10 Reasons To Get Vaccinated

Vaccine-preventable diseases have not gone away.
The viruses and bacteria that cause illness and death still exist and can be passed on to those who are not protected by vaccines. While many diseases are not common in the US, global travel makes it easy for diseases to spread.

Vaccines will help keep you healthy.
The Centers for Disease Control and Prevention (CDC) recommends vaccinations throughout your life to protect against many infections. When you skip vaccines, you leave yourself vulnerable to illnesses such as shingles, pneumococcal disease, flu, human papillomavirus (HPV) and hepatitis B, both leading causes of cancer.

Vaccines are as important to your overall health as diet and exercise.
Like eating healthy foods, exercising, and getting regular check-ups, vaccines play a vital role in keeping you healthy. Vaccines are one of the most convenient and safest preventive care measures available.

Vaccination can mean the difference between life and death.
Vaccine-preventable infections can be deadly. Every year in the US, prior to the COVID-19 pandemic, approximately 50,000 adults died from vaccine-preventable diseases.

Vaccines are safe.
The US has a robust approval process to ensure that all licensed vaccines are safe. Potential side effects associated with vaccines are uncommon and much less severe than the diseases they prevent.

Vaccines will not cause the diseases they are designed to prevent.

Vaccines contain either killed or weakened viruses, making it impossible to get the disease from the vaccine.

Young and healthy people can get very sick, too.

Infants and older adults are at increased risk for serious infections and complications, but vaccine-preventable diseases can strike anyone. If you are young and healthy, getting vaccinated can help you stay that way.

Vaccine-preventable diseases are expensive.

Diseases not only have a direct impact on individuals and their families, but also carry a high price tag for society as a whole, exceeding $10 billion per year. An average flu illness can last up to 15 days, typically with five or six missed work or school days. Adults who get hepatitis A lose an average of one month of work.

When you get sick, your children, grandchildren, and parents may be at risk, too.

Adults are the most common source of pertussis (whooping cough) infection in infants which can be deadly for babies. When you get vaccinated, you are protecting yourself and your family as well as those in your community who may not be able to be vaccinated.

Your family and co-workers need you.

In the US each year, millions of adults get sick from vaccine-preventable diseases, causing them to miss work and leaving them unable to care for those who depend on them, including their children and/or aging parents.

Source: www.nfid.org/immunization/10-reasons-to-get-vaccinated/

The Vaccine Triple Play

COVID-19 Bivalent Booster

- COVID-19 vaccines are effective at preventing severe illness, hospitalization, and death.
- Boosters are additional doses that help maximize your protection against COVID-19.
- The updated boosters are called bivalent because they protect against both the original virus that causes COVID-19 and the Omicron variants BA.4 and BA.5.
- The Centers for Disease Control and Prevention (CDC) recommends everyone stay up to date with COVID-19 vaccines

  That means that everyone 5 years of age and older should receive one updated (bivalent) booster if it has been at least 2 months since their last COVID-19 vaccine dose.

- Those at highest risk of contracting and dying from COVID-19 include:
  - Seniors 65 years of age and over.
  - Individuals with chronic medical conditions, such as heart disease, obesity, and diabetes.
  - People residing in congregate living.

CDC. COVID-19–www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-todate.html

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Annual Flu Vaccine

- Flu is a contagious respiratory disease that can cause severe illness, hospitalization, and even death.
- Those at higher risk of serious complications from flu include:
  - Seniors 65 years of age and over.
  - People of any age with certain chronic medical conditions, such as asthma, diabetes, or heart disease.
  - Pregnant women and children under 5 years of age.
- Getting an annual flu vaccine is the best way to protect yourself and your loved ones from flu.

CDC. Flu–www.cdc.gov/flu/prevent/whoshouldvax.htm

Pneumonia Vaccine

- Pneumococcal disease (pneumonia) is a name for any infection caused by bacteria called Streptococcus pneumoniae or pneumococcus.
- If you are 65 years of age or older, or 19–64 years of age with certain medical conditions or other risk factors, you should receive a pneumonia vaccine.
- Ask your healthcare provider which pneumonia vaccine is right for you.

