COVID-19 Vaccine
Healthcare Provider Frequently Asked Questions
December 1, 2021

New/Updated Information is highlighted in yellow.

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General Vaccine Information

Is a COVID-19 vaccine necessary?
COVID-19 can be a minor illness in some or lead to severe disease or even death in previously healthy people. This means, everyone should take the virus seriously — if not for themselves, then for those around them.

Many treatments and medications are being studied, but there is no cure. Prevention is key. Vaccination is an important step in helping to prevent this illness and its potentially devastating consequences.

What vaccines are approved or authorized for use?
The following are the COVID-19 vaccines available in the United States:

- Pfizer/BioNTech/Comirnaty
- Moderna
- Johnson & Johnson’s Janssen


How many shots of COVID vaccine will be needed?
For the primary doses, both Pfizer and Moderna require two shots. The J&J vaccine is only one dose.

Moderately to severely immunocompromised people who are 12 years and older and received a Pfizer-BioNTech primary series or 18 years and older and received a Moderna primary series should receive an additional primary dose of the same vaccine at least 28 days after their second dose.

All adults 18 and older should receive a booster dose. You may choose which COVID-19 vaccine you receive as a booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC’s recommendations now allow for this type of mix and match dosing for booster shots. The timing of the booster dose is based on the vaccine you originally received.

- Johnson & Johnson COVID-19 Vaccine: People who are 18 and older who received a single-dose Johnson & Johnson vaccine can receive a booster shot of any of the three available vaccines, at least two months after their shot.
• **Moderna and Pfizer COVID-19 Vaccines:** People who are 18 and older who received two doses of the Pfizer or Moderna vaccines can receive a booster shot of any of the three available vaccines, at least six months after their second shot.


**Has the definition of “fully vaccinated” changed?**

No. For public health purposes, people who have completed a primary vaccine series (2 doses of mRNA vaccine series or a single dose of the Janssen vaccine) are considered fully vaccinated 2 weeks or more after completion of the primary series.

**Why should children receive the COVID-19 vaccine?**

Although children are at a lower risk of becoming severely ill with COVID-19 compared with adults, children can

- Be infected with the virus that causes COVID-19
- Get very sick from COVID-19
- Have both short and long-term health complications from COVID-19
- Spread COVID-19 to others

Children with underlying medical conditions are more at risk for severe illness from COVID-19 compared with children without underlying medical conditions. Children who get infected with the virus that causes COVID-19 can also develop serious complications like [multisystem inflammatory syndrome (MIS-C)]—a condition where different body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

Children ages 5 years and older are able to get an age-appropriate dose of Pfizer-BioNTech COVID-19 Vaccine. For more information, visit https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability

**How can I get vaccinated?**

There are multiple ways to get an appointment including:

1. Use the [NJ Vaccine Appointment Finder](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability) to find vaccination locations near you with available appointments.
2. Attend a [pop-up or mobile vaccination event](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability) in your community.
3. Register with the [NJ Vaccine Scheduling System](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability) to be notified when an appointment is available to you at vaccine locations that use the State's Vaccine Scheduling System. **If you need assistance registering with the NJVSS, please call 855-568-0545.**
4. Seniors 65+ can call the senior-specific hotline at 856-249-7007 from 8am to 8pm to schedule dedicated vaccine appointments
5. Veterans, their spouses, and their caregivers may be eligible for vaccines through the VA. [Learn more here.](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Interchangeability)
Note: Please verify requirements with a vaccination site before visiting or making an appointment. Some require proof of residency within a specific county or municipality. In addition, 5 to 17-year-olds must have the consent of a parent or legal guardian to be vaccinated, and can only receive the Pfizer vaccine at this time under the FDA’s Emergency Use Authorization.

I have some patients who are homebound. Will they be able to receive the COVID-19 vaccine?
A person who is homebound or their healthcare provider/caregiver may request an in-home vaccination appointment by completing a form at covid19.nj.gov/homeboundvax (English) or covid19.nj.gov/homeboundvax-es (Spanish).

For assistance completing the form by phone, please call the NJ COVID-19 Vaccine Call Center at 1-855-568-0545.

Can you tell me more about the NJVSS? Is my information private?
The NJVSS is a secure online website developed by the NJ Department of Health for public health purposes. The NJVSS is a system that allows you to sign-up to make a COVID-19 vaccine appointment.

