COVID-19

Vaccine FAQ

https://covid19.colorado.gov/vaccine-faq

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Top 10 most frequently asked questions

#1 Can I get the vaccine right now?

- Right now, Colorado is in phase 1A, 1B.1, and 1B.2 of its phased COVID-19 vaccine distribution.
- As we move through phases, people in previous phases remain eligible.
- In many cases, Coloradans who are not yet eligible to receive the vaccine can still sign up to receive alerts with some vaccine providers-- and should use the vaccine provider map or the list of providers once eligible.
- It's important to know that vaccine providers may have varying amounts of vaccine during any given week. Vaccine providers are working as fast as they can to set up appointments for when they have the vaccine. Note that these locations are not open for walk-in appointments. They should be contacted directly for more information.

- Learn more about who is currently eligible to receive a vaccination by visiting our [Vaccines for Coloradans webpage.](#)

#2 How do I set up an appointment to get the vaccine?

- Health care workers and first responders in 1A or 1B: If your employer has not contacted you about getting a vaccine, contact a [vaccine provider](#) near you or your [local public health department](#).
- Long-term care facility staff and residents should expect to receive the vaccine through the federal government's [Pharmacy Partnership for Long-term Care (LTC) program.](#)
- People age 65 and older: View the vaccine providers for 65+ on the state's [Find out where you can get vaccinated webpage](#). You can also try contacting a [vaccine provider](#) near you or your [local public health department](#).
- P-12 educators: Educators and staff should check with their employers first. Many school districts, public and private schools, and the Board of Cooperative Educational Services (BOCES) have already begun planning with local health care partners, including hospital systems, clinics, and local public health agencies, to schedule vaccinations for educators. School districts and schools that need assistance connecting with a COVID-19 vaccine provider and/or making a COVID-19 vaccination plan for their staff members can fill out CDPHE's [COVID-19 Vaccination School/Child Care Assistance Request form](#).
- Child care providers in licensed child care programs (which includes licensed child care centers, preschools, school-age child care and licensed family child care providers): The best way to get you or your staff vaccinated is by individually enrolling with [vaccine providers](#). In some counties, your [local public health agency](#) (LPHA) will coordinate vaccinations, either directly with a provider or with scheduled clinics. Licensed child care programs that need assistance connecting with a COVID-19 vaccine provider and/or making a COVID-19 vaccination plan for their staff members can fill out CDPHE's [COVID-19 Vaccination School/Child Care Assistance Request form](#). If more clarity is needed regarding a certain program's eligibility to receive a vaccine, child care providers can call child care licensing for more information 303-866-5948.
- If you need help finding out where you can receive a vaccine or who to contact in your community, call 1-877-COVAXCO.

#3 How soon will I be able to get the vaccine?

- When you can get the vaccine will depend on where you fall in Colorado's vaccination phases. To find out when you will be eligible for a vaccine, see Colorado's current phased plan on the [Vaccines for Coloradans](#) page.
- We expect it may take several months before everyone who wants a vaccine can get one because of limited supply from the federal government.
- The state expects to receive weekly vaccine shipments from the federal government, but it will depend on the national supply chain. We may adjust the timelines for distribution throughout the process.

- Because supplies are limited, vaccine distribution, availability, and vaccination locations will look different in each county.
- Learn more about [Colorado's vaccination phases](#) in this FAQ.

#4 Do I still need to wear a mask and physical distance after receiving the vaccine?

- Yes. We're still learning about the level of immunity that the vaccine provides, but so far the vaccines have only been proven to protect the recipient from symptomatic COVID-19 disease. You might still be able to have an asymptomatic infection (showing no symptoms) and be able to spread the virus to others after you have been vaccinated.
- Until we know for certain, it is important to continue taking COVID-19 precautions. Continue wearing masks and practicing physical distancing. That is the best way to help protect your loved ones who have not yet had the opportunity to get the vaccine.
- Learn more about [how to protect yourself](#) in this FAQ.

#5 Can I get COVID-19 from a vaccine?

- No. It is not possible to get COVID-19 from a vaccine, but you may feel some side effects like fever, chills, and fatigue. The current mRNA vaccines use temporary pieces of genetic code from the virus to stimulate your body's immune response. This cannot cause COVID-19. The goal of the vaccine is to provide your body with the tools it needs to fight the COVID-19 virus if you were to get infected.
- Learn more about [vaccine side effects](#) and [immunity](#) in this FAQ.

#6 If I have recovered from COVID-19 and completed my isolation period, do I still need to get vaccinated with a COVID-19 vaccine?

- It is currently unknown how long natural immunity lasts after recovering from COVID-19. Early evidence suggests natural immunity from COVID-19 may not last very long in some people, and cases of reinfection have been reported. So even if you have had COVID-19 and recovered, you should plan to get a vaccine when it is your turn.
- If you had a COVID-19 infection, CDC says you may wait [a few months after your infection](#) before getting the vaccine as re-infection risk is low during this time. However, you may choose to get the vaccine earlier than that as long as you have recovered from your infection.
- If you received a COVID-19-specific antibody treatment (e.g. monoclonal antibodies or convalescent plasma) while you were sick with COVID-19, [you should wait at least 90 days](#) after receiving the antibody treatment before getting the vaccine.
- [Data from clinical trials](#) suggest that the Pfizer and Moderna vaccines are safe and effective in people who have recovered from a previous COVID-19 infection.
- Learn more about [immunity](#) in this FAQ.

#7 How much will the COVID-19 vaccine cost?

- The vaccine is free. Providers should not ask you to pay for the vaccine or other administrative costs, regardless of your insurance status. If you have insurance, the provider may seek reimbursement from your health insurance company for these fees, but you should not be charged.
- In the unlikely event that your provider requires payment for your vaccine appointment, you should ask questions about what you are being charged for and why. You should ask for an itemized bill or receipt from the provider and then seek reimbursement from your insurance company.
- If you encounter problems with your insurance company, you can contact the Division of Insurance by phone at 303-894-7490 or by email at DORA_Insurance@state.co.us.
- If someone is making you pay for a vaccine or a vaccine appointment, it may be a scam. You can report potential vaccine scams to the Colorado Attorney General's Office at stopfraudcolorado.gov.
- Learn more about getting the vaccine in this FAQ.