CDC. Pneumococcal–www.cdc.gov/vaccines/vpd/pneumo/index.html

COVID-19 Vaccine FAQs

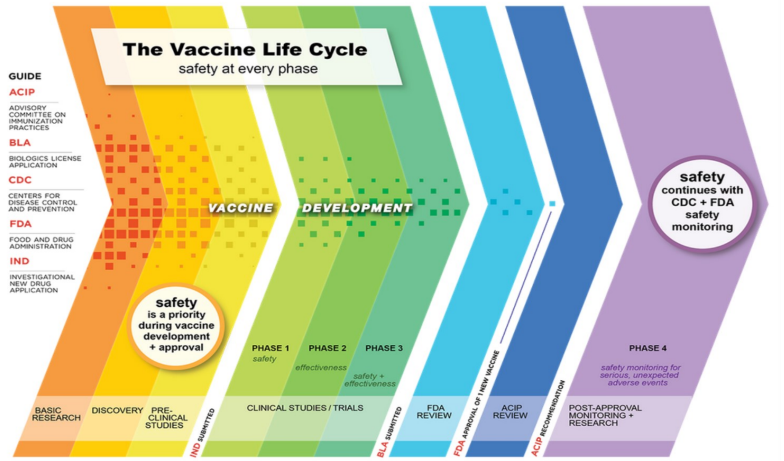
Indiana Department of Health

January 2021

How was the vaccine produced so quickly?

All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as other vaccines. The vaccines were quickly produced due to worldwide interest that led to funding and dedicated staff. The SARS-CoV-2 genome was quickly sequenced during the first few months of the pandemic, which allowed for already-established vaccine production technology to be utilized to create potential vaccines, The most promising vaccines that made it to Phase III of clinical trials were mass manufactured to ensure they would be ready to distribute if safety and efficacy standards were met. Distribution and in-frastructure plans for the vaccine have been underway since the beginning of the pandemic

The large number of participants in the Pfizer-BioNTech and Moderna Phase III clinical trials allowed for safety and efficacy data to be collected quickly on a diverse group of patients. This data was continuously being provided to the U.S. Food and Drug Administration (FDA) throughout the study period. Lastly, some medications and vaccines can wait up to 12 months after study completion to be reviewed. Due to the pandemic caused by COVID-19, these studies were reviewed promptly by the FDA after the completion of all three mandatory clinical phases and waiting periods. The studies met safety and efficacy standards, resulting in an Emergency Use Authorization (EUA) from the FDA.



How does a mRNA vaccine work?

The COVID-19 mRNA vaccines work by injecting recipients with the messenger RNA of the SARS-CoV-2's spike protein. Once this mRNA enters, your body will create the protein, which will trigger an immune response and ultimately
produce antibodies to fight this specific protein. If you become infected with the actual virus, your body will know how to fight it.

It can take up to two weeks after the second dose of the vaccine for your immune response to reach maximum protection. You could become infected during this time.

Symptoms of the vaccine

- Mild Fever
- Headache
- Sore Arm
- Fatigue

These symptoms typically do not last longer than 24-48 hours!

Getting a mRNA vaccine WILL NOT make you test positive for the virus and WILL NOT give you COVID-19 symptoms. If you develop COVID-19 symptoms you should get tested.

HELP US SMASH COVID-19!

Socially distance
Mask up
Avoid crowds
Stay home if you are sick
Hand hygiene

Should I be concerned about the side effects?

The most common side effects from the vaccine do not last longer than 48 hours. Some individuals have had anaphylaxis after receiving the vaccine, but this is rare; it occurred in 21 out of the first 1.8 million vaccine recipients (0.0011%). Vaccination sites have epi pens in case of emergency and all recipients must stay and be monitored for 15 minutes after receiving the vaccine (30 minutes for those with history of anaphylaxis). No significant long-term side effects have been reported in clinical trial participants. Researchers must wait 60 days past the date on which 50% of the study participants have received the final dose of a vaccine to apply for a FDA Emergency Use Authorization (EUA). This rule is established based on the fact that past vaccines rarely have side effects past six weeks after administration.

The vaccine will cause me to test positive on a viral test. FALSE

The vaccine will cause me to have COVID-19 symptoms. FALSE

I should not get the vaccine if I already had the virus. FALSE

The vaccine will inject me with a microchip. FALSE

Why should I get the vaccine?

