred until recovery from acute illness (if person had symptoms) and criteria have been met to discontinue isolation criteria. There is no minimal interval between infection and vaccination.

Q: Can the vaccine be given to persons who previously received passive antibody therapy for COVID-19

A: In persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses.

Q: Should persons with a known SARS-CoV-2 "exposure" be vaccinated?

A: Yes. Residents of long-term care facilities should be vaccinated. Healthcare workers are already in close contact with residents and should employ appropriate infection prevention and control procedures.



Q: Can I get the vaccine if I'm pregnant healthcare worker?

A: Yes, should discuss with your healthcare provider. Available data on the vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy. The EUA does not exclude pregnant women; providers who wish to offer the vaccine to pregnant women may do so. If a pregnant woman is part of a group (e.g., healthcare personnel) who is recommended for COVID-19 vaccination, she may choose to be vaccinated. A discussion with her health care provider can help her make an informed decision.

Pregnant females who experience fever following vaccination should be counseled to take acetaminophen, as fever has been associated with adverse pregnancy outcomes.

Q: Is the vaccine safe for lactating females?

A: Yes. mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to a breastfeeding infant. If a lactating woman is part of a group (e.g., healthcare personnel) who is recommended for COVID-19 vaccination, she may choose to be vaccinated.

Q: Can the vaccine be given to immunocompromised people?

A: Yes, should consult healthcare provider. Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. They may still receive a vaccine unless otherwise contraindicated.

Q: If I know I cannot attend the next scheduled clinic for the second dose of the Pfizer COVID-19 vaccine should I still get it?

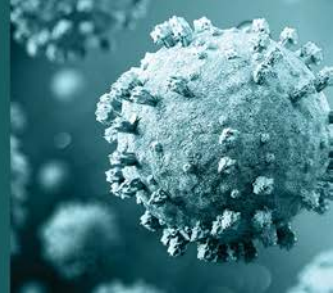
A: No. Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated. Recommend deferral to the next clinic.

Q: Will medical treatment used to manage immediate allergic or anaphylactic reactions following administration be available?

A: Yes, the pharmacy will have Epi-Pens in the vaccine supply tray.

COVID-19

Vaccine Update



Q: What is the observation period post vaccination?

A: Vaccine providers should observe patients with a history of anaphylaxis (due to any cause) for 30 minutes after vaccination. All other persons should be observed for 15 minutes after vaccination to monitor for the occurrence of immediate adverse reactions.

Q: How do I report an Adverse Event?

A: Adverse events from vaccines should be reported to the Vaccine Adverse Event Reporting System VAERS (www.vaers.hhs.gov). Reports help CDC monitor the safety of vaccines. If you report to VAERS, please let Consonus know. We can also be a resource to help you navigate questions or problems post vaccination.