#8 Do I need to be a U.S. citizen to get a vaccine?

- No. You do not need to be a U.S. citizen, and you will not need to prove lawful presence to get a COVID-19 vaccine in Colorado.
- Know that the Department of Homeland Security announced that vaccination sites will be considered sensitive locations. This means that ICE will not carry out enforcement activities at or near vaccination sites.
- State and local public health agencies will never share your information for any immigration or law enforcement purposes. And receiving the COVID-19 vaccine will not count against you in any public charge determinations.
- Learn more about getting the vaccine in this FAQ.

#9 How was the vaccine able to get developed so quickly?

- In developing a vaccine for COVID-19, researchers had to work quickly, but not at the risk of anyone's safety. Medical researchers did not cut any corners or skip any steps. Safety and effectiveness were the top priorities.
- The timeline for developing COVID-19 vaccines was possible for several reasons:
  - Researchers relied on years of previous research in other viruses and vaccines to help inform a vaccine development process for COVID-19.
  - Everyone involved dedicated all their resources and time to developing a COVID-19 vaccine. This includes research institutions, pharmaceutical companies, government agencies, and philanthropic organizations.
  - Many governments around the world, including the U.S. government, and private funders invested in the vaccine, which allowed pharmaceutical companies to focus on research right away.
  - Finally, because of the financial support, researchers were able to conduct different parts of the development process on parallel tracks instead of one after

another. Usually, each phase in a clinical trial ends before the next phase begins, with several months to a year or more in between each phase. Because of the emergency presented by the pandemic, researchers developed the vaccines on parallel tracks, meaning that they completed the necessary steps at the same time or with some overlap. No steps were skipped in the process of developing the COVID-19 vaccines.
- Learn more about vaccine safety in this FAQ.

#10 How can I start to make a vaccine plan for myself and my family?

- Being informed is the first part of making a plan. Get your information from reliable public health sources such as the Center for Disease Control and Prevention (CDC), Colorado Department of Public Health and Environment, and your local public health agency.
- Visit the state's Find out where you can get vaccinated webpage to find the most up to date information about vaccine providers in your area.
- For information about vaccine planning, you can also call our 24/7 helpline at 1-877-CO VAX CO (1-877-268-2926).
- When it's your turn to get the vaccine, talk to your primary care provider whether they plan to give the vaccine in their office or what they recommend for you based on your personal medical history.
- Learn more about getting the vaccine in this FAQ.

Frequently Asked Questions by topic

Getting a COVID-19 vaccine

What types of COVID-19 vaccine(s) are available? Will I get to choose?

- Currently, the U.S. Food and Drug Administration (FDA) has authorized two mRNA vaccines. The FDA authorized the Pfizer vaccine on December 11 for people 16 years and older and authorized the Moderna vaccine on December 18 for adults 18 and older. Both Pfizer and Moderna report that their vaccines are around 95% effective.
- Neither vaccine is recommended over the other. However, the vaccines are not meant to be interchangeable with each other.
- CDC provides detailed profiles for each available vaccine on their Different COVID-19 Vaccines page.

How many doses is the COVID-19 vaccine?

- Both the Pfizer and Moderna COVID-19 vaccines require two doses. Pfizer doses should be given 21 days apart and Moderna doses should be given 28 days apart.
- If it isn't possible to get the second dose on the right day, the second dose can be given early, up to 4 days before it is due. Additionally, the second dose can be given as late as 42 days (6 weeks) after the first dose. This is called a grace period.
- COVID-19 mRNA vaccines are not meant to be not interchangeable. The second dose of any COVID-19 vaccine should be completed with the same vaccine product as the first dose.
- Learn more about [getting your second dose](#) in this FAQ.

Can children 15 years old and younger get the vaccine?

- The Pfizer vaccine is authorized for people who are age 16 and older. The Moderna vaccine is authorized for adults 18 and up. Anyone younger than 16 years old should not get either vaccine.
- Although children as young as 12 years old were enrolled in the Pfizer study, there was not enough information for the FDA to give authorization for use under the age of 16.
- Currently, both Pfizer and Moderna are enrolling 12-17 year olds in their mRNA vaccine clinical trials with the goal of making a COVID-19 vaccine available for children in the near future.

Is it safe to take my prescription medications on the same day I get vaccinated?

- Yes, it is fine to take all prescription drugs as usual.

Should I take over-the-counter medication like Tylenol or Advil before getting vaccinated to help with the side effects?

- Avoid taking over-the-counter pain or fever medications before getting vaccinated. There is a theoretical possibility that doing so might reduce vaccine effectiveness.
- If it is normally safe for you to do so, you can take over-the-counter pain or fever medication after you receive the vaccine and once you start to feel side effects.

Can I get the COVID-19 vaccine at the same time as other vaccines?

- CDC recommends waiting a minimum of 14 days before and after the administration of other vaccines before getting the first and second doses of COVID-19 vaccine. This is because there isn't enough data on the safety and efficacy of COVID-19 vaccines that are given at the same time as other vaccines. However, in situations where the benefits of both vaccinations are considered to outweigh the potential unknown risks, mRNA COVID-19 and other vaccines may be administered sooner than 14 days.

Will I be able to get the vaccine at my doctor's office or local pharmacy?

- The state is working to enroll more vaccine providers every day. We are working with local public health agencies, health care providers, pharmacies, and diverse community partners to make sure that everyone will have access to the vaccine when it's their turn.
- To see the current list of vaccine providers in the state, visit the state's Find out where you can get vaccinated webpage.
- The Biden-Harris Administration has launched the Federal Retail Pharmacy Program for COVID-19 Vaccination. Starting on February 11, those eligible for the vaccine will have the opportunity to be vaccinated at select pharmacies. In Colorado, the participating pharmacies are Kroger and Walmart.

What should I do if I'm asked to pay for the vaccine?

