



COVID-19 Vaccines FAQ

Safe and effective COVID-19 vaccines are one of the most important interventions to end the COVID-19 pandemic. California is working hard to be transparent, careful and, above all, equitable in efforts to provide a COVID-19 vaccine to everyone in California who needs and requests vaccination.

As a valued provider partner, your relationship and encouragement of member participation will make a huge impact on the fight to reduce the affects of COVID-19 on our community. The following list of frequently asked questions (FAQs) was developed to assist providers and affiliated health networks in navigating the availability and distribution of COVID-19 vaccines for CalOptima members.

What is currently authorized regarding the COVID-19 vaccines?

- U.S. Emergency Use Authorization (EUA) expected soon for two vaccines — EUA allows use based upon two months of safety data — full approval allows use based upon six months of safety data.
- To date, Pfizer received EUA status, with Moderna's EUA status results anticipated soon.
- Distribution follows once EUA is granted.
- Limited doses are available at first, with priority to health care personnel and residents of long-term care facilities.
 - Pfizer's vaccine requires ultra-cold storage (minus 70 degrees Celsius) hospitals, CVS/Walgreens
 - Moderna's vaccine requires cold storage (standard refrigerator) nursing homes
- California: First 327,000 Pfizer vaccine doses arrived week of December 14, 2020.

COVID-19 vaccine, what is it and how does it work?

- **Two-dose COVID-19 mRNA vaccines**
 - Pfizer (doses three weeks apart), Moderna (four weeks apart)
 - 94–95% protective against COVID-19 in 44K trial (Pfizer) and 30K trial (Moderna)
- **mRNA (messenger ribonucleic acid)**
 - Not alive
 - Protein building instructions to make COVID-19 spike protein
 - Rapidly removed from body after protein made
 - Does not link into genes
 - Spike protein recognized as “not human” (body makes antibodies to it and removes it. Antibodies stay and protect from COVID infection)

Who will receive the COVID-19 vaccines?

According to the Centers for Disease Control and Prevention (CDC), the prioritized COVID-19 vaccinations will be distributed as follows:

- Phase 1a: Health care personnel and long-term care facility (LTCF) residents
- Phase 1b: Essential workers (food/agriculture, utilities, transportation, educators, police, firefighters, corrections officers)
- Phase 1c: Adults with high risk conditions or 65+ years old

Widespread vaccines will be available to everyone no sooner than mid-April 2021. At the present time, there is insufficient data to recommend vaccination for pregnant or breastfeeding persons, immunocompromised persons or children under 12 years of age.

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Who will receive the COVID-19 vaccines? (continued)

Health Care Personnel (HCP) ~21 million	LTCF Residents ~3 million
Examples	
<ul style="list-style-type: none">• Hospitals• Long-term care facilities• Outpatient clinics• Home health care• Pharmacies• Emergency medical services• Public health	<ul style="list-style-type: none">• Skilled nursing facilities (~1.3 M beds)• Assisted living facilities (~0.8 M beds)• Other residential care (~0.9 M beds)

What should I expect?

- **Pfizer COVID-19 vaccine** is an intramuscular injection. The following side effects were observed in Pfizer trial:
 - No major adverse events
 - Mild-moderate flu-like symptoms common for 1–2 days post-vaccine
 - ◆ Fatigue 63% ◆ Muscle pain 38% ◆ Joint pain 24%
 - ◆ Headache 55% ◆ Chills 32% ◆ Fever 14%
 - Note** — serious side effects: 4% fatigue, 2% headache
 - Overall, any symptoms:
 - * 59% after 1st dose, 70% after 2nd dose
 - * Over-the-counter (OTC) medications used 28% after 1st dose, 45% after 2nd dose
 - * Fewer side effects if >55 years old (20% used OTCs after 1st dose, 38% after 2nd)
- **Moderna COVID-19 vaccine** is an intramuscular injection. The following side effects were observed in Moderna trial:
 - No major adverse events
 - Mild-moderate flu-like symptoms common but data not public yet
 - Serious side effects: fatigue 10%, muscle aches 9%, joint pain 5%, headache 5%

It is important to stress to those taking either of the COVID-19 vaccinations to remain committed to taking both doses. Members should be prepared for their body's immune response to react each time and that it is important not to pre-medicate (blunts immune response) with aspirin, acetaminophen (Tylenol), ibuprofen (e.g. Motrin/Advil). They may take OTC medications after vaccination, if the symptoms make them uncomfortable. Remember, they are **not infectious**. If they are feeling well enough to work, they can work.

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How should providers prepare their staff?

- If possible, stagger vaccinations, especially with same-skill workers.
- Prepare for 10–20% to call out sick due to post-vaccine symptoms.
- Provide a way to clear staff for entry symptom screening if symptoms occur in the first few days after vaccination.
- If possible, schedule vaccination to avoid important activities, including work shifts, for the day or two after vaccination
 - Applies to everyone: leadership, managers, staff
 - Plan for needing some coverage
- Be positive. Your response affects acceptance of second dose.

Where are the COVID-19 vaccines available?

There are two ways to obtain the vaccines:

Option 1: Pharmacy partnership for long-term care programs (CVS and Walgreens)

- CVS, Walgreens provide on-site vaccination at nursing homes
- Anticipate at least three on-site vaccine sessions, to capture everyone.
- Inquire if a few more on-site sessions are possible to stagger vaccination.
- Handles all required documentation
- Free of charge

Option 2: Direct provider enrollment to provide on-site vaccine at nursing homes.

- Enroll in **COVIDReadi**, located at: <https://ca.covidreadi.com/>
- Coordinate with local public health for vaccine, documentation process.

For the latest COVID-19 vaccine information visit the CalOptima website at www.caloptima.org/Features/COVID-19/Vaccine.aspx.

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