- Healthcare personnel are at high risk of exposure to COVID-19
- Vaccinating healthcare personnel protects healthcare capacity
- Vaccinating healthcare personnel helps prevent patients from getting COVID-19
- Benefits of vaccination believed to outweigh possible risks
- Based on what we know about vaccines for other diseases and early data from clinical trials, experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19.

Vaccinating long-term care staff and residents WILL save lives!

380,000+

People have died in the U.S. from COVID-19

Over **22 million Americans** and 91 million world-wide have contracted COVID-19.. Over **1,960,000** people globally have died.

COVID-19 can have serious, life-threatening complicati
and there is no way to know how COVID-19 will affect y
If you get sick, you could spread the disease to friends
family, your patients and others around you.

For additional information on COVID-19:

coronavirus.in.gov

Indiana Department of Health

Myths vs. Facts

Saying YES to the COVID-19 Vaccine!

When it comes to COVID-19 and the vaccine, there has been a lot of information shared. Some of it has been untrue or misleading. Many myths out there can cause people to be anxious or afraid. Here are some of the most common myths related to COVID-19 and the vaccine, along with the facts to help you understand the difference.

✗ Masks still work if they cover your mouth, so keeping your nose out is OK.

✓ Your mouth and nose are connected. So when you sneeze, cough or even breathe – you use both. Your mask needs to cover your mouth AND your nose. Lowering your mask down under your nose can expose you to infectious air, while also exposing others to the respiratory droplets you are exhaling.

✗ You should avoid the hospital if you want to stay healthy.

✓ It can be dangerous to avoid the hospital when you need medical help. If you or someone else is experiencing a life-threatening emergency, it is important to get medical attention immediately.

✗ I have been exposed to someone with COVID-19, but had a negative COVID-19 test, so I don't need to quarantine.

✓ Quarantine is used to keep someone who might be exposed to COVID-19 away from others. A negative test does not end your quarantine early. It means that at the time of your test, your sample did not show viral levels high enough to be measured. You still could have COVID-19, be contagious and spread the virus to others. It is important that you follow quarantine guidance provided by your local public health department or healthcare provider.

✗ I had COVID-19, so I'm immune.

✓ Scientists have studied similar viruses and say it is possible to get COVID-19 more than once. They are still learning more about how likely you are to get infected again, how often it happens, and who has a higher chance of getting the disease again. Even if you had COVID-19, you should still wear a mask in public, stay away from crowds, wash your hands and get the vaccine.

The COVID-19 vaccines are unsafe because drug companies created them quickly.

Because we are in a global pandemic, drug companies moved quickly to make the COVID-19 vaccines. For many years, they had already been doing research on new vaccines because of other outbreaks, so the technology was available for quick action on COVID-19 vaccine research and development. In the United States, all vaccines go vaccines in the United States go through strict studies and approval from the Food and Drug Administration (FDA) to make sure they are safe and will work.

The COVID-19 vaccine can make you sick with COVID-19.

None of the COVID-19 vaccines approved for use in the United States contain the live virus that causes COVID-19.

The COVID-19 vaccine makes people sick who were otherwise healthy.

There are several different types of vaccines. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

Some people got COVID-19 right after their vaccine, so it must not work.

It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. Though unlikely, a person could be infected with the virus that causes COVID-19 just before or just after vaccination.

The COVID-19 vaccine will alter my DNA.

The COVID-19 vaccine will not alter your DNA. There are currently two types of COVID-19 vaccines that have been authorized for use in the United States: messenger RNA (mRNA) vaccines and viral vector vaccines. They each work in different ways to help the body's natural defenses to safely develop immunity to disease by sending instructions to our cells to start building protection.

The COVID-19 vaccines do not work on new strains of the virus.

It is normal for viruses to change over time. Scientists have found multiple strains of COVID-19 around the world. Scientists are still studying if the COVID-19 vaccines work against these mutations.

