Q: What is the vaccine hub?
A: The state included Houston Methodist in its program to vaccinate a large number of our city’s most vulnerable members. As such, when we receive vaccine from the state, we open our website for people in the community who meet current eligibility guidelines to register. All adults are eligible to receive a COVID-19 vaccine in Texas beginning Monday, March 29. There is no cost to you for the vaccine. As we get more vaccine, we often are able to invite those who have already filled out the form but didn’t receive an invitation (thereby on the “waitlist”). Our goal is to continue our outreach to the hardest hit neighborhoods in our city and our most vulnerable patients, as well as keep vaccinating our employees, physicians and first responders.

Q: What happens if I filled out the vaccine hub form but I didn’t get an appointment?
A: Unfortunately, we cannot immediately accommodate everyone who fills out the form due to the limited supply of the vaccine. As we get more vaccine, we often are able to invite those on the waitlist, as well as reopen registration.

Q: Which vaccines did the FDA grant Emergency Use Authorization (EUA) for?
A: The FDA issued an EUA for the Pfizer, Moderna and Johnson & Johnson vaccines. The FDA temporarily halted the administration of the Johnson & Johnson vaccine after 6 women developed a rare type of blood clot among the 6.8 million patients who received the vaccination.

Q: Are they safe?
A: The Pfizer and Moderna vaccines have been shown to be very safe with very rare adverse effects, just like the flu shot. The FDA temporarily halted the administration of the Johnson & Johnson vaccine after 6 women developed a rare type of blood clot among the 6.8 million patients who received the vaccination. The CDC and the FDA will continue to monitor individuals who have received the vaccine to ensure there’s no evidence of even rare safety issues.

Q: Why did the FDA temporarily halt the administration of the Johnson and & Johnson vaccine?
A: The FDA temporarily halted the administration of the Johnson & Johnson vaccine after 6 women developed a rare type of blood clot among the 6.8 patients who received the vaccination. It is not certain when it will be available.

Q: Can I get COVID-19 from these vaccines?
A: No. It is not possible to get COVID-19 from vaccines. The Pfizer and Moderna vaccines use only a gene from the virus while other vaccines like Johnson & Johnson’s vaccine use inactivated virus. None of these can cause COVID-19.

Q: Are the COVID-19 vaccines from Pfizer and Moderna basically the same?
A: While both are mRNA vaccines, there are several differences between the two:

• The two vaccines have different age limits. You must be at least 18 years old to receive the Moderna vaccine and at least 16 years old to receive the Pfizer vaccine.
• The waiting period between the two vaccines is different. You must wait 21 days between your first and second dose of the Pfizer vaccine, and 28 days between doses for the Moderna vaccine.
• The Pfizer vaccine requires a much colder storage than the Moderna vaccine.

For questions specific to the Pfizer vaccine click here, and for questions specific to the Moderna vaccine click here.

Q: How does the Johnson & Johnson vaccine work?
A: According to the company, unlike the existing mRNA vaccines (Pfizer and Moderna vaccines), which use messenger RNA to create a protein that prompts an immune response in the body, the Johnson & Johnson COVID-19 vaccine uses an adenovirus — a type of virus that causes the common cold — that has been made unable to replicate. The adenovirus carries a gene from the coronavirus into human cells, which then produce the coronavirus spike protein, but not the coronavirus itself. This spike protein is what primes the immune system to fight off a subsequent infection by the virus. This is analogous to the Pfizer and Moderna vaccines in that it is a carrier plus some genetic instructions; only the technical details are different.

• You must be at least 18 years old to receive the Johnson & Johnson vaccine.
• The Johnson & Johnson vaccine requires one dose.

For questions specific to the Johnson & Johnson vaccine click here.