- The vaccine is free. Providers should not ask you to pay for the vaccine or other administrative costs, regardless of your insurance status. If you have insurance, the provider may seek reimbursement from your health insurance company for these fees, but you should not be charged.
- Providers are not allowed to turn you away because of an inability to pay or your current medical coverage status. Medicare, Medicaid, and private insurance are required to cover the cost of the COVID-19 vaccines. If you do not have health insurance, providers may seek reimbursement for your appointment through the Provider Relief Fund through the Health Resources and Services Administration (HRSA).
- In the unlikely event that your provider requires payment for your vaccine appointment, you should ask questions about what you are being charged for and why. You should ask for an itemized bill or receipt from the provider and then seek reimbursement from your insurance company.
- If you encounter problems with your insurance company, you can contact the Division of Insurance by phone at 303-894-7490 or by email at DORA_Insurance@state.co.us.
- If someone is making you pay for a vaccine or a vaccine appointment, it may be a scam. You can report potential vaccine scams to the Colorado Attorney General's Office at stopfraudcolorado.gov.

How much of my personal information will I need to share to get the vaccine?

- Like other routine vaccinations, you will need to share some personal information with your vaccine provider when you get a COVID-19 vaccine. This may include your name,

date of birth, and contact information. Your privacy is a top priority, and your information will not be used for anything other than vaccine distribution and follow-up information about the vaccine.

- Sharing your identity and some of your medical history ensures that the vaccine is administered safely, effectively, and responsibly. Your individual immunization records are confidential, personal medical information, and public health will never share them publicly.
- The state health department maintains the Colorado Immunization Information System (CIIS), a confidential, population-based, secure computerized system that collects and consolidates individual-level vaccine and exemption data for Coloradans of all ages from a variety of sources. Health care providers have limited access to CIIS based on their need to input and access data for their patients.
- Under Colorado law, you can choose to remove your immunization information from CIIS at any time. This is called an opt-out.
- The state health department submits daily, anonymous COVID-19 vaccine administration data to the CDC as required. The state worked to ensure that no personally identifiable information like your name or full address will be shared with CDC.

Will I need government-issued identification to prove my age, address, or name?

- You do not need a government-issued ID like a driver's license or passport to get the vaccine. Some medical forms may have a field to enter your social security number, but you are not required to complete it.
- If a provider is requiring you to show identification in order to get vaccinated, you can submit a report using the state's COVID-19 Concerns form.

Should I take a test to see if I am infected before getting the vaccine?

- The CDC does not recommend getting tested before getting the vaccine. If you do not have any symptoms and have not been recently exposed to COVID-19, there is no need to get a test before deciding whether or not to get vaccinated.

Getting your second dose of vaccine

Do I have to get the second dose of the vaccine at the same location where I got my first dose?

- We strongly recommend that you get both doses from the same vaccine provider. Doing so ensures that you are getting the same vaccine product for both doses at the right time.
- Note that the second dose of any COVID-19 vaccine is meant to be the same vaccine product as the first dose.

Will the vaccine still be effective if I wait more than a few weeks between my first and second doses? What happens if I get the second dose too early or late?

- You should make every effort to receive the second dose of your COVID-19 vaccine exactly 21 days after the first dose for Pfizer and 28 days after the first dose for Moderna. Plan accordingly so that you are able to get the second dose of your vaccine at the right time.
- If it isn't possible to get the second dose on the right day, the second dose can be given early, up to 4 days before it is due. Additionally, the second dose can be given as late as 42 days (6 weeks) after the first dose. This is called a grace period.
- There is not a lot of data on how well the vaccine will work if given outside of the grace period. But if the second dose is accidentally given outside the grace period, there is no need to restart the vaccination series.

What happens if I get a different vaccine product for my second dose?

- Every effort should be made to make sure your second dose is the same vaccine product as the first dose. Studies have shown that the vaccines are safe and work well when the same vaccine product is used for both doses.
- If, for some reason, you receive a different product for your second dose, you do not need to repeat the vaccination again with additional doses.

Is it bad for my health or dangerous if I only get one dose?

- Although current studies show that it takes two doses of the vaccine to be 95% effective, there is no evidence that taking only one dose will have any harmful effects on your health. If you do not receive the second dose, you will not be fully immunized and be at higher risk of getting symptomatic COVID-19 than if you received both doses.

Vaccine side effects

What are the side effects of the vaccines?

- You may experience mild to moderate side effects after receiving the vaccine. Side effects typically go away on their own after a few days. The most commonly reported side effects are:
    - Pain, swelling, and redness at the injection site.
    - Pain, tenderness and swelling of the lymph nodes in the same arm of the injection.
    - Fatigue.
    - Headache.
    - Muscle pain.
    - Chills.

- - Joint pain.
  - Nausea/vomiting.
  - Fever.
- Different people may experience different side effects, even if they receive the same vaccine.
- The process of building immunity can cause symptoms. These symptoms are normal and show that your body's immune system is responding to a vaccine. Other routine vaccines, like the flu vaccine, have similar side effects.
- If you experience discomfort after the first dose of the vaccine, it is very important that you still receive the second dose a few weeks later for full protection.
- For in-depth information about the side effects of the vaccines, see the CDC's report on the Pfizer vaccine and the Moderna vaccine.

When should I seek medical care because of side effects?

- If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.
- In most cases, discomfort from fever or pain after getting the vaccine is normal. Contact your doctor or health care provider:
  - If the redness or tenderness where you got the shot increases after 24 hours.
  - If your side effects are worrying you or do not seem to be going away after a few days.

Are the vaccine side effects worse after the second dose?

- The side effects after the second dose might be more intense or cause more discomfort than side effects after the first dose. In some cases, the side effects may be bad enough to interfere with your work and other normal daily activities for a day or two.
- If you are experiencing more intense side effects, stay well hydrated, rest, and consider over-the-counter medications like acetaminophen or ibuprofen (if they are normally safe for you to take). Side effects are proof that your body is building immunity in response to the vaccine and will typically go away on their own within a day or two.
- Even if you experience discomfort from the vaccine, it is important that you receive both doses for full protection.
- For more information about the second dose of the vaccine, see the "Getting your second dose of vaccine" section of this FAQ.

Why would I have worse side effects with the second dose?

- Because the body has already responded to one dose of the vaccine, the second dose may cause a stronger immune response in your body. These side effects are expected and show that your body is continuing to build immunity.

If I have side effects like fever and chills after getting the vaccine, does that mean I am contagious? Do I need to isolate?

