A Message from Mark E. Wilson, MD Health Officer

1b is One Big Group; COVID-19 Vaccination Challenges Ahead

Currently all Alabama counties are offering the COVID-19 vaccine to everyone age 65-74 and people in Phase 1b in the Alabama COVID-19 Vaccination Allocation Plan. The expansion from 1a to include 1b happened on February 8, 2021. This includes:

- Food and agriculture workers
- U.S. Postal Service workers
- Manufacturing workers
- Grocery store workers
- Public transit workers
- People in education and childcare (teachers and support staff)
- Judiciary, including judges and district attorneys
- Persons working or living in congregate living settings
- Clergy/ministers
- People deemed essential for continuity of state government

According to the Alabama Department of Public Health (ADPH), this adds more than 1 million more Alabamians to the 326,000 people working in health care (Phase 1a) and 350,000 people age 75 and older who are already eligible to receive the vaccine.

Jefferson County has numerous health care organizations and pharmacies able to vaccinate large numbers of people, in addition to the Jefferson County Department of Health (JCDH). Therefore, vaccine supply is our main rate-limiting factor, not the capacity to administer it. At the rate supply is becoming available, along with the requirement for second doses with the currently available vaccines, it will likely take several weeks to meet the demand in Phase 1b. Additionally, we still have some unmet demand among people age 75 and older who became eligible on January 18.

The good news is that highly effective and safe vaccines were approved in record time, and a large number of people do want to be vaccinated. The bad news is that the demand is far greater than the supply, so a lot of people are going to have to wait. It will be frustrating for many. Vaccine requests to the Jefferson County Vaccine Call Center far exceed available doses, and the same is true for other vaccine providers in the area. Nonetheless, people are encouraged to keep signing up so we know about their intent to get the vaccine when it does become available. Eligible people should take whatever first opportunity they get to be vaccinated.

Other challenges lie ahead. One is making sure vaccine access and uptake are equitable across geography, income level, race, and ethnicity. Alabama is receiving its fair share of vaccines based on population, and ADPH is making an effort to be equitable in its allocation to all the counties in the state. However, it can appear that there is inequitable distribution within a county, especially a large and diverse one like Jefferson County. Early on, vaccines mostly went to hospitals to prioritize front-line health care workers. Some vaccine providers, such as UAB, received large allotments of the Pfizer vaccine because they were among the few that had the ultra-cold freezer storage required. The Moderna vaccine, which is easier to store, is being requested and distributed to a greater number of sites. This means there is less vaccine available at each site. For example, JCDH, which is designated as a Moderna site, is being provided enough vaccine to give second doses only throughout February, with very little left for first doses. ADPH has approved other sites in Jefferson County that have not yet received their first shipment.

Health equity is a major priority for JCDH, and we are fortunate to have other partners in the community who share this priority. According to the Centers for Disease Control and Prevention, Black people in the United States, on average, are 3.7 times more likely to be hospitalized and 2.8 times more likely to die from COVID-19 than White people. Latinos are 4.1 times more likely to be hospitalized and 2.8 times to die than Whites. Data so far indicate that we are beating the odds for racial disparities in COVID-19 deaths in Jefferson County, but we could see greater disparities emerge if an insufficient number of black and brown people are not vaccinated. Preliminary data show that disparities in vaccination rates are already emerging, as they have in other states. There are multiple reasons why this tends to occur, but we must make a special effort to overcome this tendency. Even before the vaccines became available, JCDH began efforts to reach Black and Latino communities with vaccine information, and we will continue to do so.

Another challenge is the pandemic of misinformation, rumors, and myths. We urge everyone to use reliable sources such as the CDC for information about COVID-19 vaccines.

Until we reach the ultimate goal of herd immunity with vaccination, we must remain vigilant to prevent the spread of the virus. While new cases and hospitalizations due to COVID-19 have been going down from the disastrous holiday surge, there is still a risk of another surge as the more contagious variant strains emerge. We all know the drill: Wear a mask, watch your distance, wash your hands, and avoid large gatherings.

A Message from David B. Hicks, DO, MPH, FAAFP Deputy Health Officer

Communicating vaccine effectiveness, safety, availability, eligibility, and access

We all have a personal responsibility to protect ourselves and our loved ones. We don't want the risk of spreading COVID-19 to others, the risk of getting sick, the risk of more stay-at-home orders, and, most importantly, the risk of dying. We want to return to normal living. Now, with safe and effective vaccines, we have the opportunity to finally get rid of the virus. The best way out of this pandemic is to continue working together to care for all of those around us.

Although the current vaccine supply is not enough to meet demand, more is on the way soon. Besides limited vaccine availability, our biggest challenge is vaccine hesitancy. Some people distrust governmental institutions and healthcare systems due to historical atrocities such as the Tuskegee Study of Untreated Syphilis in the African American Male and sterilization without people's permission. Others may be hesitant due to misinformation being spread about the vaccine that can lead to doubt and confusion. We believe that by providing factual information from credible sources, people can be empowered to make an informed decision for themselves about getting vaccinated.

So what are the facts? It is estimated that in the United States over the past 70 years, nearly 200 million cases of infectious disease and 500,000 deaths have been prevented due to vaccinations. Sadly, as of 2/22/2021, there have been almost 500,000 deaths just due to the COVID-19 pandemic thus far in the United States. Millions of Americans perform work that is vital for the function of our critical infrastructure, and many of these workers interact with the general public putting them at increased risk of exposure to COVID- 19. Also, millions of Americans have medical conditions that put them at high-risk of COVID-19 complications.

