



Tested, safe and effective COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love.

Scientists had a head start. The vaccines were built upon years of work to develop vaccines for similar viruses.

Tested, safe and effective. More than 100,000 people volunteered in clinical trials for all three vaccines (Pfizer, Moderna and Johnson & Johnson) to make sure they are safe and work to prevent COVID-19 illness. The vaccines help protect you from COVID-19 and are extremely effective in preventing death and hospitalization from COVID-19 with no serious safety concerns noted in any of the clinical trials. The U.S. Food and Drug Administration (FDA) makes sure the vaccines are safe and can prevent people from getting COVID-19. Like all drugs, vaccine safety continues to be monitored after they are in use.

You cannot get COVID-19 from the vaccine. You may have temporary reactions like a sore arm, headache, fever or feeling tired and achy for a day or two after receiving the vaccine.

Vaccine supplies are very limited right now, but they are improving. There is still not enough for everyone to get vaccinated at the moment, so you may have to wait.

Take your shot at no cost. The COVID-19 vaccine is available for free, whether or not you have insurance.

VACCINE SAFETY

Are there vaccines that are safe and work in preventing COVID-19?

Yes. Three vaccines from Pfizer-BioNTech, Moderna and Johnson & Johnson (Janssen) have proven to provide significant protection against COVID-19 and protect against virus-related hospitalization and death, with no serious safety concerns in the clinical trials.

Who makes sure the vaccines are safe and can prevent COVID-19?

The U.S. Food and Drug Administration (FDA) makes sure all food and drugs are safe. The COVID-19 vaccines must pass clinical trials like other drugs and vaccines. The FDA checks the work and authorizes vaccines only if they are safe and effective. Because vaccines are given to millions of healthy people to prevent serious diseases, they're held to very high safety standards.

The FDA can get vaccines to people faster through an Emergency Use Authorization. After the FDA has authorized a vaccine, the Centers for Disease Control and Prevention's (CDC) independent advisory committee reviews the data before advising the CDC on recommending a vaccine for use among the general public. Like all vaccines, the FDA keeps checking safety through the [Vaccine Adverse Events Reporting System \(VAERS\)](#). Health care providers are required to report serious side effects, or if someone gets seriously ill with COVID-19. There is also a smartphone-based health checker called [V-SAFE](#) that uses text messaging and web surveys to do health check-ins after people receive a COVID-19 vaccination. People can report any problems they may have with a vaccine through V-SAFE.

Does the vaccine affect fertility?

No. The American College of Obstetricians and Gynecologists ([ACOG](#)) recommends vaccination for all eligible people, including those who may want to get pregnant.

VACCINE DEVELOPMENT AND AUTHORIZATION

What is an Emergency Use Authorization (EUA)?

An Emergency Use Authorization (EUA) allows the FDA to get a safe COVID-19 vaccine to you quickly during a public health emergency. An independent advisory committee makes sure the vaccines are safe and work before issuing an EUA.

- Pfizer applied for an EUA on November 20, 2020, the advisory committee recommended authorization on December 10, 2020, and the [EUA](#) was approved on December 11, 2020.
- Moderna applied for an EUA on November 30, 2020, the advisory committee recommended authorization on December 17, 2020, and the [EUA](#) was approved on December 18, 2020.
- Johnson & Johnson (Janssen) applied for an EUA on February 4, 2021, the advisory committee recommended authorization on February 26th, 2021 and the [EUA](#) was approved on February 27th, 2021.

What happens after an EUA is issued?

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) decides who should be vaccinated to make sure the vaccine is safe and works for those who get it.

How do the vaccines work?

You cannot get COVID-19 from the vaccines. All of the currently authorized vaccines give your body temporary instructions to make a protein. The two-dose vaccines use mRNA technology, while the one-dose vaccine uses DNA technology to provide these instructions. This protein safely teaches your body to make germ-fighting antibodies against the COVID-19 virus. These germ-fighting antibodies are then ready to fight off the real COVID-19 if it ever tries to attack you. Your body naturally breaks down everything in the vaccine. There is no COVID-19 virus in the vaccine, and none of the vaccines can change your DNA.

What are the differences between the two-dose vaccines?

