

COVID-19 VACCINE: ANSWERS TO YOUR QUESTIONS

A PRESENTATION FOR STAFF AND
RESIDENTS IN POST-ACUTE AND
LONG-TERM CARE



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™

COMMON QUESTIONS WE WILL ADDRESS:

- How do we know the vaccine is effective and safe?
- Why should we trust the vaccine?
- Is there new technology being used and is that dangerous to me?
- When and how long will I be protected?
- Will I still need to wear a mask?
- What are the expected side effects?
- What if I've already had COVID-19?
- Where should I look to get accurate information?

mRNA COVID-19 Vaccines

- mRNA technology is new in vaccine production but is already being used in cancer treatment. It has been studied for more than ten years.
- COVID-19 mRNA vaccines give instructions for our cells to make a **harmless piece** that looks like the “spike protein.” The spike protein is found on the surface of the COVID-19 virus.
- Our bodies recognize that this protein should not be there, **so they build antibodies** that will remember how **to fight the virus** that causes COVID-19 if we are infected in the future.



COVID-19 VACCINE IS mRNA
VACCINE- WHAT IS THAT?

Can mRNA vaccine give me COVID-19? NO

Can mRNA vaccine change my DNA? NO

WHO WAS INCLUDED IN THE COVID-19 VACCINE TRIALS?

	Pfizer (BNT162b2)	
Number of people enrolled	Over 40,000	
Race and ethnicity of participants	Total 30% racially diverse 10% black, 13% Hispanic	
Older adults	45% were 56-85 years	

- **Notes:** Courtesy of Dr. Anuj Mehta, Data is accurate as of 11/18/2020. More information is constantly becoming available. Sub-group comparisons (e.g. comparisons about efficacy between races or age groups) may be less accurate due to smaller numbers. Sub-group numbers for the Pfizer vaccine are given for US participants with international percentages in parentheses.
- <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine>
- <https://www.pfizer.com/science/coronavirus/vaccine>
- <https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>
- https://www.modernatx.com/sites/default/files/content_documents/2020-COVE-Study-Enrollment-Completion-10.22.20.pdf

WHAT
SHOULD I
EXPECT
WHEN I GET
THE
VACCINE?

THE VACCINE CANNOT GIVE YOU COVID-19!

- You can expect to have short-term discomfort: fatigue, headache, muscle pain, chills, fever and pain at injection site after vaccination
- These reactions will last for **24-48** hours and are typically more pronounced after the **second dose**
- Side effects mean your body is doing its job and making antibodies (IT IS A GOOD THING)
- These side effects are **NORMAL, COMMON and EXPECTED**

WHEN AND HOW LONG WILL I BE PROTECTED BY THE COVID-19 VACCINE?

- The Pfizer vaccine is **2 doses**, 21 days apart
- Protection occurs **1-2 weeks after the second dose**
- We will most likely not know how long the vaccine will be protective once we receive it. We will know more as more time passes in the current research
- May need to have vaccine shots for COVID-19 on a regular basis (like the flu shot)



**WILL I STILL NEED TO
WEAR A MASK?**

YES !

Similar to other vaccines, a large number of people in the community will need to get vaccinated before transmission drops enough to stop the use of masks

WHERE SHOULD I LOOK TO GET ACCURATE INFORMATION?

It is important to get information from reliable sources (CDC, AMDA, medical directors, providers)

Here are some link to information:

- CDC: <https://www.cdc.gov/vaccines/hcp/covid-conversations/answering-questions.html>
- CDC: About COVID-19 vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines.html>
- CDC: Provider Resources for COVID-19 Vaccine Conversations with Patients and Answering Patients' Questions: <https://www.cdc.gov/vaccines/hcp/covid-conversations/>

NEXT STEPS

We need your help! Consents will be sent out for you to sign allowing CVS to administer the Pfizer COVID – 19 Vaccine. Please fill out all of the information as requested and return back to your administrator as soon as possible. They will look like the one to the right →

The Terrace administrator email: awhiteman@bethsholomvillag.com

The Home administrator email: rmoralez@bethsholomvillage.com

We can also collect consent forms from you in person via paper version if you prefer that method.

COVID-19 Responsible Party Consent Form



Resident or Patient Information

Last Name		First Name		Date of Birth		Gender	
Address		City		State		Zip	
Primary Care Provider (PCP) Name		PCP Phone Number		PCP Fax Number			
PCP Address		City		State		Zip	

SSN and state of residence, or state identification/driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification/driver's license is not submitted, the patient will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification/driver's license may take longer to verify for patient eligibility.

CONSENT FOR SERVICES: I have been provided or can request the Vaccine Information Sheet(s) corresponding to the vaccine(s) that the individual listed above will receive. I have read the information provided about the vaccine they are about to receive. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I understand the individual stated above should remain in the vaccine administration area for 15 minutes after the vaccination to be monitored for any potential adverse reactions. I understand if they experience side effects that I should do the following: call pharmacy, contact doctor, call 911. I request that the vaccine be given to the individual named above for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist can ask the individual stated above for their health history and whether they have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean they should not receive vaccine(s).

AUTHORIZATION TO REQUEST PAYMENT: I do hereby authorize CVS Pharmacy® ("CVS®") to release information and request payment. I certify that the information given by me in applying for payment under Medicare or Medicaid is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose health information to the physician responsible for this protocol of specific health information of people vaccinated at CVS (if applicable), a Primary Care Physician (if they have one), insurance plan, health systems and hospitals, and/or state or federal registries, for purposes of treatment, payment or other health care operations (such as administration or quality assurance). I also understand that CVS will use and disclose this health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree on behalf of the party I am responsible for to have CAIR share my immunization data with Health Care Providers, agencies or schools.

Vaccine Clinics: If receiving a vaccine through a vaccine clinic, I understand that their name, vaccine appointment date and time will be provided to the clinic coordinator.

If you are legally responsible for the resident listed above, please provide the following:

Name of Responsible Party or Power of Attorney		Relationship		Date	
Signature of Responsible Party or Power of Attorney Name		Phone Number			