You will be asked to provide personal information (name, address, gender, race, and email), medical screening and occupation information. This helps to determine your eligibility for the vaccine or more importantly, which phase best fits you! NJVSS will send you e-mail reminders about your appointment and reminders about getting the 2nd dose. The NJVSS also lets you make an appointment at a vaccination location most convenient for you.

The information collected on the NJVSS is used for public health purposes only AND to ensure that same person returns for the 2nd dose of the same vaccine. For more information, visit https://covid19.nj.gov/pages/vaccine and https://covidvaccine.nj.gov/.

Some of my patients used the NJVSS to receive the vaccine at my facility. Who do I contact for technical assistance with using NJVSS?
Providers should email NJVaxReporting@doh.nj.gov for any issues or questions relating to NJVSS.

I have patients who lost their COVID-19 vaccination card or need additional proof of vaccination. What advice can you give them?
Patients may be able to get another copy of their COVID-19 vaccine card at the site where they were vaccinated; however, not all sites provide this service and some locations have closed. Alternatively, you can print your patient’s official immunization record for them. Please include the COVID-19 vaccine lot number for the patient. The official record will list all vaccines that your patient has received and the dates of administration.
Another option is for individuals to download the Docket mobile app (COVID-19 vaccines only) or submit a request to NJIIS. For specific instructions, visit https://njiis.nj.gov/core/web/index.html#/requestImmunizationRecord.

Where can my patients find information on public transportation to vaccine locations? Through the Department’s VAXRIDE initiative, NJ TRANSIT supports New Jerseyans in their efforts to get vaccinated against COVID-19. Visit https://www.njtransit.com/vaxride to find vaccination sites that are conveniently served by NJ TRANSIT bus, train and light rail routes.

In addition, NJ 211 is offering free rides to and from vaccination sites in partnership with United Way Worldwide and Lyft. Rides are available wherever Lyft operates in New Jersey and is available to everyone including those with collapsible wheelchairs and walkers. To request a free ride, call 211 or text 898-211, or visit 211 to learn more.

Vaccine Approval/Safety Concerns

What is the difference between emergency use authorization and full approval? In an emergency when lives are at risk, like a pandemic, it may not be possible to have all the evidence that the FDA would usually have before approving a vaccine or drug. If there’s evidence that strongly suggests that patients have benefited from a treatment, the agency can issue an EUA to make it available. For the COVID-19 vaccines, FDA required two months of safety and efficacy data before the EUA was granted. That included clinical trials with tens of thousands of people and rigorous testing and review, and all the vaccines continue to be closely monitored. Compared to emergency use authorization, FDA approval of vaccines requires even more data on safety, manufacturing, and effectiveness over longer periods of time and includes real-world data.

Is there a package insert or Vaccine Information Statement (VIS) along with an EUA? When FDA authorizes emergency use of a medical product such as an anticipated COVID-19 vaccine, an EUA Fact Sheet for Healthcare Providers (in place of a package insert typical of a licensed vaccine) and an EUA Fact Sheet for Recipients (akin to product information for patients or a CDC-provided VIS for a licensed vaccine) must be provided to the healthcare providers prescribing and/or administering the authorized medical product. The healthcare providers, in turn, provide the EUA Fact Sheet for Recipients to vaccine recipients or their guardians. These fact sheets are available at https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

What is the difference between the EUA Fact Sheet for Recipients and the Vaccine Information Statement (VIS)? When FDA authorizes a vaccine for use under an EUA, providers and public health entities involved in vaccine administration are legally required to provide the FDA-authorized EUA Fact Sheet for Recipients to individuals receiving vaccine or their guardians, similar to VIS’s that are also required by law for certain licensed vaccines. The EUA Fact Sheet for Recipients,
like the VIS, explains the benefits and risks associated with the vaccine. But unlike a VIS, the EUA fact sheet also provides vaccine product-specific information, including the vaccine’s authorized use, dose/dose-series, and known information or experience with the vaccine from clinical trials that support issuance of the EUA by FDA.

Providers can provide the EUA Fact Sheet for Recipients (or VIS if/when the COVID-19 vaccine is licensed) in a variety of ways, including hard copy, online, video, or other electronic means of dissemination.

**What safety monitoring is in place for these vaccines?**

For COVID-19 vaccines, CDC and federal partners will use a toolbox of existing and new monitoring systems for COVID-19 vaccine safety.