The two-dose vaccines, made by Moderna or Pfizer, work the same way to prevent people from getting COVID-19. Both vaccines require two doses, and both are very effective in preventing someone from getting sick with COVID-19. The clinical trial showed no serious safety concerns.

The vaccines are stored differently. The Moderna vaccine does not need to be stored as cold as the Pfizer vaccine, so more providers will be able to easily use it. While both vaccines require two doses, the time between doses is different. The Moderna vaccine doses are given 4 weeks apart. The Pfizer vaccine doses are given 3 weeks apart. Who can get the vaccine is also different: the Moderna vaccine is authorized for adults aged 18 and older and the Pfizer vaccine is authorized for people aged 16 and older.

The temporary reactions are similar for both vaccines. Temporary reactions may include a sore arm, headache and feeling tired and achy for a day or two after receiving the vaccine. The reactions are more common after the second dose than the first dose. Younger people are more likely to have reactions than older people. Neither vaccine can give you COVID-19.

What are the differences between the one-dose and two-dose vaccines?

The two-dose vaccines use mRNA to give your body temporary instructions to make a protein that teaches your body to make germ-fighting antibodies against the COVID-19 virus. Instead of mRNA, the one-dose vaccine (made by Johnson & Johnson/Janssen) uses DNA to give your body the same type of temporary instructions. The DNA is carried into the body on a harmless virus called adenovirus. Your body naturally breaks down everything in the vaccine. All of the vaccines are very effective in preventing COVID-19 illness as well as preventing hospitalization and death. All of the clinical trials showed no serious safety concerns. Your body naturally breaks down everything in the vaccine. There is no COVID-19 virus in the vaccine and none of the vaccines can change your DNA.

People who receive the one-dose vaccine do not need to return for a second vaccination. The temporary reactions are similar among all vaccines, although people receiving the one-dose vaccine may only experience temporary reactions once. Temporary reactions may include a sore arm, headache, fever and feeling tired and achy for a day or two after receiving the vaccine. Younger people are more likely to have reactions than older people. None of the vaccines can give you COVID-19.

Additionally, the one-dose vaccine also can be stored in a regular refrigerator for up to three months.

What other COVID-19 vaccines are being developed and considered?

It is difficult to say when other vaccines will be available. As of March 2021, Phase 3 clinical trials (the last phase) are in progress, being planned or completed in the United States for the following COVID-19 vaccines:

- AstraZeneca's COVID-19 vaccine
- Novavax's COVID-19 vaccine

You cannot get COVID-19 from any of these vaccines in development. All of the above vaccines teach your body to make germ-fighting antibodies against the COVID-19 virus. These germ-fighting antibodies are then ready to fight off the real COVID-19 if it ever tries to attack you.

Will I be able to choose which vaccine I get?

Due to the limited supply of COVID-19 vaccines, we strongly recommend people take the first vaccine that is offered to them. All three available vaccines are very effective in preventing hospitalization and death caused by COVID-19. The Pfizer vaccine is approved for people age 16 and older, while the Moderna and Johnson & Johnson vaccines are approved for adults 18 and older.

Will the vaccines work against new variants of the COVID-19 virus?

All viruses change over time, and these changes (or variants) are expected. Scientists are working to learn more about new COVID-19 variants and their effects on vaccines.

We do know that some of the new variants spread more easily, which may lead to more cases of COVID-19. Therefore, it is important to keep practicing the 3Ws: washing your hands, waiting six feet apart and wearing a mask around people you don't live with. More information can be found on the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/faq.html).

How can someone enroll in a clinical trial for a vaccine?

Over 100 vaccines for COVID-19 are under development and many are in clinical trials that are recruiting participants. People interested in enrolling in a COVID-19 vaccine trial may visit the following website: <https://www.coronaviruspreventionnetwork.org/clinical-study-locations/>.

What are the ingredients in the COVID-19 vaccines?

All the COVID-19 vaccines give the cells in your body the instructions to make a protein that safely teaches your body how to make antibodies (germ-fighting cells) to fight the real COVID-19. Your body naturally destroys the instructions and gets rid of them. None of the vaccine ingredients remain in your system, nor do they alter any DNA in your body. The three COVID-19 vaccines currently available in the United States do not contain eggs, preservatives, fetal tissue, stem cells, mercury or latex. For a full list of ingredients, please see each vaccine's Fact Sheet for Recipients and Caregivers:

- [Pfizer-BioNTech COVID-19 vaccine](#)
- [Moderna COVID-19 vaccine](#)
- [Johnson & Johnson COVID-19 vaccine](#)

Are there fetal cells or fetal tissues in the vaccine?