Please remember to always do your research and get your information from sources that aretrusted for medical, scientific and factual information, such as the Centers for Disease Control (www.cdc.gov), National Institutes of Health (www.nih.gov), your local health department or major research hospitals. If you hear something that does not sound right, be your own best advocate and check it out! Download a list of credible resources at: https://bit.ly/3yb0yZi

www.Qsource.org

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Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

COVID-19 vaccine products currently approved or authorized in the United States

Pfizer-BioNTech

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
					Dose	Injection volume	Dose	Injection volume
6 months–4 years	Monovalent	Maroon	Maroon	Yes	3 *µg*	0.2 mL	NA	NA
5–11 years	Monovalent	Orange	Orange	Yes	10 *µg*	0.2 mL	NA	NA
5–11 years	Bivalent	Orange	Orange	Yes	NA	NA	10 *µg*	0.2 mL
12 years and older	Monovalent	Gray	Gray	No	30 *µg*	0.3 mL	NA	NA
12 years and older	Bivalent	Gray	Gray	No	NA	NA	30 *µg*	0.3 mL

Moderna

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
					Dose	Injection volume	Dose	Injection volume
6 months–5 years	Monovalent	Dark blue	Magenta	No	25 *µg*	0.25 mL	NA	NA
6-11 years	Monovalent	Dark blue	Purple	No	50 *µg*	0.5 mL	NA	NA
6-11 years	Bivalent	Dark blue	Gray	No	NA	NA	25 *µg*	0.25 mL
12 years and older	Monovalent	Red	Light blue	No	100 *µg*	0.5 mL	NA	NA
12 years and older	Bivalent	Dark blue	Gray	No	NA	NA	50 *µg*	0.5 mL

Janssen

Janssen COVID-19 Vaccine is authorized for adults ages 18 years and older in certain limited situations due to safety considerations. For guidance on respective record review, scheduling and administration of Janssen vaccine see Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendix A

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
					Dose	Injection volume	Dose	Injection volume
18 years and older	Monovalent	Blue	No Color	No	5×10^{10} viral particles	0.5 mL	5×10^{10} viral particles	0.5 mL

Novavax

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses*	
					Dose	Injection volume	Dose	Injection volume
12 years and older	Monovalent	Royal blue	No Color	No	5 *µg* rS and 50 *µg* of Matrix-M™ adjuvant	0.5 mL	5 *µg* rS and 50 *µg* of Matrix-M™ adjuvant	0.5 mL

* Booster doses are only indicated for recipients 18 years and age and older in limited situations, see: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

All currently authorized or approved COVID-19 vaccines	
COVID-19 vaccination schedule	■ See the Interim COVID-19 Immunization Schedule for Ages 6 Months or Older at https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf
Pre-vaccination counseling	Prior to vaccination: ■ Provide the vaccine-specific Fact Sheet for Recipients and Caregivers Pfizer-BioNTech (https://www.fda.gov/media/144413/download), Moderna (https://www.fda.gov/media/144637/download), Janssen (https://www.fda.gov/media/146304/download), Novavax (www.novavaxcovidvaccine.com) ■ Screen for contraindications and precautions. CDC's Prevaccination Screening Form and Guidance document can be found at www.cdc.gov/vaccines/covid-19/info-by-product/index.html. ■ Inform vaccine recipients mRNA or Novavax COVID-19 vaccines are recommended over Janssen COVID-19 Vaccine. ■ Counsel vaccine recipients, parents, or guardians about expected reactions post-vaccination (e.g., pain and swelling at the injection site, fever, fatigue, headaches). ■ Inform mRNA and Novavax vaccine recipients especially males ages 12-39 years, of the rare risk of myocarditis and pericarditis following receipt of these COVID-19 vaccines and the benefit of COVID-19 vaccination in reducing the risk of severe outcomes from COVID-19.† Counseling should also include the need to seek care if symptoms of myocarditis or pericarditis occur after vaccination, particularly in the week following vaccination. For more information see: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#myocarditis-pericarditis. ■ Inform vaccine recipients interested in or receiving Janssen COVID-19 Vaccine of the risk and symptoms of thrombosis with thrombocytopenia syndrome (TTS), as well as the need to seek immediate medical care should symptoms develop after receiving Janssen vaccine. For more information see: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a.
Interchangeability of vaccines	■ In general, the same COVID-19 monovalent vaccine product (Pfizer-BioNTech, Moderna, Novavax) should be used for all doses in the primary series. In exceptional situations when the previous product cannot be determined/not available or if a person is unable to complete a series with the same COVID-19 vaccine due to a contraindication any age-appropriate mRNA COVID-19 vaccine may be used (administer at a minimum interval of 28 days). ■ For booster vaccination, any homologous or heterologous age-appropriate mRNA vaccine can be used. Recommendations vary based on age and primary series product. (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability).‡
Coadministration with other vaccines	■ COVID-19 vaccines may be administered on the same day as other vaccines. ■ Persons, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus (monkeypox) vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNtech COVID-19 vaccine. ■ Administer each injection in a different injection site.