Q: Which vaccine is better?
A: All of the vaccines have shown to be very effective at preventing COVID-19 infection. The Pfizer vaccine has shown to be 95% effective across all age, racial and ethnic groups. The Moderna vaccine has shown to be 94.1% effective across all racial and ethnic groups, but this number did appear to be a little lower among those 65 years of age or older. The vaccine had a 72% overall efficacy rate in the U.S. and 64% in South Africa, where a highly contagious variant emerged in the fall and is now driving most cases, according to information recently released by the FDA and reported by the New York Times. The vaccine also showed 86% efficacy against severe forms of COVID-19 in the U.S., and 82% against severe disease in South Africa. That means that a vaccinated person has a far lower risk of being hospitalized or dying from COVID-19. The vaccine also was 74% effective at preventing asymptomatic infection, which might mean it could help reduce transmission of the virus.

Q: Are the vaccines interchangeable?
A: No. You must receive the related second dose for the vaccine to work appropriately. You cannot interchange the vaccines as they are not exactly the same. Johnson & Johnson only requires one dose.

Q: What if I am concerned about my side effects from any of the vaccines?
A: Please seek medical attention immediately by calling your doctor's office or setting up a virtual visit if you experience severe side effects.

Q: I have a health condition that prevents me from getting vaccines with live viruses. Do you know if the COVID-19 vaccine uses a live virus?
A: Both Pfizer and Moderna’s vaccines are mRNA vaccines, and AstraZeneca’s and Johnson & Johnson’s are non-replicating vectored vaccines. None of the early vaccines being tested are live weakened versions of the virus. When vaccines are licensed, part of the information that will be provided will include who should or should not get each vaccine. We recommend talking with your health care provider to determine which vaccine will be the best one for you, given your medical history.
Q: If I have had COVID-19 should I get the vaccine?
A: Yes, but consider waiting 90 days since experiencing symptoms. While individuals who have tested positive for COVID-19 do produce antibodies, the antibody levels and how long they last are not known. In addition, while natural infection does induce immunity, it induces less of an antibody response than the vaccine. The antibody response to the vaccine is dramatically higher than it is to natural infection. We are seeing reinfection among people who have already been infected with COVID-19, so the vaccine should provide additional protection against reinfection.

Q: Will the vaccine be given annually like the flu shot?
A: We are studying this now and we don’t think this will be an annual vaccine, but we are not sure yet. We will let you know as soon we know.

Q: Do I have to continue wearing a mask after I get the vaccine?
A: Yes. We should continue wearing masks, practicing excellent hand hygiene and social distancing until enough vaccine is manufactured and distributed, until we know how long a vaccine will protect us, and until our community shows levels of minimal spread.

Q: What risks should I consider if I’m pregnant and trying to decide if I should get the vaccine?
A: You should consider the level of COVID-19 community transmission; your personal risk of contracting COVID-19; the risks of COVID-19 to you and potential risks to the fetus; the efficacy of the vaccine; the known side effects of the vaccine; and the lack of data about the vaccine during pregnancy. We recommend that you reach out to your health care provider to help you make an informed decision.

Q: Should I get the vaccine if I’m breastfeeding?
A: There is no data on the safety of COVID-19 vaccines in lactating women or the effects of mRNA vaccines on the breastfed infant or milk production. According to the CDC, mRNA vaccines are not live virus vaccines and are not thought to be a risk to the breastfeeding infant. If a lactating woman is part of a group that is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated. We recommend that you reach out to your health care provider to help you make an informed decision.

Q: If I get sick after receiving the first dose of the vaccine, should I still get the second shot?
A: Unless you develop a contraindication to the vaccination, you should complete the series even if you develop the expected post-vaccination symptoms in order to optimize protection against COVID-19, according to the CDC. Of note, more people experienced these side effects after the second dose than after the first dose, so it is important for vaccination providers and recipients to expect that there may be some side effects after either dose, but even more so after the second dose.

Q: How long will it take for the vaccine to begin protecting me?
A: According to the CDC, it will take approximately one to two weeks following the second dose to be considered fully vaccinated.