Our pandemic response efforts have shifted to vaccinating the community. JCDH is committed to keeping you informed with the latest information based on data, facts, and science. Our communication strategy is rooted in the following themes: vaccine effectiveness, safety, availability, eligibility, and access. Television, radio, print, internet, and social media platforms have been used to regularly deliver public health messages. JCDH continues to participate in community forums and answer questions of concern. JCDH has held countless education sessions with faith-based groups, social and civic organizations, elected officials, and others.

First, JCDH must communicate that the vaccines work and are safe. Vaccine effectiveness is how well a vaccine prevents you from getting COVID-19. The currently available COVID-19 vaccines greatly reduce the chance you will get infected and are much better at reducing infection than typical flu vaccines. A "safe" vaccine is one that has few or no side effects. Apart from the possibility of temporary symptoms such as arm soreness, fatigue, fever, headache, chills, or upset stomach, COVID-19 vaccines have not caused any alarming side effects. If you develop these, it is a sign that your body is building an immune response from the vaccine, and that is the goal.

Second, the order of groups of people eligible for vaccination is based on guidance from the Centers for Disease Control & Prevention, the Alabama Department of Public Health, and these ethical principles:

maximize benefits and minimize harms, equity, justice, fairness, and transparency. We need to follow this vaccination order to protect those at the highest risk of exposure, hospitalization, and death.

Third, you need to know how to get access to the vaccines. Currently, some hospitals, community health centers, health departments, and pharmacies have received vaccine supply, but it is not enough to meet demand. Ultimately, you should be able to go to any pharmacy or physician's office in town to get vaccinated, but we're not there yet. Every week more and more healthcare providers are getting shipments of vaccines, but many people are waiting to get this much-needed resource. Demand is outpacing supply now, but eventually, vaccine production and distribution will be at a point where people will not have to clamor or travel far to get a vaccination.

JCDH is advocating for more locations for vaccine distribution so you will not have to travel far from home to get vaccinated. These locations need to be equitably distributed throughout the county. JCDH will continue to serve you and make adjustments as needed to ensure a healthier Jefferson County for all.

A Message from Dr. Wesley Willeford, MD Medical Director

As of 02/22/2021, the United States has seen 28,135,045 cases of COVID-19, and so far, this has resulted in at least 499,056 deaths since February 2020. At the local level as of 02/22/2021, Jefferson County has seen 70,249 cases of COVID-19 resulting in 1,334 deaths. Unfortunately, the effects of COVID-19 continue to be felt in our community. At the end of December 2020 and the beginning of January 2021, the Jefferson County healthcare system was straining to take care of the large number of patients infected with COVID-19. This resulted in postponing necessary surgical procedures to provide additional space to care for those infected by COVID-19, and this posed an unimaginable toll on our nurses, laboratory workers, and doctors as they rose to the occasion to provide care for all of the patients in need. Thankfully, around the middle of January 2021, cases and hospitalizations in Jefferson County and throughout Alabama began to lessen. Given the struggles of December and January, this has been incredibly welcomed news. We hope that this trend in cases and hospitalizations will continue as we move into the spring and the summer.

Unfortunately, new variants of SARS-CoV-2, the virus that causes COVID-19, have been circulating around the world. Early information suggests that many of these strains are easier to pass from one person to another, and it is unclear how this will impact the current downward trend in cases in Alabama. Some of the variant strains have been detected in Alabama, and there are likely more cases that have not yetbeen recognized. Both of the vaccines, Pfizer and Moderna, currently available show protection against the variants, and this adds new urgency to implement a rapid and safe rollout of the vaccines in the United States.

At the end of December 2020, the United States Food and Drug Administration (FDA) approved the first vaccine for COVID-19, the Pfizer-BioNTech mRNA vaccine. Shortly after that, the FDA approved the Moderna mRNA vaccine. Both of these vaccines were proven to be highly effective (approaching 95%) at preventing symptomatic COVID-19. These vaccines also proved to be remarkably effective at preventing hospitalization due to COVID-19 across all age groups. The effectiveness of these vaccines is truly amazing, and they are a safe way to prevent COVID-19 illnesses, hospitalizations, and death. The vaccine is often accompanied by side effects, and we want to be clear and upfront about what people can expect. The most common side effects are: soreness at the site of injection, tiredness, headache, fever, and sometimes chills. In general, side effects are more noticeable after the second dose, and this is expected. After the first injection, the body is seeing a small portion of a material that looks like the virus, and it begins the process of building protection against future exposure to COVID-19. When you receive the second dose of the vaccine, your body is ready to pounce on this foreign material that looks like the COVID-19 virus, and this may result in more noticeable symptoms. However, after the second dose, you will have tremendous protection against COVID-19.

Recently, the pharmaceutical company Johnson and Johnson announced that they are submitting a vaccine candidate for review to the FDA on February 26, 2021. If approved, this will be the first single-dose COVID-19 vaccine available. Additionally, this vaccine is easier to store. If it is approved, the Johnson and Johnson COVID-19 vaccine will be an important way to deliver vaccines throughout the United States.

