



COVID-19 Vaccines: Frequently Asked Questions for Providers

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Mechanism and Efficacy

How do the currently authorized COVID-19 vaccines work?

Two vaccines have received emergency use authorization (EUA): one manufactured by Moderna and one by Pfizer-BioNTech. Both are [messenger RNA \(mRNA\) vaccines](#). Once injected, mRNA molecules instruct the body's cells to manufacture a protein found in SARS-CoV-2 called the spike glycoprotein; this protein does not cause disease on its own. Spike glycoproteins protrude from the surface of the outer membrane of the virus and bind to host cells, enabling the virus to release genetic material to infect the cells. The proteins produced when a person is vaccinated trigger the body to make antibodies and other defenses against SARS-CoV-2. The mRNA is then broken down and destroyed by the body. If a person is later exposed to COVID-19, the body is now able to recognize the virus and produce antibodies to fight it.

The vaccines do not contain live virus and cannot cause COVID-19. The mRNA leaves the bloodstream in a few hours and degrades and disappears from the body. It does not enter the cell nucleus and does not alter the body's RNA or DNA.

COVID-19 vaccines that use other technologies are in clinical trials.

What is the reported efficacy of the Moderna and Pfizer-BioNTech vaccines?

In randomized, blinded clinical trials, the Pfizer-BioNTech vaccine showed 95% efficacy and the Moderna vaccine 94% efficacy against symptomatic COVID-19 after two doses. High efficacy

was observed across gender, age, race and ethnicity groups. Additional details regarding the efficacy of these vaccines may be found here:

- Pfizer-BioNTech: [Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine](#) (New England Journal of Medicine)
- Moderna: [Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine](#) (New England Journal of Medicine)

How will effectiveness of the vaccines be studied after approval?

Additional data on vaccine effectiveness will be gathered from further follow-up of clinical trial participants and from studies conducted by the manufacturers or by the U.S. government evaluating effectiveness of the vaccine as used in the general population under the EUAs.

What are the similarities and differences between the Moderna and Pfizer-BioNTech vaccines?

Both vaccines are highly effective, use mRNA technology, have similar side effect profiles and require two doses.

Differences include:

- **Authorized ages:** The Food and Drug Administration (FDA) has authorized the Pfizer-BioNTech vaccine for people age 16 and older and the Moderna vaccine for people age 18 and older. Vaccines are not approved for people younger than age 16 because they have not yet been studied in this population, but future trials for children are planned or underway.
- **Storage:** The Pfizer-BioNTech vaccine requires ultracold storage, between minus 80 and minus 60 degrees Celsius (minus 112 to minus 87 degrees Fahrenheit). The Moderna vaccine is stored at minus 25 to minus 15 degrees Celsius (minus 13 to minus 5 degrees Fahrenheit). For additional details on storage, see the Centers for Disease Control and Prevention (CDC)'s [mRNA COVID-19 Vaccines web page](#).

Timing of Vaccine Doses

How long after the first dose should the second dose be administered?

The second dose should be administered:

- Pfizer-BioNTech vaccine: 21 days after the first dose
- Moderna vaccine: 28 days after the first dose

Schedule the appointment for the second dose of vaccine as close to the recommended interval as possible. If it is not possible to schedule the second dose at the recommended interval, the second dose may be scheduled up to six weeks (42 days) after the first dose for both vaccines. There are limited data on efficacy of these vaccines when the second dose is administered beyond six weeks. If the second dose is administered later than the recommended schedule, do not restart the vaccine series. See the CDC's [clinical recommendations](#).

Second doses administered within four days before the recommended date for the second dose are considered valid; however, if the second dose is administered earlier than that, it does not need to be repeated.

Can COVID-19 vaccines be administered at the same time as other vaccines?

COVID-19 vaccines should be administered a minimum of 14 days before or after administration of other vaccines. This is a precaution due to a current lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines and to better capture adverse reactions attributable to COVID-19 vaccines. If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, it is not necessary to repeat doses of either the COVID-19 vaccine or the other vaccine.

Storage and Handling

Where can I find information about storage and handling of COVID-19 vaccines?