Q: Should I get the vaccine if I’ve had a severe allergic reaction to vaccines in the past?
A: No. People who have had a severe allergic reaction to any vaccine should not receive the Pfizer-BioNTech vaccine at this time.

Q: Will I be monitored for any side effects after I receive the vaccine?
A: Yes. Vaccine providers will observe patients after administering the vaccination to monitor for immediate adverse reactions. People with a history of anaphylaxis will be monitored for 30 minutes, and everyone else receiving the vaccine will be monitored for side effects for 15 minutes.
Q: Should I get the vaccine if I am immunocompromised?
A: There is currently not enough data available to establish the vaccine’s safety and efficacy for immunocompromised people. People with HIV infection, other immunocompromising conditions, or people who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. These individuals may still receive the COVID-19 vaccine unless otherwise contraindicated. We recommend that you reach out to your health care provider to help you make an informed decision.

Q: What risks should I consider if I’m immunocompromised?
A: According to the CDC, you should consider the unknown vaccine safety and efficacy profiles in immunocompromised people, the potential for reduced immune responses, and the risks of becoming ill with COVID-19, as well as the need to continue to follow all current guidance to protect yourself against COVID-19.

Q: Can a person already sick with COVID-19 receive the vaccine?
A: The vaccination should be deferred until the person recovers from an acute illness (if the person had symptoms) and has met the criteria to discontinue isolation. As soon as your acute symptoms resolve you can be vaccinated.

Q: Should people who previously received antibody therapy for COVID-19 receive the vaccine?
A: There is no data on the safety or efficacy of the COVID-19 vaccination in people who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. According to the CDC, the vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses.

Q: Should people with underlying medical conditions receive the vaccine?
A: Yes. The vaccine may be administered to people with underlying medical conditions who have no contraindications to vaccination. Phase II and phase III clinical trials demonstrated similar safety and efficacy profiles in people with underlying medical conditions, including those that place them at increased risk for severe COVID-19, compared to people without comorbidities.

Q: Should I take Tylenol or Advil before the vaccine to minimize my possible side effects?
A: No, it is not recommended at this time due to a lack of information on the impact of use on vaccine-induced antibody responses. Antipyretic or analgesic may be taken for treatment of post-vaccination symptoms.

GETTING THE VACCINE FROM HOUSTON METHODIST

Q: If family members of patients admitted at Houston Methodist hospitals can prove they received the COVID-19 vaccine, will they be allowed to visit a Houston Methodist patient?
A: No. The vaccine is not 100% effective, and we must do everything we can to protect our patients, including enforcing a strict visitor policy.

Q: Is there a government registrar for those who receive the vaccine, and if so, what information will the government require from Houston Methodist?
A: Yes, vaccine providers are required to provide certain data elements for every dose administered within 24 hours of administering it to the state’s vaccine registry. This is the same vaccine registry that we report our current vaccines to, such as Hepatitis B, and the security of that data complies with federal and state laws governing confidentiality and privacy.
Q: I got a text message, email or phone call notice that I was eligible for the vaccine, but my significant other or child didn’t. Why?
A: There are not enough vaccines for everyone right now. To be fair in the distribution of vaccines, we developed a tiered system; the patients and community members who are most in need and could benefit the most from the vaccine have the opportunity to receive it first.

To create this tiered approach, we used guidelines from the National Academy of Medicine, the State governor, the CDC and Health and Human Services, and published studies. We will expand the pool of eligible patients and community members who can receive the vaccine as soon as more vaccines become available.

Q: What signs should I be concerned about? When should I call a primary care physician (PCP)?
A: Call your primary care physician if you experience:
- Lightheadedness
- Dizziness and/or weakness
- A rash on your body
- Swelling of your face and/or throat

Call 911 or go to the nearest Emergency Department if you experience:
- Worsening, severe difficulty breathing, or unusually fast heartbeat
- Trouble waking (or becoming confused in a way that’s new)
- Persistent pain or pressure in the chest

Q: I’d like to make an appointment with a primary care physician. How do I find one and make an appointment?
A: To identify a primary care physician or if you have any questions, please click here or call us at 713.790.3333. Or, if you prefer, you can schedule a virtual appointment here from the comfort of your home.