None of the vaccines contain fetal cells or fetal tissues. Fetal cells were used in research to develop all three vaccines. Vaccines commonly use fetal cells in development. The Pfizer and Moderna vaccines do not require the use of any fetal cells to produce the vaccines.

VACCINE SHIPPING AND STORAGE

How many vaccines will the state receive?

States are receiving limited supplies. The federal government decides how many COVID-19 vaccines each state gets based on the state's population of people aged 18 and up. NC DHHS then determines which vaccine providers will receive vaccine doses each week based on their ability to reach prioritized populations. Some providers in North Carolina also receive vaccine doses directly from the federal government, such as partners in the [Federal Retail Pharmacy Program](#) or the [Health Center COVID-19 Vaccine Program](#).

How will the vaccine be shipped?

The federal government tells states how many vaccines they will get each week. NC DHHS then determines which vaccine providers will receive vaccine doses based on their ability to reach prioritized populations. The manufacturer then ships the vaccines and vaccination supply kits directly to the local vaccine providers in North Carolina.

How will the vaccine be stored?

North Carolina is working closely with providers to safely store vaccines, particularly those that need ultra-cold storage or frozen storage. Vaccines that need ultra-cold storage will come with packaging and cooling material for places that do not have permanent ultra-cold storage. The state, the manufacturer and the CDC deliver training on COVID-19 vaccine storage, handling and administration.

GETTING VACCINATED

Who is being vaccinated first?

To save lives and slow the spread of COVID-19, independent state and federal public health advisory committees recommend first protecting health care workers, people who are at the highest risk of being hospitalized or dying

and those at high risk of exposure to COVID-19. We are currently vaccinating people in Group 1 and Group 2 as defined below:

Group 1: Health care workers & Long-Term Care staff and residents

- Health care workers with in-person patient contact
- Long-term care staff and residents—people in skilled nursing facilities, adult care homes and continuing care retirement communities

Any health care worker with in-person patient contact may now be vaccinated. Hospitals will give vaccines to staff on different days in case they have temporary reactions that may prevent them from working for a day or two. Long-term care staff and residents are also one of the first groups who will receive a vaccine. Most vaccinations at nursing homes, adult care homes and other long-term care settings are being managed by the federal government. However, the vaccines used in long-term care will come from North Carolina's supply.

Group 2: Older adults

- Anyone 65 years or older, regardless of health status or living situation

COVID-19 vaccinations are now available to people 65 and older. All people age 65 and older will be eligible to be vaccinated in this group. People 75 and older are prioritized to be vaccinated first, when possible. There is no requirement to have certain qualifying chronic conditions.

Because vaccine supplies are still limited, anyone eligible for vaccination may have to wait.

As more vaccines become available, vaccinations will be offered to everyone who wants one, including in clinics and drug stores, as well as at vaccination events in communities.

Group 3: Frontline Essential Workers

- Frontline essential workers are people who must be in-person at their place of work and work in one of these eight essential sectors: critical manufacturing, education, essential goods, food and agriculture, government and community services, health care and public health, public safety and transportation.

All frontline essential workers are now eligible to receive a vaccine. Because supplies are still limited, anyone eligible for vaccination may have to wait.

Group 4: Adults at High Risk for Exposure and Increased Risk of Severe Illness

Beginning on March 17, people in Group 4 who have a medical condition that puts them at higher risk and people who live in additional congregate settings will be eligible for vaccination. The rest of Group 4, which includes other essential workers, will become eligible April 7.

North Carolina follows the recommendations of the Centers for Disease Control and Prevention (CDC) regarding who is at higher risk for severe illness from COVID-19, such as individuals with asthma, cancer, diabetes, heart disease, kidney disease, sickle cell disease, obesity or smoking (a complete list is available in our Deeper Dive.) In addition, this population includes anyone who is living in higher risk congregate or close group living settings who is not already vaccinated, including people experiencing homelessness or living in a homeless shelter and people in a correctional facility, such as jail or prison. [Learn more about who is in **Group 1**, **Group 2**, **Group 3** and **Group 4**.](#)

Which chronic conditions put someone at increased risk for severe illness from COVID-19, making them a higher priority for vaccination?