The CDC's [Vaccine Storage and Handling Toolkit](#) provides guidance based on the [General Best Practice Guidelines for Immunization](#) from the [Advisory Committee on Immunization Practices](#) (ACIP) manufacturer product information and results of scientific studies. Up-to-date information for each vaccine product is available at:

- Pfizer-BioNTech: cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html
- Moderna: cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html

See the Administration Overview and PDFs at the bottom of these pages under COVID-19 Vaccine Administration Resources.

Where can I find guidance on use of extra doses of vaccine?

New York State (NYS) offers [guidance](#) on use of extra doses of the [Moderna](#) and [Pfizer-BioNTech](#) vaccines.

The New York City (NYC) [Citywide Immunization Registry](#) (CIR) once you are down to zero as calculated by the CIR from your allotment, each subsequent dose used will appear as negative in your inventory). This should not stop vaccinators from using extra doses if they are available.

The FDA amended the Pfizer vaccine EUA to reflect that there are six doses per vial (previously, the vials were considered to contain five doses): fda.gov/media/144413/download. The Pfizer vaccine must now be ordered in increments that reflect six doses per vial in the CIR. However, if it is not possible to obtain six doses from a Pfizer vial, there is an option to report this in the CIR.

Can leftover vaccine from one vial be pooled with leftover vaccine from another vial to create a complete dose of the vaccine?

No. Do not combine leftover vaccine from different vials because the vials do not contain preservatives.

Vaccine Safety and Side Effects

Are COVID-19 vaccines safe?

Ongoing clinical trials including more than 30,000 participants for the Moderna vaccine and more than 44,000 participants for the Pfizer vaccine have identified no serious safety concerns. The FDA carefully reviewed the safety data as part of the EUA process to ensure the vaccine studies met the highest scientific and ethical standards. Additionally, the clinical trials were monitored closely by data safety monitoring boards made up of independent experts.

Several mechanisms are in place to continue to monitor vaccine safety after authorization, including ongoing clinical trials conducted by the pharmaceutical companies and the [Vaccine Adverse Events Reporting System \(VAERS\)](#), a national warning system to identify possible safety problems with U.S.-licensed vaccines that is managed by the CDC and FDA. Additional information about safety of the individual vaccine products from phase III clinical trials can be found at:

- Pfizer: [Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine](#) (New England Journal of Medicine)
- Moderna: [Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine](#) (New England Journal of Medicine)

What are the side effects from the vaccines?

Before vaccination, providers should counsel vaccine recipients about expected local post-vaccination symptoms (for example, pain, swelling, erythema at the injection site and localized axillary lymphadenopathy on the same side as the vaccinated arm) and systemic post-vaccination symptoms (for example, fever, fatigue, headache, chills, myalgia and arthralgia).

Mild to moderate post-vaccination symptoms are common, typically beginning within the first three days of vaccination and resolving within one to three days of onset. In clinical trials, these symptoms were more common after the second dose and in participants who were younger (ages 18 to 55) compared to participants who were older (age 55 and over). Unless a person develops a contraindication to vaccination, they should be encouraged to complete the series, even if they develop post-vaccination symptoms, to optimize protection against COVID-19. This includes recipients who develop a delayed-onset local reaction (for example, erythema, induration and pruritus) around the injection site area after the first vaccine dose. [Delayed-onset local reactions](#) are not considered a risk for anaphylaxis and are neither a precaution nor a contraindication to receipt of the second vaccine dose (preferably in the opposite arm).

Antipyretic or analgesic medications may be taken for treatment of post-vaccination symptoms. However, routine prophylaxis to prevent symptoms is not recommended due to the lack of information on the impact of prophylaxis on vaccine-induced antibody responses.

Has anaphylaxis been reported after vaccination?

Although rare, there have been reports of severe allergic reactions, including anaphylaxis, after receipt of COVID-19 vaccine outside of clinical trials. Appropriate medical treatment for severe allergic reactions must be immediately available at vaccination sites in case an acute anaphylactic reaction occurs following vaccination with an mRNA COVID-19 vaccine. See the CDC's [Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination](#).

What are the contraindications and precautions for COVID-19 vaccine?