Q: Does the Centers for Disease Control and Prevention (CDC) or the Food & Drug Administration monitor my health in any way?
A: Yes. V-safe is smartphone-based app tool that uses text messages and web surveys where you can quickly tell the CDC if you experience any side effects from the COVID-19 vaccine. Click here for more details on downloading their app.

Q: Where do I find proof of my vaccine?
A: After you receive your initial and booster doses of the vaccine, it will be recorded in MyChart. If you do not have a MyChart account, you can register as a new user here. You do NOT need an authentication code to sign up. You can access MyChart without a code by clicking on “No Authentication Code?” on the screen.

For assistance, please call us at 832.667.5694, Monday-Friday from 8 a.m. – 5 p.m.

GENERAL VACCINE QUESTIONS

Q: What is a vaccine?
A: According to the CDC, a vaccine stimulates your immune system to produce antibodies and cellular immunity to combat that specific disease, like it would if you were actually exposed to the disease. After getting vaccinated, you develop immunity to that disease without having to get the disease first. This
is why vaccines are necessary — they prevent disease by letting you develop immunity in a safe and controlled way.

Q: Are there other vaccines being studied?
A: The AstraZeneca and University of Oxford team are also working on vaccines but using different technology for delivering the viral genes that can produce viral proteins to activate the immune system. Novavax and the Sanofi/GlaxoSmithKline are working on a vaccine that uses proteins themselves to trigger an immune response. All are close to completing their testing. For up-to-date information on all the vaccines, please see testing of their shots. To track the vaccine trials, please see this [updated tracker](#) in the New York Times.

Q: I’m concerned that this “experimental” vaccine is being rushed. Is the FDA overseeing this?
A: Yes, it is. The FDA is expediting clinical trials for vaccines because of the importance to stop the spread of COVID-19. However, the FDA is following its processes and only issuing an EUA for a vaccine after it determined it safe and that the manufacturer conducted the trials properly. Remember that safety is paramount at Houston Methodist — for both our patients and our staff. We are hopeful that the vaccine will help keep you, your family and our patients safe by keeping you healthy.

Q: Will getting the flu vaccine protect me from COVID-19?
A: A flu vaccine will not protect you from getting COVID-19, but it can prevent you from getting influenza (flu) at the same time as COVID-19. This can keep you from experiencing a more severe illness. While it’s not possible to say with certainty what will happen in the winter, CDC believes it’s likely that flu viruses and the virus that causes COVID-19 will both spread during that time. You should encourage all of your friends and family to get flu shots, just like we have at Houston Methodist.

Q: Will COVID-19 vaccines cause me to test positive on COVID-19 viral tests?
A: No. These vaccines will not cause you to test positive on viral tests, which are used to see if you have a current infection. As your body develops an immune response, which is the goal of vaccination, it is likely you will test positive on some antibody tests. Antibody tests currently indicate you had a previous infection or vaccination and that you may have some level of protection against the virus. Experts are currently studying how COVID-19 vaccination will affect antibody testing results and whether performing these tests are useful in determining an individual’s immune status to COVID-19.

Q: What are the odds I’ll still catch COVID-19?
A: According to the CDC, we won’t know how long immunity lasts until we have a vaccine and more data on how well it works. Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about. The CDC will keep the public informed as new evidence becomes available.

Q: Do the new vaccine trial results mean the end to the pandemic?
A: In the short term, no. But as effective vaccines become available — and if most people get them — the pandemic could drastically shrink. This means we are one giant step closer to getting our lives back to normal.

Q: Will people who have gotten sick with COVID-19 still benefit from getting vaccinated?
A: Due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 previously. At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person and the evidence suggests natural immunity may not last very long in some people.