† See Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States at: www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#recommendations for detailed guidance.

‡ For booster vaccination, homologous or heterologous mRNA booster is recommended.

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

All currently authorized or approved COVID-19 vaccines	
Contraindications	History of: ■ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine ■ A known diagnosed allergy to a component of the COVID-19 vaccine ■ For the Janssen COVID-19 Vaccine, TTS following receipt of a previous Janssen COVID-19 Vaccine (or other COVID-19 vaccines not currently authorized or approved in the United States that are based on adenovirus vectors, e.g., AstraZeneca)§
Precautions	■ History of anaphylaxis after any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"]) ■ History of multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) ■ History of an immediate (within 4 hours of exposure) non-severe allergic reaction after a dose of one type of COVID-19 vaccine have a precaution to the same type of COVID-19 vaccine ■ Allergy-related contraindication to one type of COVID-19 vaccine have a precaution to the other types of COVID-19 vaccines.¶ ■ Moderate or severe acute illness, with or without fever ■ History of myocarditis or pericarditis after a dose of an mRNA or Novavax COVID-19 vaccine ■ For Janssen COVID-19 Vaccine, a history of Guillain-Barré syndrome**
Considerations for all FDA-authorized or -approved COVID-19 vaccines	
Persons receiving HCT and CAR-T-cell therapy	■ If received doses of COVID-19 vaccine prior to or during HCT or CAR-T cell therapy, should be revaccinated for any monovalent primary series and bivalent booster doses received before or during treatment at least 3 months (12 weeks) after transplant or CAR-T-cell therapy. There is no revaccination for monovalent booster doses.
Persons who are moderately or severely immunocompromised	■ See the Interim COVID-19 Immunization Schedule for Ages 6 Months or Older at https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf
Persons receiving immunosuppressive therapies	■ Whenever possible, COVID-19 vaccines should be administered at least 2 weeks before initiation or resumption of immunosuppressive therapies
SARS-CoV-2 infection ■ Current infection ■ History of previous infection ■ Exposed to an infected person	COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARS-CoV-2 infection. ■ Defer vaccination until person has recovered from acute illness and criteria have been met for them to discontinue isolation. ■ People who recently had SARS-CoV-2 infection may consider delaying their next COVID-19 dose by 3 months from symptom onset or positive test (if infection was asymptomatic). ■ Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended for the purpose of vaccine decision-making. ■ Additional information at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection ■ COVID-19 vaccination is not recommended for post-exposure prophylaxis.

§ Additionally, people with a history of an episode of immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as spontaneous or classic HIT, should not receive Janssen COVID-19 Vaccine. These people should receive an mRNA or Novavax COVID-19 vaccine booster dose.

¶ People with a known allergy to polysorbate have a contraindication to both Novavax ad Janssen COVID-19 vaccines.

** People who develop GBS within 6 weeks after receipt of Janssen COVID-19 Vaccine should not receive another dose of Janssen COVID-19 Vaccine. These people should receive a booster dose of an mRNA COVID-19 vaccine for subsequent doses.