For both the Pfizer and Moderna COVID-19 vaccines, the CDC considers a history of the following to be [contraindications to vaccination](#):

- Severe allergic reaction (for example, anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components; vaccine components are listed in product-specific health care provider facts sheets:
 - [Pfizer-BioNTech COVID-19 vaccine ingredients](#)
 - [Moderna COVID-19 vaccine ingredients](#)
- 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 — because of potential cross-reactive hypersensitivity with the vaccine ingredient PEG*

* Individuals with these contraindications should not receive mRNA COVID-19 vaccines at this time unless they have been evaluated by an allergist-immunologist and it is determined the individual can receive the vaccine safely, such as in a setting that provides advanced medical care, under observation.

In addition, a history of severe allergic reaction to another vaccine or injectable therapy is a precaution to vaccination. Patients with such a history should undergo risk assessment and consider consultation with an allergist-immunologist or deferral of vaccination until more information is available. See [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) for more information.

Is an anaphylactic reaction to one mRNA COVID-19 vaccine a contraindication to the other mRNA COVID-19 vaccine?

Yes. An individual who experiences a severe allergic reaction (for example, anaphylaxis) to one mRNA COVID-19 vaccine should not receive the other mRNA COVID-19 vaccine because the two vaccines have ingredients in common. Also, individuals who have had a severe allergic reaction to an mRNA COVID-19 vaccine should not receive a second dose of the vaccine.

How and when should adverse events be reported?

The FDA requires that providers report the following events after administration of COVID-19 vaccine under EUA:

- Vaccination administration errors
- Serious adverse events

- Cases of multisystem inflammatory syndrome
- Cases of COVID-19 that result in hospitalization or death

Anyone who administers or receives a COVID-19 vaccine is encouraged to report any other clinically significant adverse event, even if it is uncertain whether the vaccine caused the event. Reports should be made to [VAERS](#). See this [checklist](#) of information to include in the report, or visit the [VAERS web page](#) and search for “checklist” to find it. Reports may be submitted online. Assistance is available by calling 800-822-7967.

At the time of vaccination, medical providers can provide patients with information about the CDC’s [V-safe](#) program, a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after receipt of a COVID-19 vaccination. Patients can report side effects through V-safe or VAERS.

Vaccine Prioritization and Eligibility

What are the priority groups for vaccination?

NYS is defining which groups of people to prioritize for receipt of vaccination based on [ACIP recommendations](#). ACIP recommendations are based on evidence related to SARS-CoV-2 epidemiology, vaccination program implementation and ethical principles. ACIP recommends that vaccines be provided to specific populations in three phases. Refer to the NYC Department of Health and Mental Hygiene’s (NYC Health Department) [COVID-19 Vaccine Eligibility web page](#) and NYS Department of Health’s (NYSDOH) [Phase Distribution of the Vaccine web page](#) for the most current information regarding vaccine eligibility for NYC residents.

Should individuals who have had COVID-19 in the past be vaccinated?

Individuals with a history of previous SARS-CoV-2 infection should be offered vaccination to prevent reinfection. There is no minimum interval between infection and vaccination. However, because vaccine is currently limited and evidence suggests that reinfection is uncommon in the 90 days after initial infection, individuals with documented acute SARS-CoV-2 infection in the preceding 90 days may choose to delay vaccination until near the end of the 90-day period. Viral or serologic testing is not recommended for the purpose of vaccine decision-making.

Should individuals who currently have COVID-19 be vaccinated?

To prevent exposing others to COVID-19, defer vaccination of individuals with current SARS-CoV-2 infection until criteria have been met to discontinue isolation.

Should individuals with a known SARS-CoV-2 exposure be vaccinated?

Yes. However, vaccination of individuals with a known SARS-CoV-2 exposure should be deferred until the quarantine period has ended. An exception may be made for residents of congregate residential settings with a known SARS-CoV-2 exposure. They may be vaccinated during quarantine; however, precautions should be taken to limit contact between these exposed individuals and other residents or staff during the vaccination process to prevent additional exposures.

Should a person be given the second dose of mRNA vaccine according to the recommended schedule if they develop a SARS-CoV-2 infection after the first dose?

Yes. However, vaccination of individuals with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness and [criteria](#) have been met for them to discontinue isolation.

Should individuals who received monoclonal antibody or convalescent plasma therapy for COVID-19 be vaccinated?

