

COVID-19 Vaccine FAQ

As of 1/13/2021

Residents and team members at Our Lady of Hope are among the first to have the opportunity to receive the COVID-19 vaccine. We are thrilled our residents and staff have the opportunity to receive the vaccine early because it will help protect them and provide peace of mind so they may enjoy life with their loved ones again.

We understand you may have questions and concerns related to the vaccine, and we hope this FAQ is helpful. Please also consult reliable sources (such as the CDC) for the most up-to-date information, as details are emerging daily.

If you have additional questions, please contact us at 804-360-1960.

Q: Will Our Lady of Hope be receiving a COVID-19 vaccine for its resident and staff?

A: Yes, we are coordinating with the Virginia Department of Health and the CDC on the administration of the vaccine. Vaccinations will be administered by CVS through the Pharmacy Partnership for Long-Term Care Program. Our vaccination clinic dates are:

December 30, 2020 January 20, 2021 February 10, 2021

Note: The COVID-19 vaccine is administered across two doses, with three weeks between doses.

Q: Will there be a cost to residents or staff?

A: Residents and staff will not incur any costs to receive the vaccine. The U.S. Federal Government is paying for the vaccine, and Medicare and insurance providers will be billed to cover the cost of the administration of the vaccines. We do not anticipate a copay.

Q: How and when will the vaccine be administered?

A: Our vaccination clinic dates are listed above. Through the Pharmacy Partnership for Long-Term Care Program, CVS will come to the community to administer the Pfizer COVID-19 vaccine. Residents and staff will be required to sign a consent form if they choose to take the vaccine. The vaccine requires two doses, given 3 weeks apart. This is to make sure your body has enough antibodies to fight COVID-19. Getting two doses within 3 weeks has been shown to be safe and there are other vaccines we have been using for years that require multiple doses without causing harm.

Q: Why should I receive the vaccine?

A: To protect yourself and those around you. The vaccine will help stop the spread of COVID-19.

Q: Are staff and/or residents required to receive the vaccine?

A: We are dedicated to the health and safety of all residents and staff. We believe the majority of residents and staff want to be vaccinated and we will encourage them to do so. We recognize that some residents and/or staff may have religious or medical concerns for being vaccinated, and we will address those individually.

Q: Will masks and social distancing still be required after the vaccinations?

A: Yes, we will continue to practice our infection precaution protocols until we reach a threshold where enough people have been vaccinated. We know the vaccine prevents disease in the vaccinated person, but it still may be possible to transmit the disease to others, until the vaccine is in widespread use. Wearing a mask, social distancing, and practicing hand hygiene protects those who have not been vaccinated, especially our residents in long-term care.

Q: What if I had COVID-19 or took a test that showed I have antibodies? Should I get the vaccine?

A: Yes, even if you have had COVID-19 or have had a test that shows you have COVID-19 antibodies, you should still get the vaccine It is safe and can increase your protection from future COVID-19 infections. Individuals should wait to receive the vaccine if they have had COVID-19 within 14 days.

Q: Which vaccine will be administered and is it safe?

A: We will receive the vaccine developed by Pfizer. Below is information on the Pfizer vaccine:

Pfizer Pfizer
Does not contain an active strain of the coronavirus
Over 40,000 volunteer trial participants
30% were racially diverse, including Black people and Hispanic people
45% were between the ages 56 – 86 years
Achieved 95% protection from having a COVID-19 infection (FDA requires 50% efficacy of a COVID-19 vaccine)
Most adverse side effects occur within six weeks of vaccine administration, and the FDA has required eight weeks of safety monitoring so it can track any side effects.

For more information on vaccine testing and the approval process, please click here.

Q: How long will the vaccine protect us?

A: It is likely more research will be necessary before we know the answer to that question. This vaccine may be like the annual flu vaccine, where we may need to have vaccine shots for COVID-19 on a regular basis. This is also largely dependent on whether and how much the virus changes over the coming months to years.

Q: When will we be protected after we get vaccinated?

A: Protection will usually occur <u>about two weeks after the second shot</u>. While no vaccine is 100% effective, the Pfizer COVID-19 vaccine has been proven to be over 95% effective. This will greatly reduce your risk of getting sick with COVID-19 and spreading COVID-19 to your loved ones, but you are still encouraged to continue wearing masks, social distancing, and practicing frequent hand hygiene until enough members of the population have been vaccinated.

Q: What are the possible side effects of the vaccine?

A: The vaccines currently being tested in clinical trials can cause short-term discomfort (such as headache, muscle pains, fatigue, chills, fever, and pain at injection site) in a percentage of the people who receive them. This is the effect of your body developing immunity. Clinical trial participants reported that the discomfort went away after a day, sometimes sooner. When you receive the second dose of the vaccine, the discomfort can be more pronounced. If you experience discomfort after the first dose of the vaccine, it is very important that you still receive the second dose a few weeks later for the vaccine to be effective. **Discomfort does not mean that the vaccine has given you COVID-19.** Rather, this means that the vaccine is causing your body's immune system to react and create antibodies to fight off the virus.

For more information on how the COVID-19 vaccine works, please click here.

Source: The Society for Post-Acute and Long-Term Care Medicine