When considering whether or not to take the vaccine, think about the toll that COVID-19 has taken on our fellow residents and our loved ones. As of 2/22/2021, almost 500,000 people in the United States have died from COVID-19; this virus has touched many of us personally. Unfortunately, COVID-19 has the most severe effects on those who are older and more vulnerable. If you receive one of the COVID-19 vaccines, you are not just protecting yourself, you are protecting those who are dear to you. Additionally, once you complete your two doses of either the Pfizer of Moderna vaccine, new guidance from the CDC states that you would not have to quarantine after being exposed to COVID-19. As more vaccine is produced and the rollout continues to all parts of our community, we encourage each member of the Jefferson County community to get vaccinated against COVID-19. For the first time in almost a full year, there is light at the end of this dark path. Through the support of the State and Federal Government, the hard work of countless scientists, and the unparalleled ingenuity of the people of the United States, we have real options to end this pandemic and begin to return to a much more normal life. We have missed football games, weddings, family reunions, and holidays. By being vaccinated, we can all take one-step closer to getting back to things we enjoy the most. Even after you get your vaccine, please remember to wear a mask in public, avoid large gatherings, keep your distance of at least 6 feet from those outside of your household, and wash your hands until we have vaccinated enough people to make COVID-19 a distant memory.

COVID-19 Vaccine FAQs (Frequently Asked Questions)

Why should I consider getting a COVID-19 vaccine?

Getting a COVID-19 vaccine is the best and safest way to become immune (unable to get sick from) COVID-19. Getting the vaccine helps your body's immune system build protection (defense) against the virus in case you are exposed to it in the future. COVID-19 vaccination helps protect you by making an antibody response without you getting sick. Catching the virus is another way to build protection, but this is risky and you could get very sick, have to go to the hospital, or even die. It is not known how long the natural immunity from having COVID-19 lasts. The risk of severe illness and death from COVID-19 is much greater than the benefits of natural immunity from having COVID-19. Also, if you get COVID-19, you can spread the virus to friends, family, and others around you while you are sick.

How many COVID-19 vaccines are there?

At this time, there are two COVID-19 vaccines, made by Pfizer and Moderna, approved by the Food and Drug Administration (FDA) under an Emergency Use Authorization or EUA. You can <u>watch a video on what an EUA is here</u>. More COVID-19 vaccines are under development.

How do the Pfizer and Moderna COVID-19 vaccines work?

These vaccines work by giving your body the recipe to make the spike protein that is on the outside of the virus that causes COVID-19. When your body sees that spike protein, it makes protective antibodies to it. Later, if you are exposed to the real virus, it remembers seeing that spike protein and kills the virus before it can make you sick.

How are the COVID-19 vaccines given?

Both the Pfizer and Moderna COVID-19 vaccines require two injections (shots) into the muscle of the upper arm. The Pfizer COVID-19 vaccine shots are given 21 days apart, and the Moderna COVID-19 vaccine shots are given 28 days apart. The FDA will review Johnson and Johnson's one-dose COVID-19 vaccine on February 26, 2021.

What happens if I get only the first COVID-19 vaccine shot and not the second?

The second dose or shot of the COVID-19 vaccine acts as a booster to the first, causing the body's immune system to make memory cells that last for some

time to protect against the virus in the future. Even if the first dose or shot of a COVID-19 vaccine gives some protection in the short term, getting the second dose is key to best protecting you.

Can I get COVID-19 between the first and second shots?

The FDA states that the Pfizer and Moderna COVID-19 vaccines start working within about two weeks of the first dose. But, it takes a few weeks for the body to build immunity after getting the shots. This means you could get infected with the virus that causes COVID-19 just before or after your vaccination. Also, the Pfizer and Moderna vaccines do not provide 100% protection. This is why everyone will still need to wear a mask, social distance, and practice good hand hygiene even after getting a COVID-19 vaccine.

How well do the COVID-19 vaccines work? How long does it take to become immune, and how long does the immunity last?

Based on what was learned from the tens of thousands of people who took the Pfizer or Moderna COVID-19 vaccine during the clinical trials (studies), the Pfizer vaccine is 95% effective in preventing illness from COVID-19 after 14 days of getting the second dose (shot) of the vaccine. The Moderna vaccine is 94.5% effective at preventing illness from COVID-19 after 14 days of getting the second dose (shot) of the vaccine. You must get both doses of one of the vaccines to have the best protection against the virus.

The exact length of immunity after getting a COVID-19 vaccination is not known. People who were in the clinical trials will continue to be followed for two years after vaccination to help answer this question.

Are the COVID-19 vaccines effective for all groups of people based on age, gender, ethnicity, and race?

The results from the Pfizer and Moderna COVID-19 vaccine clinical trials were reported by age, gender, race, ethnicity, and more. The findings were that the vaccines worked well in every group of people. The limits of these studies were that there were small numbers of people from some minority groups and that children under the age of 16 and pregnant women were not included.

Are the approved COVID-19 vaccines safe?

Yes. The Pfizer and Moderna COVID-19 vaccines have been given to millions of people and are safe and very good at keeping people from getting sick with COVID-19.



The safety of COVID-19 vaccines is of the highest importance. Clinical trials of any vaccine must first show it is safe and effective (found to work) before the vaccine can be approved by the FDA for use. The known and possible benefits of a vaccine must also be greater than the known and possible risks of the vaccine for use under an Emergency Use Authorization (EUA).

What are the side effects of the COVID-19 vaccines?