There is currently no data on the safety or efficacy of vaccination in individuals who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. Vaccination should be deferred for at least 90 days in these individuals to avoid interference of the treatment with vaccine-induced immune responses.

Vaccination of Children, Pregnant People and Other Groups

Can children receive COVID-19 vaccination?

The Pfizer vaccine is currently authorized for use in people age 16 and older. The Moderna vaccine is authorized for people age 18 and older. Clinical trials have begun to assess the safety and efficacy of the vaccines in younger children.

Is COVID-19 vaccination recommended for pregnant people?

There are limited data on the safety of COVID-19 vaccines in people who are pregnant. There are also no data to indicate that the vaccines should be contraindicated in pregnant people. Based on current knowledge, experts believe that mRNA vaccines are unlikely to pose a risk for people who are pregnant. Since pregnant people with COVID-19 have an increased risk of severe illness and might be at an increased risk of adverse pregnancy outcomes, such as preterm birth, the [CDC](#) and [American College of Obstetricians and Gynecologists](#) recommend that COVID-19 vaccines should not be withheld from pregnant people.

Pregnant people who experience fever following vaccination should be counseled to take acetaminophen, as fever has been associated with adverse pregnancy outcomes. Routine testing for pregnancy before receipt of a COVID-19 vaccine is not recommended. People who are trying to become pregnant do not need to avoid pregnancy after Pfizer or Moderna COVID-19 vaccination.

Is COVID-19 vaccination recommended for people who are lactating?

There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA vaccines on infants who are breastfed or on milk production and excretion. However, mRNA vaccines are not thought to pose a risk to the breastfeeding infant. The [CDC](#) and [American College of Obstetricians and Gynecologists](#) recommend that COVID-19 vaccines should be offered to lactating individuals.

Can immunocompromised individuals or people with underlying medical conditions receive the vaccine?

mRNA COVID-19 vaccines may be administered to people with underlying medical conditions who have no contraindications to vaccination. Clinical trials demonstrated similar safety and efficacy profiles in participants that had underlying medical conditions, including conditions that place them at increased risk for severe COVID-19, compared to people without comorbidities.

Data are not currently available to establish the safety and efficacy of vaccine in individuals with immunocompromising conditions. These individuals may still receive COVID-19 vaccination unless otherwise contraindicated. They should be counseled about the unknown vaccine safety and efficacy profiles in immunocompromised individuals and the potential for a reduced immune response to the vaccine. They should continue to follow all current guidance to protect themselves against COVID-19.

Refer to the [CDC](#) for more information on COVID-19 vaccines for people with autoimmune conditions, a history of Guillain-Barre syndrome or a history of Bell's palsy.

Can people who have received dermal fillers be vaccinated?

Occasionally, people who have received dermal fillers have developed swelling at or near the area of the filler injection (usually in the face or lips) after being vaccinated with an mRNA COVID-19 vaccine. When this occurred, the swelling was temporary and responded to medical treatment, including corticosteroids. People who have received dermal fillers may be vaccinated. No additional precautions are recommended at time of vaccination. Advise people with this history to contact their primary provider if they develop swelling at or near the filler injection area after being vaccinated.

Vaccine Distribution

How can NYC facilities and providers sign up to obtain and distribute the vaccine?

Enrollment in the NYC COVID-19 Vaccination Program is required for COVID-19 vaccine delivery. If your facility chooses to participate, you or a representative of the facility will need to complete the COVID-19 Vaccination Program Provider Agreement in the online [CIR](#). Facilities that have not previously registered with the CIR or have not reported to the CIR in over a year should [register now](#).

When will my facility receive vaccine?

Providers and practice groups should not anticipate being able to receive vaccine until spring or summer of 2021. Distribution will be based on vaccine supply, [populations prioritized for vaccination](#), and vaccine storage and handling capacity. [Vaccines will be distributed](#) in a transparent way that adheres to national and NYS guidance, and ensures equitable access to NYC residents.

Where can Federally Qualified Health Centers find information about the memorandum of understanding that facilities need to sign with NYS to receive vaccine?

Questions may be emailed to NYS at COVID19vaccineFQHC@health.ny.gov.

Billing for Vaccine Administration

When and how do we report vaccine administration?

