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, we received more than 10,000 doses from the state and we organized a mega event on Saturday, Jan. 16, to vaccinate as many people as possible in one day. To do this, we posted a form on our website for people in the community who are 65 and older to register. Because we are limited by vaccine supply, the open spots were filled within hours. We hope to continue receiving large amounts of vaccine from the state so that we can continue our outreach to the hardest hit neighborhoods in our city and our most vulnerable patients, as well as continue vaccinating our employees, physicians and first responders. These groups do not need to sign up through the hub, but will be contacted instead by Houston Methodist.

Q: What happens if I filled out the vaccine hub form but I didn’t get an appointment?
A: Unfortunately, we could not accommodate everyone who filled out the form due to the limited supply of the vaccine. We will notify the community if we get more vaccines and are able to reopen registration.

Q: I heard the FDA granted Emergency Use Authorization (EUA) for the Pfizer vaccine? What does that mean?
A: The FDA issued an EUA for the Pfizer vaccine on Friday, Dec. 11. In an emergency, like a pandemic, the FDA can make a judgment that it’s worth releasing something for use even without the typical timeline for a new vaccine or drug. According to a press release issued by the FDA, the FDA determined that Pfizer-BioNTech COVID-19 vaccine met the statutory criteria for issuance of an EUA. The totality of the available data provides clear evidence that Pfizer-BioNTech COVID-19 vaccine may be effective in preventing COVID-19. The data also support that the known and potential benefits outweigh the known and potential risks, supporting the vaccine’s use in millions of people 16 years of age and older, including healthy individuals. In making this determination, the FDA can assure the public and medical community that it has conducted a thorough evaluation of the available safety, effectiveness and manufacturing quality information.

Q: Is it safe?
A: Before the FDA granted Emergency Use Authorization, the safety and efficacy of the Pfizer-BioNTech COVID-19 vaccine was reviewed by panels of independent experts retained by the companies; by FDA scientific staff; and by an independent panel of experts convened by the FDA. There are no reported serious safety concerns from this vaccine. 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.

Please also keep in mind that COVID-19 can be a fatal or debilitating disease, even in young healthy people. The risks from contracting the virus are greater than the possible risks from receiving the vaccine.

Q: Can I get COVID-19 from the vaccine?
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 being studied 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: Which vaccine is better between Pfizer and Moderna?
A: Both 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.

Q: Now that the Moderna vaccine has received EUA from the FDA, will I be able to choose between the Pfizer and Moderna vaccine?
A: No. Supplies are still too limited to allow you to choose between the two vaccines. You will be given the vaccine that we have available at the time you are vaccinated.

Q: Are the vaccines interchangeable? If I get the Pfizer dose first, can I get the Moderna dose second?
A: No. You must receive the related second dose for the vaccine to work appropriately. You cannot interchange the two vaccines as they are not exactly the same.

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: Should I wait to get a vaccine until all of the vaccines are approved, and can I pick which one I want?
A: Clinical trials indicate that the Pfizer vaccine is 95% effective and the Moderna vaccine is 94% effective, both with minimal side effects, so we recommend that you get the vaccine as soon as it is offered to you to help contain the spread of COVID-19. Both the Pfizer and Moderna vaccines are effective, and we would not recommend one over the other or waiting until other vaccines currently in the pipeline have been approved. There are also no guarantees that any of the other vaccines will be made available to us in the near future. We advise you to take the vaccine that's made available to you and not to wait.

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. 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. There is no minimum interval between infection and vaccination. However, current evidence suggests reinfection is uncommon within 90 days after initial infection, so people with documented acute infection may defer vaccination until the end of that period.

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: When will Houston Methodist receive the COVID-19 vaccine?
A: We began administering the vaccine to our first group of employees on Dec. 15.

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
Q: How does the vaccine for COVID-19 work?
A: Pfizer and Moderna’s vaccines use novel messenger-RNA, or mRNA, technology, which uses genetic material to cause the body to create a protein from the virus, allowing the immune system to recognize the virus and attack it. These will be the first mRNA products to be approved by the FDA. The studies have enrolled 43,538 volunteers and 38,955 have received their second dose. About 42% of global participants and 30% of U.S. participants have racially and ethnically diverse backgrounds. In Pfizer and BioNTech’s late-stage clinical trial, 50% of the volunteers got the vaccine, while the other half got a placebo of saltwater. Then they waited to see who would get sick. Only 170 volunteers out of 44,000 have so far gotten sick with COVID-19. An independent board of experts looked at the placebo group and vaccine participants and reported that the vaccine is 95% effective. See this story to learn more about mRNA vaccines. And this story from Time Magazine gives a great overview. See this infographic for a quick study on how the mRNA vaccine works.

Q: Are there other vaccines being studied?
A: The AstraZeneca and University of Oxford team, as well as Johnson & Johnson/Janssen, 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: Will it keep me from getting COVID-19?
A: Current data show that both the Pfizer vaccine and Moderna vaccine are 95% effective in preventing a person from getting COVID-19. The studies did not test everyone to see how many people in the vaccinated group got infected compared with the placebo group. Instead, the scientists compared how many in the vaccinated group and the placebo group went on to develop disease. The companies will continue to test people in the studies for antibodies to the COVID-19 virus, which would include people who did not show any symptoms of their infection, so they can get a better sense of whether or not the vaccines protect against not only getting sick, but also against infection.

Q: Are there challenges with the distribution?
A: These vaccines will require two doses and need to be kept at very low temperatures, much colder than a household freezer. Many hospitals and clinics do not have the ability to store the medicine at these ultra-low temperatures, so that must be worked out. At Houston Methodist, we have ample cold storage facilities to hold whichever vaccine we use for patients and employees. And during distribution we still need to keep the vaccines cold and the temperature strictly monitored, making the distributing challenging. However, Houston Methodist has teams working on our plans for this and we are prepared to store and safely distribute the vaccine we receive.

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 issued the EUA for the Pfizer 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: No, it will not. The vaccines are intended for different viruses and do not cross-protect. The vaccines are designed to work against the virus causing COVID-19, not the virus causing the flu. They also do not share the same technology.
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. The soonest that coronavirus vaccines could become widely available to the public would be in the spring. But if 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.