The CDC defines the chronic medical conditions that put someone at higher risk of severe illness from COVID-19. Currently, the list includes asthma (moderate to severe), cancer, cerebrovascular disease or history of stroke, chronic kidney disease, Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis, diabetes type 1 or 2, serious heart condition (e.g., heart failure, coronary artery disease, cardiomyopathy), hypertension or high blood pressure, immunocompromised state (e.g., weakened immune system from immune deficiencies, HIV, taking chronic steroids or other immune weakening medicines, history of solid organ blood or bone marrow transplant), intellectual and developmental disabilities (including Down Syndrome), liver disease (including hepatitis), neurologic conditions (such as dementia and schizophrenia), pulmonary fibrosis, overweight or obesity, pregnancy, sickle cell disease (not including sickle cell trait) or thalassemia and smoking (current or former). This list of conditions may be updated by the CDC and can be found [here](#).

How is North Carolina promoting equity in its vaccination plan?

NC DHHS has a specific focus on earning trust with historically marginalized populations. Longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines. The department is partnering with trusted leaders and organizations to provide accurate information about COVID-19 vaccines to all North Carolinians and ensure equitable access to vaccines.

It is the responsibility of all vaccine providers to ensure equitable access to vaccines. This means taking intentional actions to reach and engage historically marginalized communities, such as partnering with providers who serve these communities to make the vaccine more accessible.

NC DHHS is embedding racial, ethnic and geographic equity into all aspects of vaccine operations and holding itself and vaccine providers accountable.

How will I know when it's my turn to get a vaccine?

The best way to fight COVID-19 is to start first with vaccines aimed at helping to slow the spread and save lives.

- [YourSpotYourShot.nc.gov](https://www.yourshot.nc.gov) is updated regularly with information about who can currently get vaccinated.
- [Find My Vaccine Group](#) is an online tool to help people know when they will be eligible to get their vaccine. By answering a few simple questions, Find My Vaccine Group helps you determine which vaccine group you are in and lets you sign up for an email notification when your group is open.

Talk with your health care provider or employer about where your spot is based on your health and job status. How quickly North Carolina moves through each group will depend on the available vaccine supply. Currently, supplies are very limited. We find out the week before how many doses of each vaccine we will receive from the federal government for the following week. This makes it difficult to know when we will move to the next group.

Where will I be able to get vaccinated?

Right now, vaccine supplies are improving but are still limited. Information on where to take your shot against COVID-19 is available at [YourSpotYourShot.nc.gov](https://www.yourshot.nc.gov). If it is your turn, your local health department or hospital can help you get your shot. Vaccination events are also available in some communities.

[Find My Spot](#) is an easy-to-use online tool to help individuals find their spot to get a vaccination in NC, including vaccine provider locations and contact information. North Carolinians enter their ZIP code or current location to find nearby vaccine providers. The Find a Vaccine Location tool will be updated regularly. Users should contact vaccine providers directly to see if they have vaccines and schedule appointments.

Because supplies are limited, you may have to wait even if your group is eligible. Most doctors cannot provide vaccinations in their offices. As vaccines become more widely available, vaccinations will be offered to everyone who wants one in clinics and pharmacies, as well as vaccination events in communities. We will continue to expand the available sites so that people have a spot where they can easily get their vaccine.

When it's your turn, you can get your first shot from any vaccine provider in the state, no matter where you live. Be sure to schedule your vaccine appointment through a legitimate provider listed on Find My Spot. North Carolina Attorney General Josh Stein offers [tips on how to avoid vaccine scams](#).

If you are getting a two-dose COVID-19 vaccine, you can get the first dose anywhere. You will need to get your second shot from the same vaccine provider. The federal government automatically ships your second vaccine dose to the same provider who gave you your first dose.

Do I need to be registered before I can get vaccinated?