Reporting of all administered COVID-19 vaccine doses to the [CIR](#) is required within 24 hours of administration. See the “Prepare to Report COVID-19 Vaccinations to the CIR” section of the NYC Health Department’s [vaccine enrollment letter](#) for providers. [NYS Executive Order 202.82](#) and an [NYC Commissioner of Health Order](#) removes the requirement that adults must consent to have their immunization information reported to the CIR.

To enable monitoring of equitable vaccine distribution, it is essential that vaccination providers gather and report accurate data on vaccine recipients’ characteristics, including race and ethnicity. We encourage vaccine providers to consult [best practices for collecting and reporting race and ethnicity](#) to the CIR.

Can providers bill for vaccine-related services?

Clinics and facilities receive the vaccine without cost from the federal government. Providers cannot bill for the vaccine itself but may bill an individual’s health insurance for an administration fee. The [Centers for Medicare and Medicaid Services](#) and [NYS Medicaid](#) program provide more information on billing and reimbursement.

Providers who vaccinate individuals with no health insurance or insurance that does not cover the administration fee may request reimbursement through the federal [Provider Relief Fund](#). Patients may not be charged a copay or other fee.

Post-Vaccination Clinical Considerations and Precautions

Is SARS-CoV-2 diagnostic and antibody testing accurate in vaccinated individuals?

Receipt of Pfizer or Moderna COVID-19 vaccines will not affect the results of COVID-19 diagnostic (viral) tests (nucleic acid amplification or antigen tests).

Currently available antibody tests for SARS-CoV-2 assess IgM and/or IgG to one of two viral proteins: spike or nucleocapsid. SINCE the Pfizer and Moderna COVID-19 vaccines contain mRNA that encodes the spike protein, a positive test for spike protein IgM/IgG could indicate either prior infection or vaccination. To evaluate for prior infection in someone with a history of Pfizer or Moderna COVID-19 vaccination, use a test that evaluates IgM/IgG to the nucleocapsid protein. Antibody testing is not currently recommended to assess immunity to COVID-19 following vaccination.

Do people who have completed a COVID-19 vaccine series still need to take precautions to avoid exposure?

Yes. No vaccine is 100% effective. Also, COVID-19 vaccine efficacy studies demonstrated the reduction in COVID-19 disease but did not assess the extent to which the vaccines prevent the ability to transmit the infection. Since there is currently limited information on how much COVID-19 vaccines may reduce transmission and how long vaccine-related immunity lasts, vaccinated individuals should continue taking other COVID-19 prevention measures. This includes staying home if sick; maintaining at least 6 feet of distance from others whenever possible; using a face covering; maintaining good hand hygiene; and avoiding gatherings and crowded indoor settings. More information on transmission precautions can be found [here](#).

Do people who are fully vaccinated still need to quarantine if they are exposed to someone with COVID-19 or travel to areas outside NYS?

The [CDC](#) recently recommended that it is not necessary for vaccinated persons to quarantine after an exposure to someone with COVID-19 if the contact is:

- Fully vaccinated (at least two weeks have passed since completion of the vaccine series)
- Within three months of the final dose in the vaccine series
- Asymptomatic

These changes have not yet been adopted in NYS, although the Governor has stated an intent to implement them.

Can we relax infection control protocols for health care personnel (HCP) who have been fully vaccinated?

No. At this time, HCP must continue to use all infection control practices and personal protective equipment recommended during care of people with and without possible COVID-19, including universal masking and eye protection for all clinical encounters. HCP should also continue taking other precautions recommended for prevention of COVID-19 transmission while on breaks at work, including using face coverings and maintaining physical distancing.

Do vaccinated HCP still need to be routinely monitored for fever and symptoms of COVID-19?

Yes. All HCP, including those who are fully vaccinated against COVID-19, should self-monitor for fever or symptoms of COVID-19 at the beginning of a patient care shift. See [CDC recommendations](#) for more information on HCP self-monitoring. See the question "[How should HCP who develop new symptoms following COVID-19 vaccination be evaluated and managed?](#)" that follows for guidance on evaluation and management of symptoms among HCP recently vaccinated against COVID-19.

Do vaccinated HCP still need to quarantine after a potential exposure or after travel?