Some people who get a COVID-19 vaccine will develop one or more side effects from the vaccine. The most common side effects of COVID-19 vaccines are arm soreness or redness, fever, headache, chills, muscle, and joint aches, and fatigue (tiredness) that develop a few days after getting the vaccine. These side effects are signs that the immune system is responding. Some people will have no side effects or may have only one or two. These side effects are usually mild and go away after a day or two.

Do the COVID-19 vaccines cause allergic reactions?

Very rarely, severe allergic reactions have been reported in persons who got a COVID-19 vaccines. While these reactions are being studied, people who have had severe allergic reactions to injected or infused medications or vaccines in the past should be observed (watched) for at least 30 minutes after getting a COVID-19 vaccine. People with allergies to foods, animals, venom, dust or pollens, or pill medicines have not been shown to have any bad reaction from the COVID-19 vaccines.

Is there anyone who should not get a COVID-19 vaccination?

A person who has had a severe allergic reaction to any component (part) of the Pfizer or Moderna COVID-19 vaccine should not get the vaccine.

Will allergies or medicines impact how well the COVID-19 vaccines work?

People who take immunosuppressive medications may get the COVID-19 vaccination, but it is not known if the vaccine will be as effective (work as well) for them.

Do I have to get tested for COVID-19 before getting the vaccine?

No. You do not need a COVID-19 test before getting a COVID-19 vaccine.

After getting the vaccine (both doses), when will I be immune from COVID-19?

Based on the tens of thousands of people who took the vaccine during the COVID-

19 vaccine clinical trials, the Pfizer vaccine is 95% effective in preventing illness from COVID-19 after 14 days of getting the second dose of the vaccine. The Moderna vaccine is 94.5% effective at preventing illness from COVID-19 after 14 days of getting the second dose of the vaccine. You must get both doses of either the Pfizer or Moderna COVID-19 vaccine to have the best protection against the virus.

Can the COVID-19 vaccine infect me with the virus?

No. None of the COVID-19 vaccines now in use or those being developed at this time in the United States contain the virus. There is no way these vaccines can infect you with COVID-19.

Can I choose which COVID-19 vaccine I get?

Most vaccine providers will provide either the Pfizer or Moderna vaccine. Once you are notified that you are eligible to schedule your COVID-19 vaccination, you may be able to select a vaccine provider who is giving the COVID-19 vaccine you prefer. It is important to get both doses of the currently available COVID-19 vaccine from the same maker, Pfizer or Moderna.

Do I need to get the COVID-19 vaccine if I've already had COVID-19?

Yes. According to the Centers for Disease Control and Prevention (CDC), people who have been diagnosed with COVID-19 are unlikely to get COVID-19 again within 90 days of having it. If you have had COVID-19, you can get the vaccine as soon as you finish your isolation period (In most cases, 10 days after your first positive COVID test or your symptoms started and when you have not had a fever for at least 24 hours). You may also choose to wait to get the COVID-19 vaccine to let more high-risk people get vaccinated.

Can I still be a carrier of the virus that causes COVID-19 after getting the COVID-19 vaccine?

Yes, it is possible that you can have the virus, but not have any COVID-19 symptoms, after getting the vaccine. People who have the virus but no symptoms are called carriers. Taking the COVID-19 vaccine helps keep you from getting very sick even if you do get COVID-19. The vaccine also may protect people around you from getting sick - particularly people who are at higher risk for severe illness from COVID-19.

More studies are being done on how COVID-19 vaccines impact the severity of illness from COVID-19 and on the ability of the COVID-19 vaccine to keep people from spreading the virus.



Will getting a COVID-19 vaccine cause me to test positive on a COVID-19 lab test?

No. The Pfizer and Moderna vaccines will not cause you to test positive on the viral tests used to see if you have a current COVID-19 infection. But, once your body develops an immune response from the vaccine, there is a chance you may test positive on some antibody tests. Antibody tests for COVID-19 will tell if you have had a COVID-19 infection in the past and may have some protection against the virus.

If I get sick with COVID-19 after my first dose (shot) of the vaccine but before getting my second dose of the vaccine, what do I do about the second dose?

You should still plan to get the second dose (shot) after you recover from your COVID-19 illness *and* after you finish your isolation period for COVID-19 infection (for most people, this will be 10 days after symptoms started or first positive COVID-19 test, and you have not had a fever for at least 24 hours). The second dose of vaccine should not be given any sooner than the usual waiting period for the second dose (21 days for the Pfizer COVID-19 vaccine or 28 days for the Moderna COVID-19 vaccine).

What percent of the population needs to get the vaccine for it to be effective (work) and give us "herd Immunity?"

3.4 million, or 70% of the 4.9 million people living in Alabama will need to get the COVID-19 vaccine to give the state "herd immunity." For Jefferson County, 461,510 people living in the county need to get the COVID-19 vaccine to reach herd immunity locally. Herd immunity happens when enough people have protection from a germ that causes a disease, through having had the disease in the past or vaccination, so the germ is unlikely to spread and cause disease.

After I get the COVID-19 vaccine, can I stop wearing a mask?

No. It will still be important to follow public health recommendations to protect yourself and others from COVID-19. This means wearing a mask, staying at least 6 feet away from others, avoiding crowds, and washing your hands often. It will take time to vaccinate enough of the people in the county, state, and country to stop the spread of COVID-19. At this time, it is not known how long immunity (protection) from COVID-19 will last after getting the vaccine. COVID-19 infection after getting a COVID-19 vaccine may still be possible, but would likely be less severe, such as a mild or asymptomatic (without any symptoms) case. If you get a COVID-19



infection after vaccination, even if you have no symptoms, you may still be able to infect other people, so masks are still needed.