- Side effects from the vaccine typically occur one to two days after receiving the vaccine and can include fever, chills, headache, and fatigue. If you experience the expected side effects within one or two days of receiving a vaccine, it likely means that you are not contagious and do not need to isolate.
- Because the Pfizer and Moderna vaccines are mRNA vaccines, they do not contain the live virus and cannot give you COVID-19.
- Cough, shortness of breath, nasal congestion, sore throat, or loss of taste or smell are not recognized side effects of the vaccine and may indicate COVID-19 infection (or another infection).
- Learn more about [quarantine and isolation guidance](#) for people who are vaccinated in this FAQ.

Are there any serious side effects of receiving the COVID-19 vaccine?

- Serious side effects (also known as adverse events) are extremely rare. The federal government takes all reports of vaccine adverse events seriously. To date, CDC has not found any patterns in reported adverse events that would suggest a safety problem with COVID-19 mRNA vaccines.
- CDC uses many vaccine safety monitoring systems, including the [Vaccine Adverse Event Reporting System](#) (VAERS), to watch for adverse events after vaccination. VAERS is useful for quickly detecting unusual or unexpected patterns of adverse event reporting that might signal a possible safety problem with a vaccine.
- VAERS accepts reports of any adverse event following vaccination, even if it is not clear that the vaccine caused a serious side effect.
- CDC, FDA, and other federal partners will continue to monitor the safety of COVID-19 vaccines. Find out more on CDC's [Selected Adverse Events Reported after COVID-19 Vaccination](#).

Can the vaccine cause an allergic reaction?

- Although it is rare, the COVID-19 vaccines may cause mild allergic reactions in some people, like itching or rash. In extremely rare cases, some people may have a severe allergic reaction (e.g. anaphylaxis). If this occurs, vaccination providers can effectively and immediately treat the reaction.
- Anaphylaxis after COVID-19 vaccination is rare and occurs in approximately 2 to 5 people for every million vaccinated based on events reported to [Vaccine Adverse Event Reporting System](#) (VAERS).
- The health care provider administering your vaccine will monitor you for any allergic reactions you may have after getting vaccinated. They will watch you for at least 15 minutes after the injection (or for 30 minutes if you have a history of anaphylaxis or if you

have had an immediate allergic reaction of any severity to a vaccine or injectable therapy).

- If you had a reaction following a vaccination, contact your health care provider. You can also submit a report to the [Vaccine Adverse Event Reporting System](#) (VAERS).

Should I get vaccinated if I've had an allergic reaction to a vaccine in the past?

- People with a history of severe allergic reactions to any ingredient of a COVID-19 vaccine should not receive that vaccine. For a full list of ingredients, please see each vaccine's fact sheet ([Moderna](#) or [Pfizer](#)). Neither vaccine contains eggs, preservatives, or latex.
- Additionally, people who have had an immediate allergic reaction (within seconds or minutes) of any severity to the previous doses of a COVID-19 mRNA vaccine, its components, or to polysorbate should not receive additional doses.
- People who have had severe allergic reactions to other vaccines or injectable therapies in the past should use caution and talk with their health care provider before deciding whether to get vaccinated.
- People with a history of severe allergic reactions unrelated to any vaccine or injectable therapy may get the COVID-19 vaccine.

What if I am injured by the vaccine? Will I have to pay my own medical bills?

- If you get a serious physical injury as a direct result of the COVID-19 vaccine, you can file a claim for medical expenses, lost employment income, and survivor death benefits with the [Countermeasure Injury Compensation Program (CICP)](#). .
- You do not need to be a U.S. citizen to file a claim or receive benefits from the Countermeasure Injury Compensation Program (CICP) if you qualify.

Health conditions and the vaccine

Can I get the vaccine if I am pregnant or breastfeeding?

- Pregnant or breastfeeding people may choose to be vaccinated when the vaccine becomes available to them. Talking to a health care provider may help with deciding whether to get the vaccine, but it is not required for vaccination.
- Based on current knowledge, experts believe that mRNA vaccines (like the Pfizer and Moderna vaccines) are unlikely to pose a risk for pregnant or breastfeeding people or their babies. However, pregnant and breastfeeding people were not included in any of the clinical trials for currently authorized COVID-19 vaccines so there is little data on the safety of the vaccines in pregnant or breastfeeding people. Data show that while the overall risk for pregnant people with COVID-19 is low, they do have an increased risk of severe illness or death.
- mRNA vaccines are not thought to be a risk to breastfeeding babies.

- The Academy of Breastfeeding Medicine [recommends that lactating individuals who get the vaccine continue breastfeeding their babies after being vaccinated](#). Breast milk contains antibodies and other components that can boost babies' immune systems and protect babies from getting sick. Early research has shown COVID-19 antibodies are present in breast milk. It is believed that antibodies created after a breastfeeding individual receives the vaccine may also transfer into breast milk and could provide some protection to the baby.
- For more information about COVID-19 vaccines and pregnancy, see [CDPHE's Pregnancy and breastfeeding FAQ](#).

Can I get the vaccine if I am immunocompromised?

- Immunocompromised people may receive the COVID-19 vaccine if they have no contraindications or reason to believe that getting the vaccine would be harmful to them. However, it is important to talk to your health care provider if you have questions about the safety and effectiveness of the vaccine in immunocompromised populations, as well as the potential for reduced immune responses.
- People living with HIV, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at [increased risk for severe COVID-19](#) disease. There is currently not enough data to establish vaccine safety and efficacy in these groups.
- People with stable HIV infection were included in phase 2 and 3 clinical trials, though data specific to this group are not yet available.

Because the Pfizer and Moderna vaccines are mRNA vaccines, they do not contain live virus and cannot give you COVID-19.

How COVID-19 vaccines work

How do mRNA vaccines work?

- mRNA vaccines help our bodies build an immune response to the COVID-19 virus. The mRNA vaccine temporarily teaches our cells how to make a harmless protein that is unique to the virus that causes COVID-19. After our cells temporarily make copies of the protein, our immune system recognizes that the protein should not be in our body and builds antibodies to remember how to fight the virus if we are infected in the future.
- An antibody is a protein produced by your immune system that can recognize a specific type of virus in your body. When you get infected, your body's antibodies are able to recognize proteins on the surface of the COVID-19 virus to attack and stop it from replicating in your body.
- For a visual explanation of how mRNA vaccines work, watch [Stat's video "What are mRNA vaccines?"](#)
- To learn more, visit CDC's [Understanding How COVID-19 Vaccines Work](#).