Everyone who is vaccinated will be registered so that vaccine providers know who has been vaccinated and with which vaccine to make sure people get the second dose of the same vaccine at the right time. Most people vaccinated in North Carolina will be registered in COVID-19 Vaccine Management System (CVMS). Vaccine providers can register people in CVMS before their appointment. This pre-registration will send an email to the individual with online questions to complete before their vaccine appointment.

Vaccine providers can also register people by phone or when they arrive in-person for their vaccine appointment. If the vaccine provider registers the individual in-person, an email address is not required. Pharmacies, such as CVS and Walgreens, doing vaccinations in long-term care facilities or the federal retail pharmacy program do not use CVMS to register patients before giving vaccines. These pharmacies will use their own systems.

Will I need to sign a consent form to get vaccinated?

You can provide verbal consent. Written consent is not generally required, but some providers may require or request written consent.

Does the state require or mandate vaccination?

No. North Carolina has no plan to require people to be vaccinated against COVID-19. It is possible that some employers or schools will require vaccines for their employees or students.

What kind of identification will be required to be vaccinated?

North Carolina does not require a government-issued identification card, like a driver's license, to be vaccinated. Vaccine providers should not ask for photo identification. Instead, vaccine providers are encouraged to use other ways to confirm that they are vaccinating the right person. Vaccine providers may ask people to pre-register, to fill out a form on-site with their name, address and date of birth, or ask for a bill or other document with your name and address on it. Vaccine providers should not withhold vaccinations or appointments for vaccinations because you cannot present identification.

Can non-US Citizens get the vaccine?

The COVID-19 vaccine will be available to everyone for free, whether or not they have health insurance and regardless of their immigration status. Information is kept confidential and won't be shared with ICE for immigration enforcement. Getting the vaccine does not have a negative impact on people's chances of adjusting their

immigration status. The Department of Homeland Security released a statement on equal access to COVID-19 vaccines and vaccine distribution sites ([read more](#)).

Can you get a vaccine in a county you don't live in?

Yes. To protect the health of North Carolinians and promote equity in vaccine distribution, people who spend significant time in North Carolina and are able to spread the virus in North Carolina should be vaccinated when and where they have access to vaccine. Vaccine providers should vaccinate North Carolinians no matter what county they live in.

How much will the vaccines cost?

There is no cost. They are free to everyone, even if you don't have health insurance. The federal government is covering the cost. Administration fees will also be covered for those who are uninsured and should be covered by all health insurance companies. No vaccine provider should be charging anyone to receive the vaccine. Patients who get the vaccine while having an appointment for another reason, such as a medical check-up, may be charged for the check-up depending on their insurance. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Provider Relief Fund, see <https://www.hrsa.gov/CovidUninsuredClaim>.

Are there side effects from the vaccines?

No serious side effects were reported in clinical trials. Temporary reactions after receiving the vaccine may include a sore arm, headache or feeling tired and achy for a day or two and in some cases, fever. These temporary reactions were more common after the second dose in a two-dose vaccine. In most cases, these temporary reactions are normal, which are good signs that your body is building protection. You can take medicines like Tylenol or ibuprofen after receiving your shot to help with these temporary reactions. While extremely rare, there have been a few cases of severe allergic reaction to the Pfizer vaccine outside of the clinical trials, and vaccine providers are prepared with medicines if they need to treat these rare allergic reactions.

What do we know about the vaccine's long-term safety?

Since most of the vaccine trials began in the summer of 2020, we have months, not years, of follow-up data. Fortunately, we have decades of vaccine safety data from other vaccines, and we know that long-term side effects are quite rare. The CDC is actively collecting safety data via the [Vaccine Adverse Event Reporting System](#), which has been tracking safety on all vaccines since 1990. Learn more about all the ways that vaccine safety is being monitored [here](#).

What is the risk of an allergic reaction from the vaccine?

People who have had severe allergic reactions, also called anaphylaxis, to any ingredient in the [Pfizer](#), [Moderna](#) or [Johnson & Johnson](#) vaccines should not receive that vaccine. People who have had this type of severe allergic reaction to any vaccine or treatment that is injected should talk with their health care provider about the risks and benefits of vaccination. People with allergies to foods, animals, environmental triggers (such as pollen), latex or medications taken by mouth or who have family members with past severe allergic reactions, can be vaccinated with any of the COVID-19 vaccines. Severe allergic reactions to the vaccines have been [very rare](#) and mostly occurred in people who have had previous severe allergic reactions.

