COMMANDER'S

TOOLKIT

COVID-19

VACCINE

TOOLKIT

Getting the COVID-19 Vaccine

Background

Vaccines are among the most important accomplishments in medicine. They have saved more lives around the world than any other medical invention, including antibiotics or surgery. Only clean water has saved more lives than vaccines. Disease threats are everywhere, throughout life – from birth, to daycare and school entry, to military recruit training, to adult life, to deployment, and into retirement. Diseases can spread person-to-person, through consuming contaminated food or water, from the bite of an infected mosquito, and other ways. Vaccines provide a safe and effective means of countering the threats to personal health and military readiness.

Key Themes

- Readiness
- Vaccine Roll Out
- Vaccine Safety

COVID-19 Overview

Coronavirus disease 2019 (COVID-19) is caused by a novel coronavirus first identified in December 2019, that has since spread around the world. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have certain underlying medical conditions, are at increased risk of severe illness or death. The U.S. effort to develop COVID-19 vaccines, called Operation Warp Speed, aims to deliver safe and effective vaccines. A COVID-19 vaccine for children may not be available until more study data are completed.

COVID-19 Overview

This toolkit provides leaders with important information about the COVID-19 prevention and vaccination from the CDC to share with their Marines and Sailors.

Educate Marines and Sailors on the availability and importance of COVID-19 vaccines.

Encourage Marines and Sailors to get the vaccine by explaining and providing credible health and safety data and benefits.

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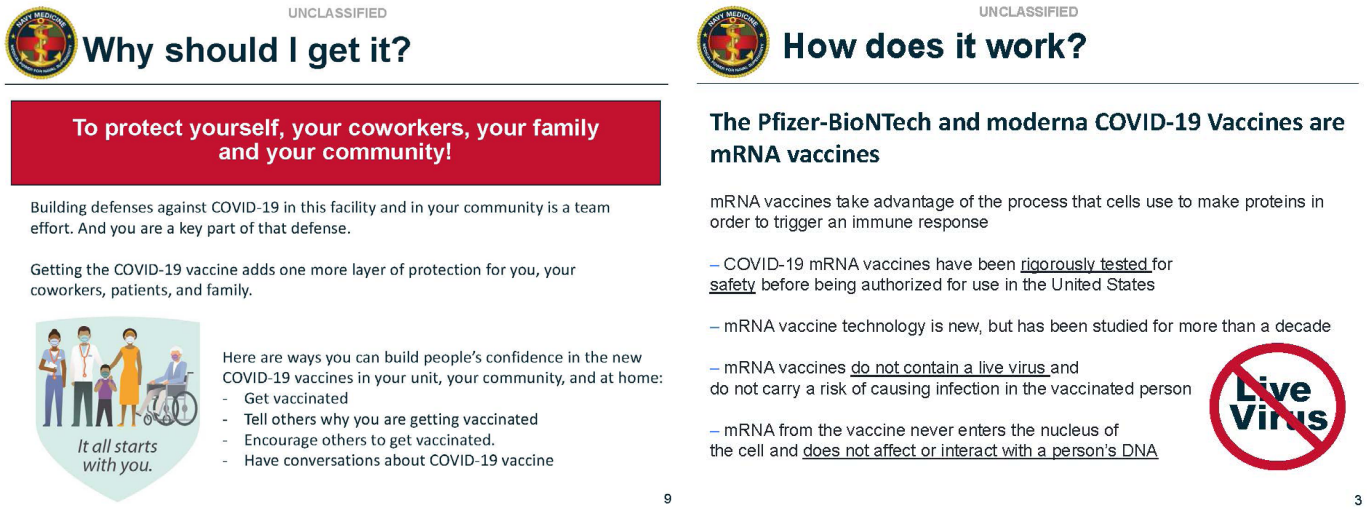
Getting the COVID-19 Vaccine