Can mRNA vaccines change my genes?

- No, mRNA from the COVID-19 vaccine never enters the nucleus of the cell and does not affect your DNA. mRNA is a naturally occurring and temporary genetic molecule that instructs our cells how to create certain proteins in the body. Minutes to hours after the mRNA is read by the cell, the body destroys the temporary mRNA using a special enzyme. After our cells make copies of the virus' protein, our immune system is triggered and recognizes that the protein should not be in our body. Our body then builds antibodies so that it remembers how to fight the virus if we are infected in the future.

Safety of the vaccines

For additional information, visit CDC:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html

How was the vaccine able to get developed so quickly?

- In developing a vaccine for COVID-19, researchers had to work quickly, but not at the risk of anyone's safety. Medical researchers did not cut any corners or skip any steps. Safety and effectiveness were the top priorities.
- The timeline for developing COVID-19 vaccines was possible for several reasons:
    - Researchers relied on years of previous research in other viruses and vaccines to help inform a vaccine development process for COVID-19.
    - Everyone involved dedicated all their resources and time to developing a COVID-19 vaccine. This includes research institutions, pharmaceutical companies, government agencies, and philanthropic organizations.
    - Many governments around the world, including the U.S. government, and private funders invested in the vaccine, which allowed pharmaceutical companies to focus on research right away.
    - Finally, because of the financial support, researchers were able to conduct different parts of the development process on parallel tracks instead of one after another. Usually, each phase in a clinical trial ends before the next phase begins, with several months to a year or more in between each phase. Because of the emergency presented by the pandemic, researchers developed the vaccines on parallel tracks, meaning that they completed the necessary steps at the same time or with some overlap. No steps were skipped in the process of developing the COVID-19 vaccines.

How do we know if the vaccine is safe?

- The FDA requires that vaccines undergo a rigorous scientific process, including three phases of clinical trials, before they authorize or approve the vaccine. The COVID-19 vaccines are subject to the same safety standards as other vaccine trials.
- The [independent Data and Safety Monitoring Board](#) overseeing Phase 3 trials of the Pfizer and Moderna vaccines has not identified or reported any serious safety concerns. All phase 3 studies have Data Safety and Monitoring Boards. The boards are made up of independent scientists hired by the company to look at the safety data and check at regular intervals whether the company should cancel or continue with the study.
- Additionally, two independent advisory committees will review a vaccine's safety data before it is made available to the public. These committees are the [Vaccines and Related Biological Products Advisory Committee](#) (VRBPAC), which advises the FDA, and the [Advisory Committee on Immunization Practices](#) (ACIP), which advises the CDC.

Do any of the vaccines contain harmful ingredients?

- Today's vaccines use only the ingredients they need to be as safe and effective as possible. Each ingredient in a vaccine serves a specific purpose: provide immunity (protection) and keep the vaccine safe and long-lasting.
- All vaccines contain antigens or elements that trigger the production of antigens. Antigens make vaccines work. They prompt the body to create the immune response needed to protect against infection. Antigens come in several forms. The form used in a vaccine is chosen because studies show it is the best way to protect against a particular infection.
- Other ingredients in vaccines may include preservatives, to keep germs out; adjuvants, to help boost the immune response to the vaccine; and additives, which help the vaccine stay effective while being stored. Each ingredient has a specific function and has been rigorously studied. These ingredients are safe for humans in the amounts used in vaccines.
- For a full list of ingredients, please see each vaccine's fact sheet ([Moderna](#) or [Pfizer](#)).

Will the vaccine have any effect on fertility?

- Currently, there is no scientific reason or evidence to suggest COVID-19 mRNA vaccines have any effect on fertility. Clinicians and researchers will continue to closely monitor for any issues. Please talk with your doctor about any concerns.

Who approves the use of vaccines in the United States?

- The [Food and Drug Administration (FDA) licenses and approves the use of vaccines](#). Before the FDA approves a vaccine, the manufacturer must do rigorous research and

testing to ensure the vaccine's safety and effectiveness. The FDA independently reviews and verifies the information from these tests. It then decides whether the vaccine can be authorized and given to the public.
- In certain emergency situations, the FDA may issue an Emergency Use Authorization (EUA) to provide more timely access to critical medical products when there are no other options available.

How do vaccine clinical trials work, and how do they test for safety and effectiveness?

- Vaccines must go through a detailed scientific evaluation before they can be submitted to the FDA for approval. Each phase of the evaluation includes three different clinical research studies. In the clinical research study or trial, people volunteer to be part of the study. Each clinical trial emphasizes safety of the vaccine on people. As the research moves through to the next phase, the group of volunteers becomes bigger to include more diversity in people and circumstances.
  - Phase 1 involves 20 to 100 healthy volunteers to evaluate safety and common side effects of the vaccine.
  - Phase 2 involves several hundred volunteers to gather information on safety, vaccine dosing, and ability to stimulate an immune response.
  - Phase 3 involves several thousand volunteers and a longer time frame than the earlier studies. Along with safety and side effects, most Phase 3 studies focus on efficacy -- how well the vaccine works in clinical trials -- and compare people who have received the vaccine to those who receive a placebo (a shot without the real vaccine). During these studies, neither the participants nor the study managers know who received the vaccine and who received the placebo until the end of the study. This phase provides the most firm scientific evidence possible showing the difference between people who have been vaccinated and people who have not been vaccinated for both safety and effectiveness.

Who are the volunteers in vaccine clinical trials?

- People volunteer to take part in clinical research studies. All study volunteers must go through a process called informed consent that ensures they understand all of the risks and benefits of being in a study, and those volunteers are reminded that they may leave a study at any time without losing any of their rights or benefits.
- Each clinical trial emphasizes the safety of the vaccine on people. As the research moves through to the next phase, the group of volunteers becomes bigger to include more diversity in people and circumstances.
- A diverse group of people volunteered to participate in every phase of the clinical trials, including populations disproportionately impacted by COVID-19 due to generations of systemic inequities. For example, in Pfizer's clinical trials, about 42% of volunteers

identified as Asian, Black/African American, Hispanic/Latino/a, or Native American. About 37% of volunteers for [Moderna's trials](#) identified as Asian, Black/African American, Hispanic/Latino/a, or other.