Vaccine providers will watch patients for 15-30 minutes after vaccination to ensure the patient's safety. Additional information can be found [here](#) for the Pfizer, Moderna, and Johnson & Johnson vaccines.

How do I report an adverse reaction caused by the COVID-19 vaccine?

CDC and FDA encourage the public to report possible side effects (called adverse events) to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). This national system collects data to look for adverse events that are unexpected, appear to happen more often than expected or have unusual patterns of occurrence. Reports to VAERS help the CDC monitor the safety of vaccines. Safety is a top priority.

The CDC is also implementing a new smartphone-based tool called [v-safe](#) to check-in on people's health after they receive a COVID-19 vaccine. When you receive your vaccine, you should also receive a v-safe information sheet telling you how to enroll in v-safe. If you enroll, you will receive regular text messages directing you to surveys where you can report any problems or adverse reactions you have after receiving a COVID-19 vaccine.

What temporary reactions from the vaccine should be reported to a doctor?

In most cases, temporary reactions are normal and good signs that your body is building protection. You can talk to your health care provider about ways to help with these temporary reactions, such as drinking lots of fluids, placing a cool washcloth on your forehead or taking over-the-counter medicine, such as ibuprofen or Tylenol.

If you have a history of allergic reactions to any vaccine or treatment that is injected, you should talk with your health care provider about the risks and benefits of vaccination before getting the shot. Although very rare, if you experience a severe allergic reaction to the vaccine seek immediate medical care by calling 911. Signs of a severe allergic reaction can include difficulty breathing, swelling of your face and throat, a fast heartbeat, a bad rash all over your body and dizziness and weakness.

Also contact your doctor if any redness or tenderness where you got the shot increases after 24 hours or if your temporary reactions are worrying you or do not seem to be going away after a few days.

Can I get the COVID-19 vaccine if I just got another vaccine for something else?

Wait at least 14 days before getting any other vaccine, including a flu or shingles vaccine, if you get your COVID-19 vaccine first. If you get another vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

Why are two vaccine shots necessary for some vaccines?

The Pfizer and Moderna vaccines require two shots a set number of days apart. You need two doses to build up strong immunity against COVID-19. The goal of the first vaccine dose is to "prime" the immune response, which means that it gets your body ready to have the best protection. The second dose "boosts" the immune response to be fully protected. The second shot will come about 3-4 weeks after the first. It is important to get two doses of the same vaccine.

While other countries may take a different approach to vaccinations, the FDA and CDC continue to recommend that everyone get two shots for the Moderna and Pfizer vaccines. Currently there are not enough data to suggest that one shot of the Moderna and Pfizer vaccines offers enough protection against COVID-19.

Additional COVID-19 vaccines are in Phase 3 clinical trials. Learn more about the [different COVID-19 vaccines](#).

If two shots are necessary for some vaccines, how will people know when to get their second shot?

North Carolina will use a secure data system called the COVID-19 Vaccine Management System (CVMS) to make sure you are safe and get your second shot at the right time. When a person gets the first shot, they get information on when to come back for the second and they are asked to make a second appointment. People will also be given a card with information about which vaccine they got for their first dose and the date of that shot. Keep the card in a safe spot and take a picture of it just in case it gets misplaced. People will receive an email notification with a reminder for the second shot. Individuals who choose to use v-safe, a CDC tool to provide personalized health check-ins after their shot, will receive text reminders for their second dose. The provider who gave the vaccine may also help with reminders for the second shot. State and federal privacy laws make sure none of your private information will be shared. The shot you take and when you need the second is confidential health information that is carefully managed to protect your privacy.

If you are getting a two-dose COVID-19 vaccine, you can get the first dose anywhere. You will need to get your second shot from the same vaccine provider. The federal government automatically ships your second vaccine dose to the same provider who gave you your first dose.

What happens if you don't get your second dose on the right day?