How long do I have to wait between getting the flu vaccine (or any other vaccine) and the Pfizer or Moderna COVID-19 vaccine?

According to the Centers for Disease Control and Prevention (CDC), the Pfizer and Moderna vaccines should be given alone and at least 14 days before or after any other vaccine. If the Pfizer or Moderna COVID-19 vaccine is given to you within 14 days of your getting another vaccine by mistake, doses do not need to be given again for either vaccine.

If I get COVID-19 symptoms shortly after I've been vaccinated, should I get tested for COVID-19?

If you have COVID-19 symptoms shortly after getting the vaccine, these symptoms <u>do not</u> mean you have gotten COVID-19 from the vaccine. These symptoms are likely side effects of the vaccine, which are normal signs that your body is building protection. These side effects may feel like flu and may even lower your ability to do daily activities. These side effects should go away in a few days. For more information about symptoms or side effects after getting the COVID-19 vaccine, you can view the CDC's <u>What to Expect after Getting a COVID-19 Vaccine Fact Sheet</u>.

I have heard the Pfizer COVID-19 vaccine is not recommended for children under the age of 16, and the Moderna COVID-19 vaccine is not recommended for children under the age of 18. Will children have the option to be vaccinated?

The Pfizer COVID-19 vaccine is not approved for use in children under the age of 16, and the Moderna COVID-19 vaccine is not approved for children under the age of 18. A clear timeframe is not known at this time for when children will be recommended to get the COVID-19 vaccine. Pfizer added children under the age of 12 to their clinical trials in November 2020, so we hope to learn more about how safe and well COVID-19 vaccines work in children as clinical trials continue.

Can I get a COVID-19 vaccine if I got convalescent plasma or monoclonal antibodies?

At this time, there is no data on the safety or on how well COVID-19 vaccines work in people who received monoclonal antibodies or convalescent plasma as part of their COVID-19 treatment. The Advisory Committee on Immunization Practices (ACIP) recommends a COVID-19 vaccine be delayed for at least 90 days after receiving



convalescent plasma or monoclonal antibodies to avoid interference with vaccine effectiveness.

Can the COVID-19 vaccine change my DNA?

No. The mRNA used in the Pfizer and Moderna COVID-19 vaccines is destroyed by the cell after it delivers the message to make the spike protein and cannot change your DNA.

Do the COVID-19 vaccines have any effect on the human reproductive system or fertility?

No. The vaccines do not affect the human reproductive system or the fertility of males or females.

How well do the Pfizer and Moderna COVID-19 vaccines work against the new variants or mutations of the virus that causes COVID-19? Should I wait until there is another vaccine for these new variants?

Both Pfizer and Moderna have stated that their vaccines work against the known variants of the virus that causes COVID-19. Waiting for another vaccine is not recommended.

Should I get the Pfizer or Moderna COVID-19 vaccine if I am planning to get pregnant?

Women who are trying to get pregnant do not need to avoid pregnancy after getting a Pfizer or Moderna COVID-19 vaccination.

Should I get the Pfizer or Moderna COVID-19 vaccine if I am pregnant?

At this time, the CDC states that pregnant women are at a higher risk for severe illness from COVID-19 than those who are not pregnant. Pregnant women with COVID-19 may also be at greater risk for undesired pregnancy outcomes, such as premature birth. There are no studies, at this time, on the safety and efficacy (how well it works) of COVID-19 vaccines in pregnant women to inform vaccine recommendations. The Advisory Committee on Immunization Practices (ACIP) has stated pregnant women and those who are breastfeeding may receive the Pfizer or Moderna vaccine. If you are pregnant, you and your healthcare provider should discuss whether or not you should get a COVID-19 vaccine.

Should I get a COVID-19 vaccine if I am breastfeeding?

There is no data on the safety of COVID-19 vaccines in breastfeeding women or on the

effects of mRNA vaccines (like the Pfizer or Moderna COVID-19 vaccines) on breastfed infants. If you are breastfeeding, you and your healthcare provider should discuss whether or not you should get the vaccine.

Will women be required to take a pregnancy test prior to getting a COVID-19 vaccine?

At this time, the CDC does not recommend routine testing for pregnancy prior to getting a COVID-19 vaccine.

I heard there is a monitoring program for COVID-19 vaccines? How can I take part in this program?

It's called V-safe, a smart-phone based monitoring program. V-safe uses text messages and web surveys to check-in with people who got the COVID-19 vaccine. People who sign up for V-safe report their side effects and health impact events after getting the COVID-19 vaccine. Based on your answers, a person from the CDC may call to check on you and gather more information. V-safe will also remind you when it's time to get your second COVID-19 vaccine dose if one is needed. Before getting the COVID-19 vaccine, you should get an information sheet from your healthcare provider with V-safe information and a link to sign up.

Will there be enough COVID-19 vaccine for everyone?

Since the Food and Drug Administration (FDA) first approved the use of the Pfizer and Moderna COVID-19 vaccines in December 2020, there have not been enough vaccine doses available for every person who wants the vaccine. Because of the limited supply, many people were not able to get a COVID-19 vaccine right away, and others are still waiting to get it. Your timeline for getting the vaccine depends on guidance from the Alabama Department of Public Health (ADPH) and the Advisory Committee on Immunization Practices (ACIP), as well as how much vaccine is available.