Yes. Due to limited information on duration of COVID-19 vaccine-related immunity and whether COVID-19 vaccines reduce transmission, HCP who are fully vaccinated must continue to quarantine after travel or a COVID-19 exposure, with certain exemptions if they are deemed essential workers. More information on quarantine and exemption recommendations for HCP is available [here](#).

How can symptoms of COVID-19 be distinguished from post-COVID-19 vaccination symptoms?

Systemic signs and symptoms, such as fever, fatigue, headache, chills, nausea, myalgia and arthralgia, can occur following COVID-19 vaccination. See “[What are the side effects?](#)” and “[What is the typical time frame for onset and duration of side effects?](#)” earlier in this document for information on the typical vaccination side effects.

Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are not consistent with post-vaccination symptoms. These may be symptoms of SARS-CoV-2 or another infection. Individuals with these symptoms should be evaluated for possible infectious etiologies, including SARS-CoV-2 or other infections.

Where can I find guidance on how to evaluate and manage HCP who develop new symptoms following COVID-19 vaccination?

CDC guidance may be found [here](#) and is summarized in the NYC Health Department tool titled [Health Care Facility Decision Support for Health Care Workers Experiencing Potential Side Effects After Receiving a COVID-19 Vaccine](#) (adapted from the CDC). All HCP, including those employed by a facility regulated by the NYS DOH (such as an Article 28 facility) or a jurisdiction outside of NYC, should consult with their employer or facility’s occupational health program about policies they must follow before returning to work.

Where can I find guidance on how to evaluate and manage residents of long-term care facilities (LTCFs) who develop new symptoms following COVID-19 vaccination?

Symptomatic residents who have had an exposure to COVID-19 in the preceding 14 days or live in a facility with an ongoing outbreak should be assessed using all [infection control practices](#) recommended for LTCFs and tested for SARS-CoV-2. CDC guidance may be found [here](#).

Counseling Patients

What can I tell my patients to encourage them to get vaccinated?

Give your strong recommendation for vaccine; this is the strongest predictor of a patient getting vaccinated. You should counsel patients:

- The two vaccines authorized for use in the U.S. are very effective at preventing COVID-19, a disease that has killed over two million people worldwide and can continue to affect the health of people who recover.
- I strongly recommend this vaccine. In fact, I have been vaccinated and I encourage our other staff to be vaccinated too.
- These vaccines are safe. In clinical trials, no serious safety concerns were identified. Side effects are generally mild to moderate and typically go away in a day or two.

How should I respond to patients who express concerns about the COVID-19 vaccines?

Experts advise the following:

- Start from a place of empathy and understanding
- Assume that even patients who want to get vaccinated may have questions

- Give your strong recommendation that your patient receive COVID-19 vaccination, when available
- Listen to and respond to questions
- Address misinformation by sharing key facts
- Proactively explain side effects

Regarding safety concerns, you may want to share that:

- COVID-19 vaccines were developed more quickly than many other vaccines because special emergency federal funding made it possible for vaccine development and trials to be conducted much faster than usual, including by enabling several processes to occur at the same time (such as clinical trials and production). However, these vaccines were held to the same scientific standards and went through the same FDA review process as other vaccines. Additional information is available from the [FDA](#).
- The FDA, CDC and pharmaceutical companies are monitoring for any problems. That includes reporting by doctors and nurses, and also by patients. So far, we are hearing that side effects are generally mild to moderate and typically go away in a day or two.
- Some people have had serious allergic reactions, but that is very rare. We will make sure you do not have any known allergies to the vaccine ingredients and we will have you wait a while in the office after your shot, just in case.

Some ways that health care facilities can consider communicating with their staff about COVID-19 vaccines include holding town halls or staging grand rounds or presentations by trusted clinical leaders and influencers among staff.

NYC Health Department resources for building confidence in vaccines include a [presentation](#) on this topic. Additional resources include the CDC's [Answering Patients' Questions](#) and [Engaging in Effective COVID-19 Vaccine Conversations](#).

Additional Resources

- NYC Health Department's [COVID-19 Vaccine Information for Providers](#)
- CDC's [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)
- CDC's [COVID-19 Vaccination Communication Toolkit](#) for Medical Centers, Clinics and Clinicians

The NYC Health Department may change recommendations as the situation evolves.

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