

COVID-19 Vaccine Q&A



Your union believes that the COVID-19 vaccine is a critical tool to protect our families, ourselves, and our communities as we fight to put an end to this deadly virus. We encourage our members to take the vaccine. We understand that some members have important questions about the vaccine and its safety and effectiveness. Here are some answers and trustworthy sources of information to learn more.

COVID-19 vaccination information for Washington state is available in 中文 – Chinese | 日本語 – Japanese | 한국어 – Korean | Русский – Russian | Af-soomaali – Somali | Español – Spanish | Українська – Ukrainian | Tiếng Việt – Vietnamese | and more languages at www.doh.wa.gov/Emergencies/COVID19

What is a vaccine?

A vaccine is a substance that teaches your body to recognize a foreign invader – such as a virus – activate your immune system, and instruct your fighter cells and proteins to go to work to fight the virus. The goal is to eliminate or control the virus in your body, which can prevent infection or stop it from developing into disease.

What is in the COVID-19 vaccine?

The coronavirus vaccine is a messenger RNA vaccine, the kind that triggers your body's cells to make proteins that build immunity to the coronavirus. Other types of vaccines use weakened components of the virus itself to stimulate an immune response, but not this vaccine. In other words, *there is no coronavirus in this vaccine.*

How did it get approved so fast? Is it safe?

Normally, vaccine production starts after they are tested for safety and effectiveness. In this case, drug companies were encouraged to start production while the testing was still under way. Both the Pfizer and Moderna vaccines underwent the usual rigorous testing, review and approval process to establish their safety and effectiveness. This included clinical trials in the U.S. and other countries in which nearly 75,000 volunteers were vaccinated. Also, Washington joined other Western states in doing an additional expert review of these clinical trials. The Pfizer and Moderna vaccines were then approved as safe and effective.

What are the side effects?

Side effects are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but should go away in a few days. Common side effects include pain or swelling at the injection site, fever, chills, tiredness and headaches. Contact your doctor if the redness or tenderness where you get the shot increases after 24 hours, or if your side effects persist after a few days.

If I already had COVID-19 and recovered, do I still need to get the vaccine?

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that individuals should get the vaccine if they have not had an active COVID-19 infection in the last 90 days prior to vaccination.

Should I get it if I am pregnant or lactating?

There is limited data on the use of the vaccine for pregnant people. You may still choose to get vaccinated, but you should discuss this with your health provider to make an informed decision.

Will I have an allergic reaction to the vaccine?

There is a remote chance the vaccine could cause an allergic reaction in some people within an hour of receiving the shot, the FDA says. But such reactions are likely to be mild and not life-threatening.

However, if you have had a severe allergic reaction to any previous vaccine or injectable therapy, you should not get vaccinated at this time.

Do I have to continue taking COVID-19 precautions after I've been vaccinated?

Yes, for two reasons:

1) FOR YOUR SAKE – In the short run, it will take some time for the vaccine's effectiveness to build up. With the Pfizer vaccine, a study found that protection doesn't start until 12 days after the first shot and that it reaches 52% effectiveness a few weeks later. A week after the second vaccination, the effectiveness rate hits 95%. In its application for authorization, Moderna reported a protection rate of 51% two weeks after the first shot and 94% two weeks after the second dose.

2) FOR OTHERS' SAKE – It is not yet known whether the vaccination will prevent vaccinated individuals from

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infecting others. Researchers are currently studying this, but until they have the answer, we have to assume the answer is “yes.” For that reason, you should continue to wear a mask in public and maintain social distancing even after vaccination, consistent with the current guidance from state and federal health officials.

Eventually, when enough of us are vaccinated and there’s less virus circulating in the community, necessary restrictions and precautions will be eased.

What about the COVID-19 “variants”? Will the vaccine protect me from those?

The newly identified variant in the United Kingdom hasn’t been around long enough to say for certain that the vaccine is effective against it. But scientists aren’t too worried about that — lab studies suggest the vaccines will be protective against this strain.

However, infectious disease specialists are concerned that any strain that is more contagious — which B.1.1.7 clearly is — might quickly increase the number of COVID-19 cases in the world. Which means that high vaccine utilization is even more urgent.