The amount of Pfizer and Moderna COVID-19 vaccine being made is increasing. Also, other COVID-19 vaccines are being reviewed for Emergency Use Authorization (EUA) or are in development.

The goal is for every person to be able to easily get a COVID-19 vaccine once large amounts of vaccine are available. In the upcoming months, there will be thousands of places where people can get a COVID-19 vaccine across the country, such as hospitals, health departments, doctors' offices, pharmacies, and federally qualified healthcare centers (FQHCs).



Is there a charge to receive the COVID-19 vaccine? What if I don't have insurance?

You can get a COVID-19 vaccine at no cost. If you do not have health insurance, your vaccine provider may submit charges for giving you the vaccine (administration fee), but will not charge you for the vaccine itself. If you do not have health insurance, there are ways for your vaccination provider to be paid the administration fee from the Health Resources and Services Administration's Provider Relief Fund.

I want to get a COVID-19 vaccine. So, what do I do?

If you live in Jefferson County, Alabama visit the Jefferson County Vaccine Call Center online at https://www.jeffcoema.org/. Click on the green button to self-register for information on getting the vaccine. If you need to speak to someone for assistance or information, you may call the Jefferson County Vaccine Call Center at 205-858-2221. The Jefferson County Call Center takes phone calls Monday through Saturday from 8:00 AM to 8:00 PM.

If you are an Alabama resident who lives outside of Jefferson County, please use the Alabama Department of Public Health's Call Center to schedule your appointment. The number is 1-855-566-5333.

I signed up for the COVID-19 vaccine online at the Jefferson County Vaccine Call Center, what else do I need to do?

Nothing! The Jefferson County Vaccine Call Center has received your information. When you are eligible for the COVID-19 vaccine, you will be contacted by phone or email and given more information on vaccine availability, vaccination opportunities, and vaccination location/providers.

Who decides when I am eligible to get a COVID-19 vaccine?

The Alabama Department of Public Health (ADPH) sets the guidelines for what groups of people are currently eligible to receive the COVID-19 vaccine in Alabama.

I registered online with the Jefferson County Vaccine Call Center but did not get a confirmation email when I hit submit. Did I get registered?

Yes, you should be registered. But, it would be best to call the Jefferson County Vaccine Call Center during business hours to verify that your email address is correct. You can also check your email junk/spam folders to see if the confirmation from



Smartsheet got trapped there. There is no need to re-register.

I got an email from the Jefferson County Vaccine Call Center for making an appointment to get the vaccine, but I am unable to get past the confirmation code part. What do I do?

Do not copy and paste the code or other information from the email into the website scheduler. Please type in the code, email address, etc.

I do not have an email. How can I register for the COVID-19 vaccine online?

Check to see if a friend or family member will let you use their email for your registration. You may call the Jefferson County Vaccine Call Center during its business hours to get registered as well.

I got my first COVID-19 shot outside of Jefferson County. Can I get the second shot in Jefferson County?

Yes, but it is best to get both shots from the same location. If that is not possible, you may register in Jefferson County for the vaccine, online or by phone, and enter the request for the second dose into the comment section at https://www.jeffcoema.org/ at any time or call 205-858-2221 Monday through Saturday between 8:00 AM and 8:00 PM.

I missed my vaccination appointment or tried to schedule my appointment, and there were no more slots left. Do I have to reregister with the Jefferson County Vaccine Call Center?

No. You do not need to call the Jefferson County Vaccine Call Center to re-register. You will be given other options for scheduling your vaccine in the same way you got your first notice to schedule.

When will I be notified to get my COVID-19 vaccine?

When you become eligible for the vaccine based on the ADPH and CDC guidelines, you will be contacted by email or phone (if no email is provided) at that time. The Jefferson County Vaccine Call Center message plays the current eligible list. If you do not meet the current COVID-19 vaccine eligibility criteria, please be patient as we work to include more groups.

I do not live or work in Jefferson County. Can I register to get the COVID-19 vaccine with the Jefferson County Vaccine Call Center?



Unfortunately, no. Please use the Alabama Department of Public Health's Call Center to schedule your appointment. The number is 1-855-566-5333.

Can I call the Jefferson County Emergency Management Agency (EMA) or Jefferson County Department of Health (JCDH) to get on the schedule to get the COVID-19 vaccine if the Jefferson County Vaccine Call Center is closed?

No. The staff of the EMA and JCDH do not have the ability to input people into the system.



Myths and Facts about the COVID-19 Vaccine

Myth: The COVID-19 vaccine was rushed and will not be safe.

Facts: The Pfizer and Moderna COVID-19 vaccines were developed quickly. But, there were no shortcuts in the process. The technology used in the Pfizer and Moderna COVID-19 vaccines is called messenger RNA or mRNA. While these vaccines are the first time mRNA has been widely used in a vaccine for the public, mRNA vaccines have been studied for over 30 years.

Pfizer and Moderna each tested their vaccines with more than 30,000 study volunteers in well-designed clinical trials (studies). The United States Food and Drug Administration (FDA) requires the companies to follow-up with people who received the vaccines for up to two years after getting the vaccines to make sure they are safe and effective (work).