You should get the second vaccine dose as close to the recommended time as possible—3 weeks for Pfizer-BioNTech or 4 weeks for Moderna. Both Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled up to 6 weeks (42 days) after the first dose. If you do not get your second dose within 6 weeks, you do not need to start again at the first dose. If you do not get your second dose at the recommended time, you should still get it. The vaccine can be given up to 4 days early and still work. If you get the second dose too early, you should not get another dose.

What can I do to protect myself from COVID-19 while I am waiting to be vaccinated?

North Carolinians should continue to practice the 3Ws - wear a mask, wait 6 feet apart and wash your hands - while they wait to get vaccinated and after they have been vaccinated to continue to slow the spread of COVID-19.

Why do I need to get a vaccine if I can practice other things like social distancing to prevent the COVID-19 virus from spreading?

Vaccines work to prepare your body to fight the virus if you are exposed to it. Other steps, like the 3Ws - wear a mask, wait 6 feet apart and wash your hands - help reduce your chance of being exposed to the virus or spreading it to others. Getting the COVID-19 vaccine and following the 3Ws is everyone's best protection from getting and spreading COVID-19.

AFTER GETTING VACCINATED

Will people be provided with documentation that they have had the vaccine?

Yes. You should receive a vaccination card that tells you what COVID-19 vaccine you received, the date you received it and where you received it. People with access to email will also receive an email with proof of vaccination.

Will the vaccine affect testing for possible COVID-19 infection?

Getting a COVID-19 vaccine will not affect the most common tests used to test for the COVID-19 virus, which are called PCR or antigen tests. The vaccines do not affect these test results because there is no virus in the vaccines.

However, vaccines can affect the results of some COVID-19 antibody tests because of the immune response to the vaccine. More details can be found from the CDC [here](#).

When am I considered fully vaccinated against COVID-19?

You are considered fully vaccinated if it has been at least two weeks after your single dose vaccine or at least two weeks after the second dose of a two-dose vaccine.

What can you start doing differently after you are fully vaccinated against COVID-19?

- You can gather indoors with fully vaccinated people without wearing a mask.
- You can gather indoors with unvaccinated people from **one** other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with is at increased risk for severe COVID-19 illness.
- You do not need to quarantine or get tested if you are exposed to someone with COVID-19 as long as you do not have any symptoms and do not live in a group setting. If you develop symptoms of COVID-19, you should get tested and isolate from other people.

What should you keep doing after you have been fully vaccinated against COVID-19?

- Continue practicing the 3 Ws – wearing a mask, waiting 6 feet apart, washing your hands – when in public, gathering with unvaccinated people from more than one household or visiting with an unvaccinated person who is at increased risk for severe COVID-19 illness
- Avoid medium and large-sized gatherings
- Delay domestic and international travel

Receiving the COVID-19 shot and following the 3 Ws is everyone's best protection from getting and spreading COVID-19. For more information about what to do after being vaccinated, see [NC DHHS's guidance](#).

Will people who have been vaccinated still need to quarantine?

People who are vaccinated do not have to quarantine after an exposure to someone with COVID-19 if they meet all of the following criteria:

- Are fully vaccinated (i.e., at least 2 weeks after getting their second dose in a two-dose series or 2 weeks after a one-dose vaccine)
- Have had no symptoms from when they were exposed to someone with COVID-19

More information can be found from the CDC [here](#). Scientists are still learning how long people are protected after vaccination. The CDC guidance states that people do not need to quarantine if exposed within 3 months after vaccination, but this time frame is likely to change as we learn more.

For how long will the vaccine protect me from COVID-19?

Since the clinical trials ended recently, we know that the vaccines can protect people from COVID-19 illness for at least two months. We'll know even more about how long the immunity from the vaccines lasts as people have been

vaccinated for a longer period of time. With additional data, we will know if COVID-19 vaccines will need to be given yearly, like the flu shot.

What percentage of the population needs to be vaccinated to have herd immunity?

Herd immunity means that enough people in a community are protected from getting a disease because they've already had the disease or they've been vaccinated. Herd immunity makes it hard for the disease to spread from person to person, and it even protects those who cannot be vaccinated. The percentage of people who need to have protection in order to achieve herd immunity varies by disease. CDC and other experts are studying herd immunity for COVID-19 and will provide more information as it is available.

SPECIAL POPULATIONS

Are children able to get the vaccine?