What happens after clinical trials are finished?

- Once the clinical trials can demonstrate vaccine safety and effectiveness at an appropriate dose, the manufacturer applies to the FDA to license the vaccine so that it can be used in the general population.
- The FDA reviews all of the data from the phased clinical studies using rigorous protocols and procedures. The vaccine is not authorized or approved until the FDA can ensure the vaccine is safe and effective.
- In emergencies, such as the current COVID-19 pandemic, vaccines can also be authorized through an Emergency Use Authorization (EUA). The FDA usually authorizes an EUA for a specific population. After receiving an EUA, the manufacturer continues monitoring clinical trials as well as gathering and analyzing data. With more data, the manufacturer can then submit to the FDA for a Biologic License Application (BLA) so that the vaccine is able to be used more widely than originally covered in the EUA.

Who else reviews the safety and effectiveness data from the clinical trials?

- For each vaccine authorized by the FDA, the [Advisory Committee on Immunization Practices (ACIP)](#) carefully reviews all available data about the vaccine from clinical trials and other studies and makes recommendations for vaccine use in the general public. Recommendations include groups that should and should not receive the vaccine, as well as the timing, volume, number, and spacing of doses in a vaccine series.
- The ACIP is an independent advisory committee that provides guidance on the best use of vaccines to the Centers for Disease Control and Prevention (CDC) and U.S. Department of Health and Human Services (HHS).
- Once ACIP recommendations have been reviewed and approved by the CDC and HHS, they are published in CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR publication represents the final and official CDC recommendations for immunization of the U.S. population.

How is vaccine safety monitored after it's been approved or authorized?

- The FDA and CDC continue to closely monitor vaccine safety after the public begins using the vaccine. Both agencies have both longstanding and new safety systems in place for heightened monitoring of all COVID-19 vaccines. Learn more about the vaccine safety monitoring systems:
  - CDC's [V-SAFE](#) is a new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. Vaccine recipients can opt-in to receive text messages and web surveys from CDC on how to report health problems following COVID-19 vaccination. The system will also provide telephone

follow-up to anyone who reports medically significant adverse events. The report will be submitted to the Vaccine Adverse Event Reporting System (VAERS) while keeping patient identity confidential.

- Vaccine Adverse Event Reporting System (VAERS) - VAERS is an early-warning system that collects and analyzes reports of any problems that happen after vaccination. Anyone can submit a report, including parents, patients, and health care professionals.
- Vaccine Safety Datalink (VSD) - VSD is a collaboration between CDC and several health care organizations to monitor vaccine safety. The system analyzes healthcare information for over 24 million people to conduct studies about rare and serious adverse events after immunization.
- Post-licensure Rapid Immunization Safety Monitoring (PRISM) - PRISM is the FDA's immunization safety monitoring program. PRISM actively monitors the safety of medical products using electronic health information from over 190 million people.
- Clinical Immunization Safety Assessment Project (CISA) - CISA is a collaboration between CDC and seven medical research centers to answer complex safety questions. CISA conducts clinical research studies to further understand vaccine safety and recommend prevention strategies for adverse events following immunization.

- Vaccine recommendations may change if safety monitoring reveals new information about vaccine risks, such as a new serious side effect. The CDC, with the help of the Colorado Department of Public Health and Environment, will send safety alerts to health care providers. If necessary, a vaccine may be removed from the market.

COVID-19 immunity

When will we be protected after we get the vaccine?

- You will not be immediately protected from COVID-19 after receiving the vaccine. Studies show that it takes about two weeks after your last dose for your body to fully protect itself against illness.
- It may be possible that someone who has been vaccinated against COVID-19 could develop a mild or asymptomatic infection and even possibly spread the virus to others. More studies are needed to determine this. So in the meantime, it is important to continue taking COVID-19 precautions. Continue wearing masks and practicing physical distancing.
- While no vaccine is 100% effective, Pfizer and Moderna have reported that their vaccines are about 95% effective.

Does the vaccine protect against all strains of COVID-19?

- While there are several known variants of COVID-19, current evidence suggests the Moderna and Pfizer vaccines that providers are administering in Colorado will protect against all of them, though perhaps to varying degrees depending on the strain.
- Learn more about the COVID-19 variants.

Isn't natural immunity from having COVID-19 better than getting a vaccine?

- The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Because this virus is new, we don't know how long natural immunity might last. Some early evidence—based on a small sample size of people—seems to suggest that natural immunity may only last a few months in some people.
- Regarding vaccination, we won't know how long immunity lasts until we have more data on how well it works over time.
- Experts are trying to learn more about both natural immunity and vaccine-induced immunity of COVID-19.
- In addition, in order to get natural immunity, you would have to get infected with COVID-19 and that can come with many risks. Getting the vaccine lets you gain immunity without the risk of getting the disease.

If I get vaccinated, is it possible for me to still get a milder form of COVID-19 than if I hadn't been vaccinated?

- Because the vaccines are not 100% effective, some people who are fully vaccinated against COVID-19 may still get sick (but with a milder illness).
- Based on what we know about vaccines for other diseases and early data from clinical trials, experts believe that getting a COVID-19 vaccine will likely keep you from getting seriously ill even if you do get COVID-19.
- It may be possible that someone who has been vaccinated against COVID-19 could still develop asymptomatic or mild infection, or even possibly spread the virus to others. Until we know more, it is important to continue taking precautions, like wearing masks and practicing physical distancing, even after you have been vaccinated.

Why would a vaccine be needed if we can do other things, like physical distancing and wearing masks, to prevent COVID-19 from spreading?

- Stopping a pandemic requires using all the tools available to us. Vaccines are the first step in returning to a more normal life. Still, we need Coloradans to continue to follow important public health guidance, like physical distancing and mask wearing, until a vaccine is widely available and used by Coloradans.

If some members of my household get the vaccine and others don't, is it safe to return to our normal life?