With the many cases of COVID-19 in the United States, it only took a few months for the clinical trials to gather enough information to make a first evaluation of the vaccines. The Food and Drug Administration (FDA) and an independent panel of experts on vaccines very closely reviewed the data from the clinical trials and found the Pfizer and Moderna COVID-19 vaccines to be safe and effective for emergency use. The safety of the Pfizer and Moderna COVID-19 vaccines continue to be evaluated even after the U.S. Food and Drug Administration's (FDA) approval. For more information, click here.

Myth: The vaccine will give me COVID-19.

Facts: The Pfizer and Moderna vaccines help your body's immune system to recognize (see) and fight off disease, but they do not cause infection. The Pfizer and Moderna COVID-19 vaccines and all of the COVID-19 vaccines now in development in the United States do not contain the live virus that causes COVID-19. This means these COVID-19 vaccines cannot make you sick with COVID-19.

The Pfizer and Moderna COVID-19 vaccines include some genetic material called mRNA. The mRNA enters your cells and tells them to make a piece of the spike protein that is on the virus that causes COVID-19. These spike proteins do not harm your body, but they help your immune system recognize (see) and fight off the COVID-19 virus by making antibodies.

When your body is making antibodies after getting the COVID-19 vaccine, you may have a headache, muscle or joint pain, fatigue, or a fever. These side effects of the vaccine mean it is working to protect you from COVID-19.



It usually takes a few weeks for your body to build immunity (protection against the virus that causes COVID-19) and make antibodies after you receive both doses of the Pfizer and Moderna COVID-19 vaccines. This means you can get infected with the virus that causes COVID-19 just before or right after your COVID-19 vaccine shots until your body has enough time to make antibodies that give protection.

Myth: The side effects from the COVID-19 vaccine will be very bad, much worse than having the virus that causes COVID-19.

Facts: We have safety data for more than 70,000 people who were in the Pfizer and Moderna COVID-19 clinical studies.

The most common side effects of the Pfizer COVID-19 vaccine were redness and swelling where the shots are given (84.1%), fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%) and fever (14.2%). These side effects were usually mild and lasted only 1-2 days.

The most common side effects of the Moderna COVID-19 vaccine were redness and swelling where the shots are given (91.6%), fatigue (68.5%), headache (63.0%), muscle pain (59.6 %), joint pain (44.8%), and chills (43.4 %). These side effects were usually mild and lasted only 1-2 days. Side effects from both the Pfizer and Moderna COVID-19 are like the side effects from the seasonal flu or shingles vaccines. The side effects from the COVID-19 vaccine mean that your immune system is making protective antibodies against COVID-19.

Severe reactions such as anaphylaxis to the Pfizer and Moderna COVID-19 vaccines have been very rare and usually have happened to people who have had allergies and allergic reactions to other medicines, including other vaccines in the past.

Myth: Many people have died from the COVID-19 vaccine studies.

Facts: No patients have died from receiving any of the COVID-19 vaccines during the clinical trials in the United States. One patient in the AstraZeneca trial in Brazil died; but this person got a placebo (a fake vaccine), not the actual vaccine.

Since so many people who get COVID-19 survive, I do not need a vaccine.

Facts: It is true that most people who get COVID-19 get better. It is not possible to tell how COVID-19 will impact you. Some people who get COVID-19 have long-lasting and serious complications of the disease. COVID-19 can damage the heart, lungs, kidneys, brain, and other parts of the body. In Jefferson County, Alabama alone, thousands of people with COVID-19 have had to be treated in the hospital and, as of February 22, 2021, more than 1,300 county residents have died from COVID-19.



Myth: I have had COVID-19, so I won't have to get a COVID-19 vaccine because I am already immune.

Facts: Most people make antibodies after they have COVID-19, but not all people do. When people make antibodies after having an infection, it is called natural immunity. We do not know yet how long natural immunity from having COVID-19 lasts. Some people get COVID-19 more than once.

Coronavirus is the type of virus that causes COVID-19, but other coronaviruses cause the common cold. In other coronavirus infections, the antibodies that people make after having the infection last only three to four months. Since you can get COVID-19 more than once and could have severe impacts from it, the COVID-19 vaccine is the best protection against getting COVID-19 in the future.

Myth: The COVID-19 vaccine was developed as a way to control the general population, through either microchip tracking or nanotransducers in our brains.

Facts: This is False. There is no vaccine "microchip," and the COVID-19 vaccines do not track people or gather personal information on them. The vaccines do use nanotechnology (extremely small technology) through the lipid nanoparticles (fatty envelopes) that help strands of mRNA reach the cells without being destroyed. These lipid nanoparticles are not nano-transducers.

Myth: The COVID-19 vaccines can change your DNA.

Facts: COVID-19 mRNA vaccines do not change or interact with your DNA in any way. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept.

The Pfizer and Moderna COVID-19 vaccines use mRNA to tell the cells to make a piece of the spike protein from the virus that causes COVID-19. This causes your body's immune system to develop antibodies (protection) against the virus. Once the mRNA tells the cell to make the spike protein, the cells break down and get rid of the mRNA.

Myth: The COVID-19 vaccines were developed using fetal tissue.

Facts: Neither the Pfizer nor Moderna COVID-19 vaccines use cells that came in fetal tissue taken from the body of an aborted baby at any stage of vaccine design, development, or production.