The COVID-19 Vaccine

- It is projected that early COVID-19 vaccines will be given in a two-dose series separated by 21 or 28 days, depending on the product. Vaccines from different manufacturers will NOT be interchangeable. The vaccinee must receive the same vaccine for both doses. Talk to your provider to ensure you get the right dose at the right time.
- All vaccine recipients will be provided a copy of the CDC COVID-19 Vaccination Record Card after receipt of the vaccine. It is recommended that the second-dose appointment be made at the time of initial vaccinations, or instructions provided on procedures for second dose follow-up.
- The details for the administration of each will depend on the language contained in the EUA or EAP. After reviewing the information and terms of any eventual EUA or EAP, the Department will determine whether administration of the vaccine will be voluntary for all DoD personnel.
- If you are in need of other immunizations or have recently received other vaccines, be sure to tell your provider so they can determine when you can safely receive the COVID-19 vaccine.



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Getting the COVID-19 Vaccine

Vaccine safety

- The Food and Drug Administration (FDA) under Emergency Use Authorization (EUA) has authorized the use of a COVID-19 vaccine after careful and rigorous testing and trials.
- None of the factors that contributed to the accelerated development of a COVID-19 vaccine imply that safety, scientific or ethical integrity are compromised, or that short-cuts have been made.
- DoD has full confidence in the safety, and efficacy of vaccine(s) and transparency in the latest vaccine(s) information.

Vaccine safety

- Because the duration of immunity from natural infection with COVID-19 is unknown, the vaccine may have value in protecting people who have already had the disease. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Talk with your provider if you have been previously infected with COVID-19.

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Is it Safe?

For the Pfizer vaccine, the FDA reviewed the data from over 43,000 individuals 16 years of age and older who participated in clinical trials and found a 90-97% efficacy in preventing a symptomatic laboratory confirmed infection (the normal benchmark is 50%).

The FDA issued an Emergency Use Authorization (EUA) on December 11, 2020 for use in persons aged 16 years or older.

The authorization as EUA means that it is not fully approved and licensed by the FDA. However, an EUA is issued based on the review of the scientific evidence available at this time it is generally safe and effective and that the known and potential benefits of the vaccine when used to prevent COVID-19 outweigh its known and potential risks.

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Are there Risks?

There are always risks and always unknowns.

Known risks and side effects reported for the Pfizer-BioNTech COVID vaccine include:

- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling or redness
- nausea
- feeling unwell
- swollen lymph nodes

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine.

In this case, **the known and potential benefits of the product outweigh the known and potential risks of the product.**

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Are there Risks to not Getting It?

By not getting the vaccine, you are at greater risk of getting COVID-19

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before.

You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs.

People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include:

- fever or chills
- cough
- shortness of breath
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- nausea or vomiting
- diarrhea

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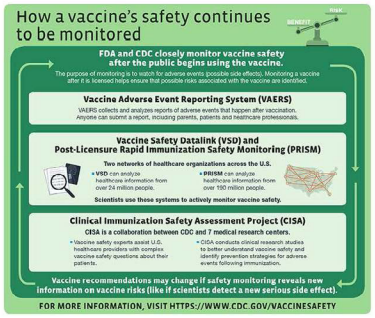
What about Unknowns?

COVID-19 vaccines are being tested in large clinical trials to assess their safety. However, it does take time, and more people getting vaccinated before we learn about very rare or long-term side effects.

That is why safety monitoring will continue. CDC has an independent group of experts that reviews all the safety data as it comes in and provides regular safety updates.



If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action.