- CDC will rely on existing systems that monitor the safety of vaccines every day, the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), and the Clinical Immunization Safety Assessment (CISA) Project.
- CDC has also developed a new, voluntary smartphone-based tool, v-safe, that uses text messaging and web surveys to provide personalized health check-ins after patients receive a COVID-19 vaccination.
- CDC has also expanded its collaboration with the Advisory Committee on Immunization Practices (ACIP) to include a special ACIP COVID-19 Vaccine Safety Technical Sub-Group to review available vaccine safety data.


**What is the difference between VAERS and V-safe?**

VAERS is the reporting mechanism for any adverse events. Specifically related to COVID-19 vaccination, providers will be required to report:

- Vaccine administration errors (whether associated with an adverse event or not)
- Serious adverse events
- Multisystem inflammatory syndrome
- Cases of COVID-19 that result in hospitalization or death after the recipient has received COVID-19 vaccine

Anyone can submit a report to VAERS, including patients, family members, healthcare providers, vaccine manufacturers and the general public. VAERS cannot determine if a vaccine caused an adverse event, but can determine if further investigation is needed. Additional information is available at the VAERS website, [https://vaers.hhs.gov/index.html](https://vaers.hhs.gov/index.html).

V-safe is an optional smartphone-based tool that anyone who has received a vaccination can register for. At the time of vaccination, everyone receiving a vaccine will be given information about signing up for v-safe. Anyone reporting a clinically important even during any v-safe health check will receive a phone call from the VAERS (Vaccine Adverse Event Reporting
System) hotline, and if applicable, a VAERS report will be taken during that call. V-safe also will collect information on pregnancy status and enables follow-up on pregnant women. For more information, please visit https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq.html.

**What are some of the vaccine side effects?**
The most common side effects are injection site pain, fatigue, headache, muscle pain, and joint pain. Some people in the clinical trials have reported fever. Side effects are more common after the second dose; younger adults, who have more robust immune systems, reported more side effects than older adults.

As people get vaccinated, CDC, FDA, and other federal partners will use the following existing, robust systems and data sources to conduct ongoing safety monitoring. For more information, visit https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html.

**What are the contraindications for (reasons for not receiving) COVID-19 vaccination?**
A severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the vaccine is a contraindication for receiving any of the COVID-19 vaccines.

People with an immediate allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive additional doses of either of the mRNA COVID-19 vaccines. CDC has provided a chart to assist in the evaluation of immediate reactions to vaccination: www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-D. In

COVID-19 Vaccine Enrollment

**How can I become a COVID-19 provider?**
The New Jersey Department of Health (NJDOH) began accepting new COVID-19 Vaccination Program Provider Agreement applications through NJIIS on Tuesday, June 1, 2021. Please visit https://njiis.nj.gov/core/web/index.html#/newFacilityEnrollment for specific information on joining the COVID-19 vaccination program.

**I heard vaccines have to be entered into NJIIS? What is NJIIS?**
The New Jersey Immunization Information System (NJIIS), operating since 1997, is the statewide immunization information system (IIS) serving as the official repository of immunizations administered to individuals in the state of New Jersey. NJIIS is a free, confidential, population-based online system that collects and consolidates immunization information to provide an accurate immunization assessment for individuals in the state of New Jersey, as well as assists communities in assessing their immunization coverage and identifying pockets of need. For more information on NJIIS, please visit https://njiis.nj.gov/core/web/index.html#/home.
Why do I need to register with NJIIS?
In order to receive and administer COVID-19 vaccines, you will be required to register with NJIIS by completing the NJIIS COVID-19 Facility Enrollment form available at https://njiis.nj.gov/covid/web/index.html#/newFacilityEnrollment
This form is for facilities and providers that are new to NJIIS and would like to administer COVID-19 vaccines.

What if I am already an NJIIS provider?
Current NJIIS facilities that wish to receive and administer COVID-19 vaccine DO NOT need to complete the COVID-19 Facility Enrollment form, but will need to complete the COVID-19 vaccine enrollment application which includes the CDC COVID-19 Provider Agreement that is available electronically through NJIIS. When you log into NJIIS, the COVID-19 Vaccine Enrollment will be on the landing page. For instructions on completing the provider agreement, please visit https://njiis.nj.gov/docs/covid/COVID-19%20Provider%20Agreement%20Completion%20Guide.pdf.