Myth: Getting a COVID-19 vaccine makes you more likely to get sick.

Facts: Getting a COVID-19 vaccine does not make you more likely to get COVID-19 or any other disease.



Myth: Vaccines, including the COVID-19 vaccine, cause autism in children.

Facts: False. Many studies have shown that vaccines are very safe and work well in children. Vaccines save lives and prevent both sickness and death from several diseases. The CDC posted reviewed concerns about vaccines and autism at www.cdc.gov/vaccinesafety/concerns/autism.html.

Myth: Getting a COVID-19 vaccine during pregnancy is not safe.

Facts: At this time, the CDC states pregnant women are at a higher risk for severe illness from COVID-19 than those who are not pregnant. Pregnant women with COVID-19 may have a higher risk for undesired pregnancy outcomes, such as premature birth. There are no studies, at this time, on the safety and efficacy (how well it works) of COVID-19 vaccines in pregnant women to inform vaccine recommendations. The Advisory Committee on Immunization Practices (ACIP) has stated pregnant women and those who are breastfeeding may receive the Pfizer or Moderna vaccine. If you are pregnant, you and your healthcare provider should discuss whether or not you should get a COVID-19 vaccine.

Myth: COVID-19 vaccines cause infertility, stillbirths, and birth defects in babies.

Facts: Because the COVID-19 vaccines do not contain live virus, they are not thought to cause a greater risk of infertility, loss of a pregnancy, or birth defects. But, getting COVID-19 disease can have serious impacts on the pregnancy and the mother's health.

Women who are trying to get pregnant do not need to avoid pregnancy after getting a Pfizer or Moderna COVID-19 vaccination.

Myth: It is not safe to get a COVID-19 vaccine if breastfeeding.

Facts: There are no data on the safety of COVID-19 vaccines in breastfeeding women or on the effects of mRNA vaccines (like the Pfizer or Moderna COVID-19 vaccines) on breastfed infants. If you are breastfeeding, you and your healthcare provider should discuss whether or not you should get the vaccine.

Myth: There have not been enough tests of the Pfizer and Moderna COVID-19 vaccine on people with certain health conditions.

Facts: Patients who are immunocompromised were not included in the initial Pfizer and Moderna COVID-19 clinical trials. But, we know that patients with some underlying conditions are at higher risk of severe COVID-19. The CDC recommends people who are immunocompromised receive the COVID-19 vaccine unless there is a known reason not to get the vaccine, such as an allergy to other vaccines.



Myth: I might be allergic to the COVID-19 vaccine and should not get it.

Facts: The number of people who have had a severe reaction to the Pfizer or Moderna COVID-19 vaccines is very, very small. The CDC considers a history of the following to be a reason not to receive the Pfizer or Moderna COVID-19 vaccines:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components (parts)
- Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])*
- Immediate allergic reaction of any severity to polysorbate (due to potential crossreactive hypersensitivity with the vaccine ingredient PEG)*

*If you have had any of the reactions above, you should not receive mRNA COVID-19 vaccination (Pfizer or Moderna) at this time unless you have been evaluated by an allergist-immunologist, and it is decided that you can safely receive the vaccine.

COVID-19 vaccine providers should watch all people who get the COVID-19 vaccine to look for adverse reactions:

- People with a history of severe reactions to a previous vaccine or parts of the COVID-19 vaccine are to be watched for 30 minutes.
- All other people should be watched for 15 minutes.

Myth: The timing of the vaccine is suspicious in the United States' political culture.

Facts: The Pfizer and Moderna vaccines were developed quickly, but this does not mean that the process to develop them was not safe. Also, these vaccines have been approved for use in both the United Kingdom and Canada, which are not part of the United States' political culture.

Myth: Once I get a COVID-19 vaccine, I can stop wearing a mask and social distancing.

Facts: People who get the COVID-19 vaccine still need to use public health recommendations. Keep your mask on, stay at least six feet from people outside your household, avoid crowds, and wash your hands. The Pfizer and Moderna COVID-19 vaccines do not stop the virus from getting into your body; they only keep you from having moderate to severe COVID-19. We do not know yet if people who get the COVID-19 vaccine can still spread the virus to others.



Myth: Now that there are COVID-19 vaccines, the pandemic will be over soon.

Facts: It will take a long time to vaccinate enough people to get to "herd immunity" and end the pandemic. Herd immunity is when the virus that causes COVID-19 is unlikely to spread and cause disease. 3.4 million, or 70% of the 4.9 million people living in Alabama will need to get the COVID-19 vaccine to achieve "herd immunity." For Jefferson County, 461,510 people living in the county need to get the COVID-19 vaccine to reach herd immunity locally.

Percentage of 530,021 Alabamians vaccinated against COVID-19 by race* as of 2/19/2021

American Indian/ Alaskan Native

0.1% vaccinated (699 people)

Asian

vaccinated (5,749 people)

Black or African-American

11.9%

vaccinated (63,299 people)

Native Hawaiian/Pacific Islander

0.04% vaccinated (201 people) White

55.0% vaccinated (291,548 people)

Two or More Races

0.6%

vaccinated (3,023 people)

*Race was not provided for 147,450 (27.8%) of the people in Alabama who received the vaccine. For 18,052 (3.4%) people in Alabama who received the vaccine, race was indicated as unknown.



**Statistics provided by The Alabama Department of Public Health COVID-19 Vaccine Distribution Dashboard.