Emergency Use Authorizations

- Drugs and vaccines have to be approved by the Food and Drug Administration (FDA) to ensure that only safe and effective products are available to the American public. During public health emergencies, when there is good scientific reason to believe that a product is safe and is likely to treat or prevent disease, the FDA may authorize its use through an Emergency Use Authorization (EUA), even if definitive proof of the effectiveness of the drug or vaccine is not known. FDA pre-licensure approval is considered for treatment or prevention of diseases that are very serious.
- In public health emergencies, such as a pandemic, the vaccine development process may be atypical. For example, during the COVID-19 pandemic, investments and partnerships by the U.S. government have prioritized development and distribution of the most promising vaccines that have met the FDA's rigorous and science-based standards for quality, safety, and effectiveness.
- COVID-19 vaccines are rigorously tested for safety and efficacy during the development process. The FDA then undertakes a comprehensive review of all accumulated safety and manufacturing data from the manufacturer to determine if it adequately ensures product quality and consistency before authorizing its use.

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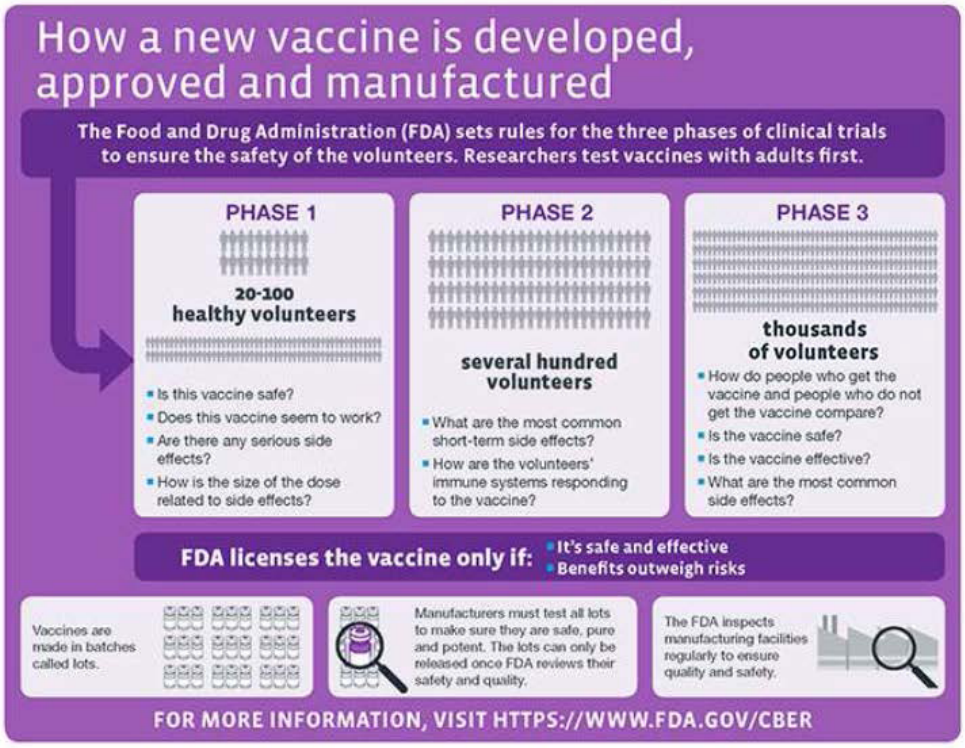
How is the vaccine tested?



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Getting the COVID-19 Vaccine

COVID-19 vaccine availability in DoD

- The Department of Defense (DoD) is expecting to receive enough vaccine(s) for all 11.1 million Active Duty and their dependents (to include Coast Guard), Retirees, Reserve Components, all DoD employees and contractors, and Public Health Service.
- The DoD initially expects a limited quantity of COVID-19 vaccine, and rolling delivery to MTFs and other health care facilities after the Food and Drug Administration approves vaccine(s) for use.
- When the vaccine(s) becomes available, DoD will follow the CDC's prioritization guidelines (framework) for distribution. Talk to your provider or local MTF for more details about when vaccine(s) will become available.

COVID-19 vaccine availability in DoD

- Because the duration of immunity from natural infection with COVID-19 is unknown, the vaccine may have value in protecting people who have already had the disease. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Talk with your provider if you have been previously infected with COVID-19.