If your facility is already enrolled in NJIIS but needs to create additional users in NJIIS that have not yet been trained but will play a role in your COVID-19 vaccination response, please refer to the User Enrollment Guide available at https://njiis.nj.gov/docs/covid/COVID-19%20User%20Enrollment%20Guide.pdf.

Will a COVID-19 provider agreement be required?
Yes, the CDC’s provider agreement form will need to be completed in order for a provider to order the COVID-19 vaccine. For instructions on completing the provider agreement, please visit https://njiis.nj.gov/docs/covid/COVID-19%20Provider%20Agreement%20Completion%20Guide.pdf https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html.

In addition, all providers interested in administering COVID-19 vaccine will be required to take the COVID-19 On-Demand Training/Tutorial. This tutorial will give an overview of how to utilize NJIIS, review inventory, add patients, run reports, order COVID-19 vaccine and a summary of requirements for providers administering COVID-19 vaccine.

Please note that COVID-19 vaccine ordering through NJIIS is not currently available. The VFC program will message out instructions once COVID-19 vaccine ordering through NJIIS becomes available.

Where can I go for additional assistance?
The New Jersey Department of Health (NJDOH) is pleased to announce the NJ Vaccine Call Center (855-568-0545) is now available for COVID-19 healthcare providers. Hours of operation are 8 a.m. to 8 p.m. seven days a week. The system is now using an interactive voice response (IVR) to help providers with basic information and resources. Live agents are also available to provide technical assistance on vaccine storage and handling, use of the New Jersey
Immunization Information System (NJIIIS)—the statewide registry, and COVID-19 vaccine information.

New Jersey healthcare providers who are enrolled with the NJ COVID-19 vaccination program but are not receiving or administering the COVID-19 vaccines, can call the CDC Clinician On-Call center at 800-CDC-INFO (800-232-4636) if they have clinical questions regarding the COVID-19 vaccines. CDC clinicians are standing by to answer COVID-19 questions from healthcare personnel on a wide range of topics, such as diagnostic challenges, clinical management, and infection prevention and control.

I am a registered nurse and would like to volunteer to vaccinate others. Can you provide information on where one can volunteer?
At the current time, the NJDOH is accepting COVID-19 Enrollment Information Applications from NJIIIS providers or facilities to administer COVID-19 vaccines. Applicants will be required to complete a 1-hour tutorial prior to application. Additionally, any resident can sign-up to volunteer to help with New Jersey’s COVID-19 response effort in their communities at https://helpnjnow.communityos.org/.

Who will pay for COVID-19 vaccine? Can it be ordered privately?
COVID-19 vaccine will be distributed by the federal government at no cost to enrolled COVID-19 vaccination providers. The COVID-19 vaccine cannot be ordered privately at this time.

Will providers be able to charge patients for Comirnaty or the other COVID-19 vaccines?
There are no out-of-pocket costs for patients associated with receiving the COVID-19 vaccine. Organizations must administer COVID-19 vaccine regardless of the vaccine recipient’s insurance status or ability to pay. Organizations may not seek any reimbursement, including through balance billing, from the vaccine recipient.

As providers receive the COVID-19 vaccine at no cost, they will not be able to charge for the vaccine.

Providers may bill insurance or other programs for a COVID-19 vaccine administration fee of $40.00 per dose for doses administered on or after 3/15/2021 (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies). For insured patients, providers may bill private insurance, Medicaid, or Medicare. For uninsured patients, providers may receive reimbursement through the federal uninsured fund managed by the Health Resources and Services Administration (HRSA).

Can providers bill insurance plans or other programs for an office visit when administering COVID-19 vaccine?
Yes, providers can bill insurance plans or other programs for an office visit when administering COVID-19 vaccine if the visit meets the criteria for office visit coding under a recipient’s plan.
Has there been a change with the NJIIS opt-in process?
Yes, Governor Murphy signed Executive Order (EO 207) to change NJIIS from an opt-in to an opt-out system. If someone chooses to receive the COVID-19 vaccine, their doses will be automatically entered into NJIIS. For more information, please visit https://www.state.nj.us/health/cd/documents/topics/NCOV/njiis_executive.pdf. Providers are required to enter all administered COVID-19 doses into NJIIS.

Although Governor Murphy signed legislation on June 4, 2021, to terminate the COVID-19 Public Health Emergency, the Administration can retain the tools necessary to manage the ongoing threat posed by the pandemic. There are 14 executive orders including EO207, that will remain in place through January 1, 2022, though they can be modified or rescinded prior to that date by the Governor. For further information, please visit https://www.nj.gov/governor/news/news/562021/approved/20210604b.shtml.