What is “herd immunity”?

When most of a population is immune to an infectious disease, this provides indirect protection—or herd immunity (also called population immunity)—including to those who are not immune to the disease. Measles, mumps, polio, and chickenpox are examples of infectious diseases that were once very common but are now rare in the U.S. because vaccines helped to establish herd immunity.

Will vaccination help us achieve it for COVID-19?

The studies have shown the COVID-19 vaccines are effective at preventing severe disease. This is important for the vaccinated people and their communities. It means people don’t need so much time away from work or their families, and it means that the burden on hospitals and healthcare systems is reduced.

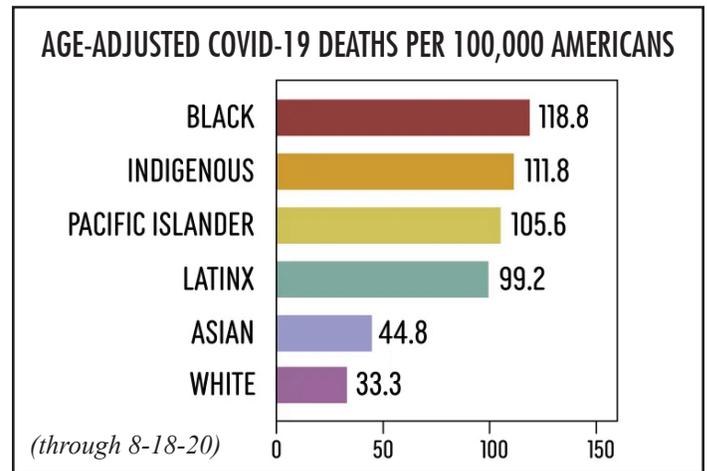
We don’t know yet if COVID-19 vaccines also prevent infection or prevent transmitting the virus to others. If people who are vaccinated can still get infected and transmit the virus to others, it will be harder to achieve population immunity. We need the research to continue to help us find this answer.

Why is vaccine prioritization and outreach for Black, Indigenous and people of color so important?

Two reasons:

1) Long-standing systemic and institutionalized racism within healthcare systems and social inequities have put Black and Brown communities at increased likelihood

of getting sick, prevented people from surviving, and continues to deny people the care and attention we all deserve to fight COVID-19.¹ For example, The Marshallese community in Spokane, WA makes up less than 1% of the population in the county, but 30% of the COVID-19 cases.²



Source: Harvard University, Racial Disparities in COVID-19

2) Until we acknowledge the inequities within healthcare and other systems, the problem will only get worse. In labor, we understand that an injury to one is an injury to all so we must center communities most impacted. A recent report on “essential” or frontline workers during the COVID-19 pandemic found that 70% of WA frontline workers work in low pay, low-benefit positions. In addition, this report found that 67% of these workers are women and disproportionately workers of color.³

Vaccine outreach to BIPOC communities is necessary to reduce the disproportionate impacts of COVID-19. But the vaccine outreach alone is not sufficient. Our work is also to call for racial justice in healthcare systems and public health agencies so their behaviors shift and become more worthy of BIPOC communities’ trust.

Other questions? Get answers at the Washington State Department of Health’s web site here:

www.doh.wa.gov/Emergencies/COVID19/Vaccine

1. Color of Change “Telling the Right Story on Race During COVID-19” <https://narrative.colorofchange.org>

2. www.spokesman.com/stories/2020/jun/28/marshallese-people-represent-1-of-spokane-countys-/

3. “Essential, Precarious and At Risk: Washington Workers in High Hazard Low Reward Jobs,” <https://georgetown.southseattle.edu/sites/georgetown.southseattle.edu/files/inline-files/Essential-Precarious-and-At-Risk-Washington-Workers-in-High-Hazard-Low-Reward-Jobs.pdf>

OTHER SOURCES: SEIU HealthCare 1199NW, Frequently Asked Questions About the Coronavirus Vaccine; The COVID-19 Prevention Network, The Science of COVID-19 Vaccines and Monoclonal Antibodies; NPR, Why You Should Still Wear A Mask And Avoid Crowds After Getting The COVID-19 Vaccine (1-12-21)