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Getting the COVID-19 Vaccine

Combating MIsinformation Through Vaccine Confidence

- Refuting a false claim often leaves gaps in peoples' understanding. If those gaps aren't filled, debunked information might still be used when thinking about an issue. Alternative casual explanations clarify why something is untrue by providing an account of how a situation actually unfolded.
- Misinformation should not be repeated unless it is presented in a way that helps people recall that it is inaccurate. Mentions of the misinformation should emphasize why the claim is wrong or misleading and not the claim itself.
- The longer a false claim goes without being corrected, the more likely people will be exposed to it and process it as accurate. Repeated exposure to misinformation makes it seem more likely to be true, even if it is eventually corrected.
- Corrections are more effective when they come from people we believe are credible. Expertise plays an important role in credibility and having experts debunk misinformation can be more impactful than other sources. Communicators that align with someone's identity or ideology are also more likely to be trusted when correcting false or misleading claims.
- Graphs and other data visualizations can be easier to understand than text that conveys the same information. Visualizations are useful for debunking misinformation because they attract attention and can provide information with greater clarity and ease, while appearing less potentially biased.
- Refutations provide information to correct misperceptions after exposure. Inoculation provides the facts pre-emptively to prevent misperceptions from developing in the first place. People are less likely to fall for misinformation if they are warned ahead of time and explained why it is incorrect.
- Information that seems more familiar is judged as more likely to be true. Repeated exposure to corrections and counterarguments to misinformation can help promote more accurate, well-informed beliefs.
- More engaged thinkers are less susceptible to misinformation. One way to encourage a more evaluative mindset is to draw attention to the growing problem of false information and its impact on themselves and on society. Education and information campaigns around media and digital literacy can also support more efficient analysis of the information that we are exposed to.
- Correcting misinformation is especially difficult when the belief is central to someone's identity or world view. To reach these audiences, it is important to affirm their sense of self by having them reflect on positive traits and values they hold, and by reassuring them that their concern and interest in an issue is important, even if their information isn't' accurate.

https://instituteforpr.org/10-ways-to-combat-misinformation

TOOLKIT

Getting the COVID-19 Vaccine

Questions and Answers

Q. Can a COVID-19 vaccine make me sick with COVID-19?

A. No. None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19.

There are several different types of vaccines in development. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19. Learn more about how COVID-19 vaccines work.It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection.

Q. After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test?

A. No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States can cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response—the goal of vaccination—there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

Q. If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?

A. Yes. Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, vaccine should be offered to you regardless of whether you already had COVID-19 infection. CDC is providing recommendations to federal, state, and local governments about who should be vaccinated first.

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. Some early evidence suggests natural immunity may not last very long. We won't know how long immunity produced by vaccination lasts until we have more data on how well the vaccines work. Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available.

Q. Will a COVID-19 vaccination protect me from getting sick with COVID-19?

A. Yes. COVID-19 vaccination works by teaching your immune system how to recognize and fight the virus that causes COVID-19, and this protects you from getting sick with COVID-19.Being protected from getting sick is important because even though many people with COVID-19 have only a mild illness, others may get a severe illness, have long-term health effects, or even die. There is no way to know how COVID-19 will affect you, even if you don't have an increased risk of developing severe complications. Learn more about how COVID-19 vaccines work.

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Getting the COVID-19 Vaccine

Q. Will a COVID-19 vaccine alter my DNA?

A. No. COVID-19 mRNA vaccines do not change or interact with your DNA in any way. Messenger RNA vaccines—also called mRNA vaccines—are the first COVID-19 vaccines authorized for use in the United States. mRNA vaccines teach our cells how to make a protein that triggers an immune response. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease. Learn more about how COVID-19 mRNA vaccines work. At the end of the process, our bodies have learned how to protect against future infection. That immune response and making antibodies is what protects us from getting infected if the real virus enters our bodies.