Do I have to manually enter data?
NJIIS has four ways to send data to NJIIS. Manual data entry, HL7 interface, Upload Excel file, and NJVSS.

Data may be entered manually. Once a staff member has completed the COVID-19 training, they will be able to log into NJIIS, with their username and password, to manually enter COVID-19 doses into NJIIS. If you have an Electronic Health Record (EHR) and wish to establish an interface with NJIIS, please complete the Interface Enrollment Request Form. NJIIS can receive immunization data directly from a provider’s office EHR system via HL7 version 2.5.1 standard messaging protocol. The time it takes to establish an interface will vary based on issues with data submissions, errors in formatting of the messages.

The Excel reporting format is available as an intermediate step while setting up an interface. Excel upload is only for COVID-19 doses. If you would like a excel upload please complete the interface enrollment form. This form can be found on the NJIIS page under the interface enrollment section.

Can awardees use cooperative agreement funds to purchase PPE for staff conducting in-person VFC and IQIP site visits?
Yes. Funds from 317 and PPHF would be the easiest funds to use. Awardees may also reach out to Preparedness and/or Strategic National Stockpile to determine if funds/equipment are available through alternative channels.

Vaccine Storage and Handling

Are there different storage and handling requirements for COVID-19 vaccine?
Yes, there are different storage requirements for each of the COVID-19 vaccines. A CDC COVID-19 Addendum to the Vaccine Storage and Handling Toolkit is available at https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

In addition, CDC developed educational and training materials for health care providers related to COVID-19 vaccine storage, handling and administration based on ACIP recommendations, the ACIP General Best Practice Guidelines for Immunization, product information from vaccine manufacturers, and results of scientific studies. For a list of resources, visit https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf.

**Should jurisdictions invest in ultra-cold storage units at this time?**
Jurisdictions are not advised to purchase ultra-cold storage equipment at this time. Ultra-cold vaccine may be shipped from the manufacturer in coolers that are packed with dry ice. Storage and handling instructions for ultra-cold vaccine will address repacking these coolers for extended storage.

**Will there be additional funding for jurisdictions to purchase ultra-cold storage units?** Because CDC does not recommend jurisdictions invest in ultra-cold storage units at this time, there will be no additional funding available.

**How is the Department making sure that sites are keeping the vaccines in the proper conditions and not wasting doses?**
All COVID-19 vaccine providers must sign and comply with the CDC’s provider agreement which requires healthcare providers to submit vaccine administration data within 24 hours to the statewide New Jersey Immunization Information System (NJIIS). Daily temperature logs are required on-site to ensure vaccine efficacy and are submitted to NJIIS on the 1st and 16th of each month.

**How do I transfer vaccines?**
For vaccine transfers, temperature excursions, or other questions related to vaccine inventory that have not been answered, please email COVID19.Provider@doh.nj.gov. Please note you must receive approval from the COVID-19 program prior to initiating vaccine transfer.

**Can providers donate COVID-19 vaccines internationally?**
As a COVID-19 provider participating in the CDC COVID-19 Vaccination Program, you cannot transfer or donate COVID-19 vaccines allocated to you directly or from your jurisdiction outside of the United States. Any international transfer or donation of COVID-19 vaccines must be undertaken by the federal government. There are a complex array of legal issues involved, as well as questions about proper storage and handling of these vaccines that may raise potential safety concerns. As a reminder, all of the doses that have been provided to you or your jurisdiction have been allocated under the CDC COVID-19 Vaccination Program, which has stringent requirements for how such doses may be used. Such requirements apply to any
COVID-19 vaccine (i.e., refrigerated Janssen vaccine, and frozen Moderna and Pfizer vaccine) regardless of storage location.

The U.S. Government recommends optimizing the use of all vaccines across vaccination sites, and we are committed to making sure that available and unused COVID-19 vaccine is utilized appropriately, whether in your own state, tribal community, or elsewhere. U.S.-based providers and partners with questions regarding donating vaccine internationally or sharing within their jurisdictions or domestically should contact CDC’s Distribution and Federal Programs functional box (eocevent551@cdc.gov). Inquiries from international partners may be referred to the Department of Health and Human Services Office of Global Affairs (OGAPETFlu@hhs.gov).