- It is still possible that members of your household could get COVID-19 because they have not been vaccinated. Until the vaccine is widely available and all household members are fully immunized (and have waited the appropriate time after the second dose), you will need to continue to follow critical public health guidance, including: wearing a mask in public, maintaining at least 6 feet physical distance from others not in your household, avoiding large crowds, washing your hands often and staying home when you are sick.
- Distributing a COVID-19 vaccine to the entire state of Colorado will take time. Stay the course until it is your turn for a vaccine.

Can I visit older, at-risk family members once they've been vaccinated but before I have gotten a vaccine?

- To be as safe as possible, until the vaccine is widely available and both parties are fully immunized, we all need to continue to follow critical public health guidance. Prevention methods still include: wearing a mask in public, maintaining at least 6 feet physical distance from others not in our household, avoiding large crowds, washing our hands often, and staying home when we are sick.

What is community immunity or herd immunity? How many people need to get vaccinated to develop community immunity from COVID-19?

- Community (or herd) immunity means that enough people have developed immunity to a disease (either naturally or through vaccination) that there is no longer a risk of community transmission or outbreaks.
- Until we better understand COVID-19 immunity and how vaccination affects transmissibility, we won't know the percent of people needed for community (or herd) immunity.

Will we see a dramatic reduction in the number of cases in Colorado soon after a vaccine becomes available?

- We may not see a dramatic reduction initially as it takes time to develop individual and community (or herd) immunity. The state will be closely monitoring the vaccine's effect on the number of new COVID-19 cases in Colorado.
- Because the initial supply of vaccine is expected to be limited, we still need all Coloradans to do their part to prevent the spread of the virus. Wear a mask, keep 6 feet of distance from others who don't live with you, avoid gatherings, wash your hands often, and stay home when you are sick.

Protecting others after getting the vaccine

Do I need to quarantine from possible exposure after I have received two doses of the vaccine?

- For most people, if a full two weeks have passed since your second dose of the vaccine, you do not need to quarantine if you think you have been exposed to COVID-19 -- but you should still wear a mask and physically distance. The exception is if you live and work in a congregate setting or with high-risk populations (such as a correctional facility or homeless shelter). In that case, you may still be required to quarantine after exposure even after you are fully vaccinated.
- If it has been less than two weeks since your second dose of the vaccine, you should quarantine if you think you have been exposed to COVID-19.
- Whether or not you are in quarantine, watch for symptoms in the 14 days after exposure and get tested if you start to develop symptoms. If you test positive, you will need to isolate.
- Note that PCR test results will not be affected by the vaccine. A positive PCR test generally indicates recent COVID-19 infection.

Do I need to quarantine from possible exposure if I've received only one dose of vaccine?

- Yes, you should quarantine if you think you were exposed between doses of COVID-19 vaccine. Reschedule your second dose for after the quarantine period has ended.

Do I need to isolate if I develop COVID-19-like symptoms more than one to two weeks after getting the second dose of the vaccine?

- Yes. If you develop COVID-19 symptoms at any time after being fully vaccinated, you should isolate and contact your health care provider for instructions on whether to be tested for COVID-19 or other infections.

Colorado's vaccine phases

What are Colorado's current vaccination phases?

- Colorado's phased vaccine distribution is as follows:
  - 1A: Highest-risk health care workers and individuals. These are the people who must have direct contact with COVID-19 patients for longer periods of time (defined as 15 minutes or more over a period of 24 hours) as part of their jobs. This phase also includes long-term care facility staff and residents.

- 1B.1: Coloradans age 70+, moderate-risk health care workers, and first responders.
    - Health care workers who do not have prolonged direct contact with COVID-19 patients, but still work in direct patient care or as direct patient care support staff, and EMS.
    - Firefighters, police, COVID-19 response personnel, correctional workers, and funeral services.
    - Anyone age 70 and older.
- 1B.2: Coloradans age 65+, PK-12 educators, child care workers in licensed child care programs, and continuity of state government.
    - Child care workers in licensed child care programs, teachers (full-time and substitutes), bus, food, counselors, administrative, safety, and other support services offered inside the school.
        - Licensed child care programs include child care centers, preschools, family child care homes (only provider and paid staff, not household members), and school-age child care.
        - Does not include neighborhood youth organizations or resident camps.
    - Select members of the Executive and Judicial branches of state government.
        - Note: members of the legislative branch have already received access to the vaccine.
    - People age 65+.
- 1B.3: Frontline essential workers and people ages 16-64 with two or more high risk conditions.
    - Frontline essential workers in food and agriculture, manufacturing, U.S. postal service, public transit and specialized transportation staff, grocery, public health, frontline essential human service workers, faith leaders, direct care providers for Coloradans experiencing homelessness, and essential frontline journalists.
    - People 16-64 with 2 or more high risk conditions as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI ≥ 30kg/m^2), pregnancy, sickle cell disease, solid organ transplant and people with disabilities that prevent them from wearing masks.
- 2: People with high risk conditions, Coloradans age 60-64, and the continuation of operations for state government and continuity of local government.
    - People age 60-64.
    - People age 16-59 with one comorbidity as listed: Coloradans with cancer (defined as patients who are currently receiving treatment or have received treatment within the last month for cancer), chronic kidney

disease, COPD, diabetes mellitus, Down syndrome, specific heart conditions (heart failure, cardiomyopathies or coronary heart disease, and severe valvular/congenital heart disease), obesity (BMI ≥ 30kg/m^2), pregnancy, sickle cell disease, solid organ transplant and people with disabilities that prevent them from wearing masks.

- ■ Continuity of local government defined as executives of those branches of government and a limited amount of essential support staff needed to provide for continuity of government.
- ■ Continuation of operations for state government is defined as those individuals identified in continuity of operations plans that each agency holds to continue to provide services.
- ■ Adults who received a placebo during a COVID-19 vaccine clinical trial.
- ○ 3: The general public. Any individuals age 16-59 without high-risk conditions.
- Please note: As we move through phases, people in previous phases remain eligible.
- Prioritization is subject to change based on data, science, and availability.

Why do we need a phased approach to distribute the vaccine?