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

Considerations for all FDA-authorized or -approved COVID-19 vaccines	
Persons with history of multisystem inflammatory syndrome (MIS-C and MIS-A) from SARS-CoV-2 infection	■ COVID-19 vaccines can be given; wait until clinical recovery and at least 90 days after an MIS-C or MIS-A diagnosis. ■ For persons who have had MIS-C or MIS-A from SARS-CoV-2 infection who have not yet received COVID-19 vaccine or who developed MIS-C or MIS-A after COVID-19 vaccination, a conversation between the vaccine recipient, guardian, and clinical team or specialist to discuss benefits and risks of receiving a COVID-19 vaccine is encouraged. ■ Clinical recovery, including return to normal cardiac function, is an important factor when considering COVID-19 vaccination. Additional information at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid19-vaccination-misc-misa
Persons who received passive antibody therapy (convalescent plasma/ monoclonal antibodies)	■ COVID-19 vaccination can be given at any interval following receipt of passive antibody therapy. ■ Persons should wait 2 weeks after COVID-19 vaccination before receiving tixagevimab/cilgavimab (EVUSHELD) for pre-exposure prophylaxis.
Persons who are pregnant, breastfeeding, trying to get pregnant, or might become pregnant in the future	■ Are recommended to be vaccinated according to the recommended schedule.
Considerations for mRNA vaccines and Novavax	
Persons with a history of myocarditis or pericarditis	■ Development of myocarditis or pericarditis after a dose of an mRNA or Novavax COVID-19 vaccine is a precaution to a subsequent dose of any COVID-19 vaccine. ■ If after a risk assessment the decision is made to receive a subsequent COVID-19 vaccine dose, the person should wait until after their episode has resolved. ■ For information on potential use of Janssen COVID-19 Vaccine in this situation, see Appendix A at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix. html#appendix-a ■ Persons who have a history of myocarditis or pericarditis unrelated to mRNA or Novavax COVID-19 vaccination may receive any age-appropriate COVID-19 vaccine after the episode of myocarditis or pericarditis has resolved. ■ For more information see: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#myocarditis-pericarditis
Considerations for Janssen COVID-19 Vaccine	
Janssen COVID-19 Vaccine is authorized for adults ages 18 years and older in certain limited situations due to safety considerations. For more information, see https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a	
Persons with a history of Guillain-Barré syndrome (GBS)	■ A history of GBS is a precaution for receipt of Janssen COVID-19 Vaccine. An mRNA or Novavax vaccine is recommended.. ■ Persons who develop GBS within 6 weeks of Janssen COVID-19 vaccination should only receive an mRNA COVID-19 vaccine for subsequent doses. These people should receive a booster dose of an mRNA COVID-19 vaccine for subsequent doses.

Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States

Considerations for Janssen COVID-19 Vaccine	
Persons with a history of thrombosis with thrombocytopenia syndrome (TTS)	■ It is contraindicated to administer Janssen COVID-19 Vaccine to persons with a history of TTS following receipt of the Janssen COVID-19 Vaccine or any other adenovirus vector-based COVID-19 vaccines (e.g., AstraZeneca's COVID-19 Vaccine). ■ These persons should receive a dose of an mRNA COVID-19 vaccine as a booster dose at least 2 months (8 weeks) following their dose of the Janssen COVID-19 Vaccine and after their clinical condition has stabilized.
Persons with a history of heparin-induced thrombocytopenia (HIT)	■ Persons with a history of an episode of an immune-mediated syndrome characterized by TTS, such as a spontaneous or classic HIT, should not receive Janssen COVID-19 Vaccine. ■ These persons should receive an mRNA or Novavax COVID-19 vaccine.
General COVID-19 Vaccination Information	
Persons vaccinated outside the United States	■ The recommendations for people vaccinated outside the United States depend on the number and type of vaccine(s) received for the primary series and booster doses, whether the primary series was completed, and whether a booster dose was received. Current guidance can be found at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-b
Post-vaccination observation periods	**15 minutes**: Vaccination providers, particularly when vaccinating adolescents, should consider observing vaccine recipients for 15 minutes after vaccination because of the risk of syncope. **30 minutes**: Vaccination providers should consider observing persons with the following medical histories for 30 minutes after vaccination to monitor for allergic reactions: ■ An allergy-related contraindication to a different type of COVID-19 vaccine ■ Non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of COVID-19 vaccine ■ Anaphylaxis after non-COVID-19 vaccines or injectable therapies
SARS-CoV-2 antibody testing	■ Antibody testing is not recommended for vaccine decision-making or to assess immunity following vaccination.
Reporting requirements	Adverse events that occur following COVID-19 vaccination should be reported to VAERS (https://vaers.hhs.gov/). COVID-19 providers are required to report: ■ Vaccine administration errors ■ Serious adverse events ■ Cases of Multisystem Inflammatory Syndrome ■ Cases of COVID-19 that result in hospitalization or death