Vaccine Administration

The Pfizer vaccine can be administered to those 5 and older. Is a consent form required for vaccination of minors?
The EUA fact sheet for caregivers must be provided to the parents/guardians in advance. Informed consent must be obtained from a parent/guardian in order for the minor to be vaccinated. Informed consent can be obtained (a) by a parent/guardian signing an informed consent form or (b) if the parent/guardian is physically present and verbally consents to the child receiving the vaccine.

Points of Dispensing (PODs) should follow existing laws regarding consent for minors for medical procedures and each POD should consult with their own legal counsel regarding the facility’s specific policies and procedures for consent.

Does CDC recommend an observation period after vaccination?
ACIP currently recommends that providers should consider observing vaccine recipients for 15 minutes after receipt of a vaccine. Persons with a history of anaphylaxis (due to any cause) should be observed for 30 minutes. For more information, please visit https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/anaphylaxis-management.pdf.

What are the personal protective equipment (PPE) requirements when administering vaccines during the COVID-19 pandemic?
Is one COVID-19 vaccine preferred over the other?
The CDC does not state a product preference. All the vaccines that are currently available were studied in different trials, among different people and different timelines. They were not studied in head-to-head comparisons or trials; therefore, they should not be compared to each other.

Persons who are eligible to get vaccinated, you should not wait for a specific vaccine to become available.

I have patients who have been partially or fully vaccinated outside the United States. Are these doses valid?

If I received COVID-19 vaccines outside the United States, am I eligible for additional doses if I am immunocompromised or booster doses?

I am not receiving the appropriate number of doses per vial of COVID-19 vaccine. What can I do?
NJDOH does not have control over what brand of items are sent within the ancillary kits. We understand that dead space is different with different brands and sizes. The appropriate number of doses per vial as of 4/1/2021 is 10 or 14 doses of Moderna, 6 doses for Pfizer and 5 doses of Janssen.

If you are receiving less than this due to the ancillary kit sent, please enter your doses under a waste transaction as “Other- Doses Not Obtained” and in the comments put the brand and model of syringe sent to you.

If I have leftover COVID-19 vaccine at the end of the day, can I use this vaccine for walk-in patients?
Yes, please use any COVID-19 vaccine available to prevent any missed opportunities for vaccination and/or vaccine wastage. Be sure to follow all vaccine storage and handling requirements and to document doses administered into NJIIS. Follow guidelines for infection control and patient safety to administer vaccine properly:
• Never combine or “pool” partial doses from two or more vials to obtain a full dose of vaccine.
• Withdraw only the number of doses authorized for the specific vaccine.
• Discard vaccine vial and remaining vaccine if the amount of vaccine left in the vial is not a full dose.

Has CDC provided clinical guidance on what to do if an error occurs while administering COVID-19 vaccinations?
Yes. CDC published an appendix to its “Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States.” This appendix provides resources for preventing and reporting COVID-19 vaccine administration errors, as well as a simple table outlining actions to take after an error has occurred: www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-A.

Protection from Vaccine/Efficacy

Are COVID-19 vaccines effective?
COVID-19 vaccination reduces the risk of COVID-19 and its potentially severe complications. All COVID-19 vaccines currently authorized for use in the United States help protect people against COVID-19, including severe illness, in clinical trial settings. Recent studies have shown

Unvaccinated people have:

• 6.1x greater risk of testing positive for COVID-19
• 11.3x greater risk of dying from COVID-19

compared to fully vaccinated people.

For more information, visit https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html

If my patient had COVID-19 and recovered do they need to get the vaccine?
Yes, you should be vaccinated regardless of whether you already had COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again. A recent study found that those who were previously infected with COVID-19 had a significantly higher likelihood of reinfection if they were unvaccinated. Learn more about why getting vaccinated is a safer way to build protection than getting infected.

Anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation.

If my patient had COVID less than 90 days ago, can they get the vaccine?
Yes, you may get the vaccine unless you received monoclonal antibodies within the last 90 days. If you received monoclonal antibody therapy for COVID-19, you should wait for 90 days after the treatment.

**If a person had COVID-19 illness or multisystem inflammatory syndrome in adults or children (MIS-A or MIS-C), should they get tested before getting the COVID-19 vaccine?**

You should not be required to have an antibody test before you are vaccinated.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine.