- Colorado relies on the federal government for the vaccine and it is distributed to our state in limited, weekly shipments. The vaccine will not be immediately available to everyone who wants one, but the state is working quickly to vaccinate 70% of Coloradans 70 and older by February 28 and 55% of people age 60-64, educators, child care workers in licensed child care programs, and certain state government employees by March 5.
- The state's goals are rapid deployment of the vaccine with a focus on equitable distribution, saving the most lives, and ending the crisis brought on by this pandemic.
- Prioritization is subject to change based on data, science, and availability.
- The Colorado Department of Public Health and Environment recognizes the Tribal sovereignty of the Ute Mountain Ute and Southern Ute Indian Tribes, and that the Tribes have the authority to determine how vaccine supply will be prioritized for their populations, even if their prioritization scheme is different than what the department recommends.

What determines when Colorado begins a new vaccine phase?

- Since the state received the very first doses of the vaccine, we have been focused on distributing them in a way that is equitable, saves the most lives, and ends the crisis as soon as possible.
- Colorado is rapidly and successfully ensuring all doses of the lifesaving vaccine are quickly put into arms - not sitting on shelves. The state has taken into consideration the doses of vaccines we expect over the coming weeks and set appropriate goals that align with the phasing.
- Beginning February 8, providers will be able to vaccinate anyone 65 and over, including continuing to prioritize those that are 70 and over who have not yet received a vaccine.

Colorado's PreK-12 educators will also be eligible to receive the vaccine on February 8. Educators should reach out to their employers to sign up for the vaccine.

- Governor Polis also announced that Colorado estimates that in early March, frontline workers and Coloradans ages 16-64 with two or more high-risk conditions will also be eligible to receive the vaccine. It's also projected that Coloradans ages 60 and up will also be able to start receiving the vaccine in early March.

Do I have to be a full-time resident of Colorado to get vaccinated?

- No. People do not need to be full-time residents of Colorado, nor of a particular Colorado county, to be vaccinated by enrolled providers. If people meet eligibility criteria in Colorado's Phased Prioritization, they should be vaccinated in the same way as other eligible Coloradans.

How do I get on a priority list?

- For information about how to contact your local provider about vaccination, please visit CDPHE's [Find out where you can get vaccinated](#) webpage.

Can family members of people in the early phases get vaccinated at the same time, too?

- Not at this time. While vaccine supply is limited, we expect providers to follow the [state's phased distribution plan](#). From the onset, the state has approached vaccine distribution in a way that is equitable, saves the most lives, and will end the public health crisis as soon as possible.

Vaccine laws and regulations

Will I be turned away if I try to get a vaccine before it becomes available to the general public?

- The initial supply of COVID-19 vaccine(s) is expected to be very limited for several months. This means that a vaccine will not be immediately available to everyone who wants one. Individual vaccine providers, in consultation with their local public health agencies, will need to use their best judgement about which patients may be eligible for vaccination during each of the phases.

Will I be required to get a COVID-19 vaccine?

- The state is not considering a COVID-19 vaccine mandate at this time.

Will businesses be allowed to require patrons to prove they have been vaccinated before entering the premises?

- No, business owners will not be able to access a customer's protected health information, such as their COVID-19 immunization status, as a requirement for entry.

How will I know if others are vaccinated without compromising their personal health information?

- Every Coloradan's immunization records are confidential, personal medical information that will never be shared publicly. The state will report information on the total number of residents who have been vaccinated in Colorado, but this data will not be attached to any individual's personally identifying information.
- The state health department maintains the Colorado Immunization Information System (CIIS), a confidential, population-based, secure computerized system that collects and consolidates individual-level vaccine and exemption data for Coloradans of all ages from a variety of sources.
- Under Colorado law, you can choose to remove your immunization information from CIIS at any time. This is called an opt-out.

Can public and private sector employers mandate employees obtain a COVID-19 vaccine authorized by the FDA via an EUA?

- Employers may be able to require COVID-19 vaccination for in-person work for their employees, but an employee may be entitled to an exemption through the ADA and Civil Rights Act of 1964. The state of Colorado is not currently pursuing any mandates. The U.S. Equal Opportunity Commission has more information on this on their website: https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act

Emergency Use Authorization

I heard several COVID-19 vaccines were approved for Emergency Use Authorization. What does that mean?

- In certain emergency situations, the Food and Drug Administration (FDA) may issue an Emergency Use Authorization to provide more timely access to critical medicines when there are no other options available. An Emergency Use Authorization permits the FDA to allow medical products that have met certain criteria, to treat, diagnose, or prevent serious or life-threatening diseases to be used.
- Watch this short video from the FDA about Emergency Use Authorization.

Why do EUAs exist?

- EUAs were initially introduced in 2004 to prepare for bioterrorism attacks. Under an EUA, the government is able to authorize medical treatments and products in the event of a Chemical, Biological, Radiological, and Nuclear (CBRN) attack.

What is the criteria for an EUA?

- The FDA may issue an EUA for a medical product if it meets the following criteria:
    a. The disease or CBRN agent in question can cause a serious or life-threatening illness or condition.
    b. There is reasonable belief, after looking at all the scientific evidence, that the product may be effective for its intended use. The phrase "may be effective" lowers the standards for scientific evidence typically required for FDA approvals.
    c. The known and potential benefits outweigh the known and potential risks. The FDA will look at all available scientific evidence to determine the risk and benefits of a product.
    d. There is no adequate, approved, and available alternative to the product.

Is it common for vaccines to be authorized under an EUA?

- The only vaccine that has been authorized under an EUA so far was an anthrax vaccine in 2005. This vaccine was given to certain military personnel who were at heightened risk of exposure to anthrax.

When have EUAs been issued in the past?

- Although not common, EUAs have been issued multiple times in the past for tests, treatments, and medical equipment.
    - In 2009, EUAs were issued for diagnostic tests, personal protection equipment, and certain antiviral drugs during the H1N1 Swine Influenza pandemic.
    - In 2013, EUAs were issued for diagnostic tests related to H7N9 influenza and Middle East Respiratory Syndrome (MERS).
    - Several EUAs have already been issued for some COVID-19 tests and treatments, for example the antiviral medication remdesivir (recently approved), convalescent plasma, and multiple COVID-19 tests.