Children will not receive vaccines until clinical trials are completed to ensure the vaccines are safe and work to prevent COVID-19 illness in children. The Pfizer vaccine can be given to teenagers aged 16 and up. Many vaccines, including the Pfizer, Moderna and Johnson & Johnson vaccines, are being studied in children in the United States.

How will staff and residents in long-term care facilities be vaccinated?

The federal government manages most vaccinations for staff and residents of long-term care facilities. Long-term care facilities include skilled nursing facilities, adult care homes and continuing care retirement communities. The federal government has created the Pharmacy Partnership for Long-Term Care Program with CVS and Walgreens to work with long-term care facilities to give vaccinations. They are currently vaccinating staff and residents.

Should pregnant women be vaccinated?

Pregnant and breastfeeding women may choose to receive the Pfizer, Moderna or Johnson & Johnson COVID-19 vaccines. Pregnant women can talk with their doctors before making the choice. You do not need to take a pregnancy test before you get your vaccine. Women who are breastfeeding may also choose to get vaccinated. The vaccine is not thought to be a risk to a baby who is breastfeeding. Additional information can be found [here](#).

Do people who have had COVID-19 still need to be vaccinated?

Yes. The vaccine works to protect you against a future infection. You don't need a COVID-19 test before vaccination. It is safe to get vaccinated with any of the authorized vaccines if you have been infected in the past. If you were treated for COVID-19 symptoms with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine. Additional information can be found [here](#).

Should I get vaccinated against COVID-19 if I am currently sick with COVID-19?

No. People who are actively sick with COVID-19 should wait until they have recovered and can no longer spread the virus before getting their vaccine. This guidance also applies to people who get COVID-19 between their first and second dose of a two-dose vaccine. For two-dose vaccines, the second dose can be given up to 6 weeks after the

first dose and still be very effective (see “What happens if you don’t get your second dose on the right day?”), so do not worry if you have to reschedule your appointment for a later date. Once you have recovered, it is safe to get vaccinated with any COVID-19 vaccine if you have been infected in the past.

VACCINE DATA

How will the state know who has been vaccinated?

North Carolina will use the COVID-19 Vaccine Management System (CVMS), a free, secure, web-based system accessible to all providers who give COVID-19 vaccinations. It helps vaccine providers know who has been vaccinated and with which vaccine to make sure people get the second dose of the same vaccine at the right time. It also allows the state to manage vaccine supply. Pharmacies, such as CVS and Walgreens, doing vaccinations in long-term care facilities will not use CVMS to give and manage vaccines. These pharmacies will use their own systems for long-term care facilities.

What data is the state collecting and how will it be shared?

Information about your COVID-19 vaccination is carefully managed to protect your privacy. Your immunization information will not be shared except in accordance with state and federal law. NC CVMS is a system that enables the collection of immunization information for health and safety reasons. The immunization information collected for NC CVMS is similar to the information that is required when you go to the doctor’s office or a pharmacy for a vaccination, including your name, address, date of birth, location where vaccine was given, when the vaccine was given, person who administered the vaccine, information about the specific vaccine vial (expiration date, vaccine identifier number, etc.) and how the vaccine was given (e.g., in the muscle of the right arm). NC CVMS also collects information about race and ethnicity, which is necessary to support efforts for equitable vaccine distribution in NC. To meet federal requirements established by the U.S. Centers for Disease Control and Prevention (CDC) and in accordance with NC state law, NC does not submit any identifiable information to CDC. Instead of the CDC requested identifying information, NC is currently submitting the vaccine recipient’s year of birth (not date of birth), the first 3 digits of the vaccine recipient’s zip code of residence (if the underlying population in that zip code includes more than 20,000 people) and the date of submission of the vaccination record. More information about federal CDC data requirements is available at: <https://www.cdc.gov/vaccines/covid-19/reporting/requirements/index.html>.

What data about vaccinations will be available to the public?

North Carolina has an online [public dashboard](#) to share data on vaccinations. The data in the dashboard is updated Monday through Friday.

Couldn’t find the answer you were looking for?

Call the COVID-19 vaccine help line at 888-675-4567 Monday through Friday from 7 a.m. until 7 p.m., and on Saturday and Sunday from 8 a.m. until 4 p.m.