If you or your child has a history of (MIS-A or MIS-C), consider delaying vaccination until you or your child have recovered from being sick and for 90 days after the date of diagnosis.

**What are the current recommendations for healthcare personnel regarding exposures to COVID-19 and COVID-19 vaccination?**

Guidance for residents and staff of healthcare settings can be found in the Updated Healthcare Infection Prevention Control Recommendations in Response to COVID-19.


**I am fully vaccinated, but tested positive for COVID-19, how is that possible?**

Yes, it is possible to test positive for COVID-19 even if you are fully vaccinated. COVID-19 vaccines in the US are highly effective, including against the Delta variant, but they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides strong protection against serious illness and death.

Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. However, fully vaccinated people who become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings if they are in an area of [substantial or high transmission](https://www.cdc.gov/coronavirus/2019-ncov/community/condis/substantial-high.html).
- If you came into [close contact](https://www.cdc.gov/coronavirus/2019-ncov/contact-tracing/determine-close-contact.html) with someone with COVID-19 get tested 5-7 days after the date of your exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing [COVID-19 symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
• Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.


**How do I protect myself from the Omicron variant?**
Viruses constantly change through mutation. Some variants emerge and disappear while others may emerge and persist. New variants will continue to emerge.

CDC recommends people follow prevention strategies such as wearing a mask in public indoor settings in areas of substantial or high community transmission, washing your hands frequently, and physically distancing from others. CDC also recommends that everyone 5 years and older protect themselves from COVID-19 by getting fully vaccinated.

**Masking and Vaccine Requirements**

**What are New Jersey’s masking guidelines?**
Face masks are strongly recommended for both vaccinated and unvaccinated individuals in indoor settings where there is increased risk, including:

- Crowded indoor settings
- Indoor settings involving activities with close contact with others who may not be fully vaccinated
- Indoor settings where the vaccine status of other individuals in the setting is unknown
- Where an individual is immunocompromised or at increased risk for severe disease

Social distancing, masking, and other safety measures are still required in high-risk areas such as healthcare settings, public transportation, child care centers, correctional facilities, and homeless shelters. The combination of COVID-19 vaccination and continued precautions to protect yourself and others will offer the best protection from getting and spreading COVID-19.

*There are exceptions for face masks for children under two years old, when individuals need to briefly remove face coverings for religious reasons, and when wearing a mask would endanger one’s health. For more information, refer to Executive Order No. 242.*
For more information, visit the [NJDOH COVID-19 Information Hub](https://www.nj.gov/en/health/ncov/).

**What employees are required to receive the COVID-19 vaccine or weekly testing?**
New Jersey has announced that all workers in preschool to Grade 12 schools, all workers in certain health care facilities and high-risk congregate settings, all workers at state agencies, authorities, and colleges and universities and all child care workers will be required to be fully
vaccinated against COVID-19 or be subject to COVID-19 testing at minimum one to two times per week.

- As of September 7th, 2021, all workers in certain state and private health care facilities and high-risk congregate settings were required to be fully vaccinated or subject to testing.
- As of October 18th, 2021, all workers in preschool through Grade 12 schools were required to be fully vaccinated or subject to testing.
- As of October 18th, 2021, all workers at state agencies, authorities, and colleges and universities were required to be fully vaccinated or subject to testing.
- As of November 1st, 2021, all workers in all child care facilities are required to be fully vaccinated or subject to ongoing weekly testing.
- The federal government has announced plans to require vaccination for workers in most health care settings, federal executive branch employees, and all federal contractors and to require vaccination or testing for all workers at businesses with 100 or more employees.

Most recently, Governor Murphy today signed Executive Order No. 271, which requires new and potential state contractors to demonstrate that all of their employees who enter, work at, or provide services in any state agency location are fully vaccinated or otherwise undergo weekly testing.

These requirements will strengthen protections against the spread of COVID-19, including the highly transmissible Delta variant, to those who work with vulnerable populations such as those who can’t receive the COVID-19 vaccine for medical or religious purposes or those who are too young to be vaccinated. For more information, visit COVID-19 vaccine requirement.

Can an employer access an employee’s COVID-19 vaccination records in the New Jersey Immunization Information System (NJIIIS) to verify their vaccination status?

No, an employer cannot access an employee’s vaccination records that are maintained in the NJIIIS for the purpose of verifying the employee’s vaccinations for employment. An authorized NJIIIS user’s access to information in the NJIIIS is limited by law, namely N.J.S.A. 26:4-131 et seq. and N.J.A.C. 8:57, subchapter 3. The statutes and rules provide that NJIIIS users shall only access an individual’s vaccination information in the NJIIIS if they have claimed the individual in NJIIIS as their patient and/or if the user is currently providing healthcare services to the individual. The statutes and rules further provide that a child care center, school, college or university shall only access an individual’s immunization information in the NJIIIS if they have enrolled or are in the process of enrolling the individual in their institution.

Because the statutes and rules do not permit an employer to verify an employee’s vaccination status in NJIIIS, employers should have employees submit vaccination documentation for verification. Please see COVID-19 Vaccination Documentation FAQs for more details on valid vaccine documentation.
All authorized users should review the statute and regulations to ensure use is consistent with existing laws. The NJIIS is the official Immunization Registry pursuant to the Statewide Immunization Registry Act – N.J.S.A. 26:4-131 et seq. (P.L. 2004, c. 138), N.J.A.C. 8:57, subchapter 3.

Other Vaccines

Can you receive COVID-19 at the same time as other vaccines? COVID-19 vaccines and other vaccines may now be administered on the same day. Currently it is unknown if there is a potential for increased reactions when COVID-19 is given with other vaccines. If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection. For more information, visit https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Coadministration.

Will getting the flu vaccine protect me against coronavirus? No. Influenza viruses and coronaviruses are different. Getting a flu vaccine will not protect against COVID-19; however, the vaccine can reduce flu illnesses, hospitalizations, and can help to conserve potentially scarce healthcare resources during the pandemic. It’s likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter, making it more important than ever to get a flu vaccine! It is the best way to protect yourself and others – especially those who are particularly vulnerable to both COVID-19 and influenza such as older adults and those with chronic health conditions.

Medical Therapies

What are monoclonal antibodies? Monoclonal antibodies are laboratory-produced molecules that act as substitute antibodies that can restore, enhance, or mimic the immune system's attack on cells. Monoclonal antibodies for COVID-19 may block the virus that causes COVID-19 from attaching to human cells, making it more difficult for the virus to reproduce and cause harm. Monoclonal antibodies may also neutralize a virus.

Antibody treatment can be used by people with mild to moderate COVID-19 who:

- Test positive for SARS-CoV-2.
- Are within 10 days of the start of their symptoms.
- Are age 12 or older and weigh at least 88 pounds.
- Are at high risk of getting very sick from COVID-19 or of needing to be admitted to a hospital because of COVID-19.
This treatment is not authorized for use in patients who are hospitalized due to COVID-19 or require oxygen therapy due to COVID-19.

More information about monoclonal antibody treatment can be found at the following websites: https://www.state.nj.us/health/cd/topics/covid2019_community.shtml#3 and https://combatcovid.hhs.gov/ https://combatcovid.hhs.gov/im-healthcare-provider/providers-guide-covid-19-treatment

How does the use of monoclonal antibodies to treat symptomatic COVID-19 affect the scheduling of COVID-19 vaccination?

COVID-19 vaccination should be temporarily deferred as a precautionary measure during the time period specified below after receiving passive antibody products to avoid potential interference of the product with vaccine-induced immune responses:

- Passive antibody product used for post-exposure prophylaxis: defer COVID-19 vaccination for 30 days
- Passive antibody product used for COVID-19 treatment: defer COVID-19 vaccination for 90 days

However, if passive antibody products and a COVID-19 vaccine dose are administered within these recommended deferral periods (30 or 90 days), the vaccine dose does not need to be repeated.

Vaccines other than COVID-19 vaccines, including inactivated and live vaccines, may be administered without regard to timing of anti-SARS-CoV-2 monoclonal antibodies. Vaccines for diseases other than COVID-19 can be administered without regard to timing following receipt of convalescent plasma except for measles- or varicella-containing vaccines, which should be administered at least 7 months after receipt of convalescent plasma.


Additional Information

- covid19.nj.gov/
- covid19.nj.gov/vaccine
- covid19.nj.gov/finder (search for vaccine appointments)
- COVID-19 Hotline 1-800-962-1253 or 2-1-1 (for information only. NOT for scheduling vaccine appointments)
• Call **855-568-0545** for provider information. Live agents are available.
• CDC clinician on-call center 800-CDC-INFO (800-232-4636)
• Call 856249-7007 to get appointment assistance for seniors 65 and older.