Q. How would a COVID-19 Vaccine Work?

A. Vaccines fight disease by producing an immune response within the body. Sometimes that means flu-like symptoms, such as aches, headache and fever. This is normal and a sign that your body is creating antibodies to protect you from COVID-19.

Q. Is the Vaccine safe?

A. Vaccines for COVID-19 are only available after they are demonstrated to be safe and effective in large phase-three clinical trials, have been authorized by the U.S. Food and Drug Administration, and have been manufactured and distributed safely and securely.

Q. What is an Emergency Use Authorization (EUA)?

A. Drugs and vaccines have to be approved by the Food and Drug Administration (FDA) to ensure that only safe and effective products are available to the American public. In situations when there is good scientific reason to believe that a product is safe and is likely to treat or prevent disease, the FDA may authorize its emergency use under specific circumstances. Vaccines authorized for emergency use are offered on a voluntary basis.

Q. How is an EUA different from full approval?

A. According to the FDA EUA announcement, the issuance of an EUA is different than an FDA approval (licensure) of a vaccine, in that a vaccine available under an EUA is not approved. In determining whether to issue an EUA for a product, the FDA evaluates the available evidence to determine whether the product may be effective and also assesses any known or potential risks and any known or potential benefits. If the product meets the effectiveness standard and the benefit-risk assessment is favorable, the product is made available during the emergency.

The EUA also requires that fact sheets that provide important information, including dosing instructions, and information about the benefits and risks of the Vaccine, be made available to vaccination providers and vaccine recipients.

The manufacturers of the vaccine have submitted a pharmacovigilance plan to the FDA to monitor the safety of their vaccines. The pharmacovigilance plan includes a plan to complete longer-term safety follow-up for participants enrolled in ongoing clinical trials. The pharmacovigilance plan also includes other activities aimed at monitoring the safety profile of the vaccine and ensuring that any safety concerns are identified and evaluated in a timely manner.
The FDA also expects manufacturers whose COVID-19 vaccines are authorized under an EUA to continue their clinical trials to obtain additional safety and effectiveness information and pursue approval (licensure).

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Getting the COVID-19 Vaccine

Q. What has been done to ensure the vaccine(s) being distributed is safe?

A. Vaccines and therapeutics to prevent and treat diseases are developed in stages. In Phase 1 Trials researchers test an experimental drug or treatment in a small group of people for the first time. In Phase 2 Trials the experimental drug or treatment is given to a larger group of people to see if it is effective and to evaluate its safety further. In Phase 3 Trials the experimental study drug or treatment is given to very large groups of people. Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the experimental drug or treatment to be used safely. Manufactures are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution.

Q. Can someone get COVID-19 from the vaccine?

A. No, it is not possible to get COVID-19 from vaccines. Vaccines against COVID-19 use inactivated virus, parts of the virus, or a gene from the virus. None of these can cause COVID-19.

Q. Wasn't the vaccine developed too quickly?

A. We understand that some people may be concerned about getting vaccinated once a COVID-19 vaccine is available in the United States. While these vaccines are being developed as quickly as possible, routine processes and procedures remain in place to ensure the safety of any vaccine that is authorized or approved for use. The vaccine manufacturers conducted very large studies which include an analysis of 18,8013 and 15,1854 participants (Pfizer and Moderna, respectively) who received the vaccine and were followed for a median of more than two months to evaluate safety.

Q. Can a vaccinated person still transmit COVID-19?

A. Currently there is no data on transmission blocking for the Pfizer or Moderna vaccine. Both vaccines work to protect individuals from disease symptoms, but it is unknown at this time whether vaccinated people can still transmit the virus as an asymptomatic infection. It is recommended by both the CDC and the DOD to continue to practice public health protective measures like washing your hands, wearing a mask and frequently cleaning common areas.

Q. What's the difference between the different vaccines?

A. All the vaccines that will be approved by the FDA will provide a period of immunity from COVID 19. The difference is in how they turn on your body's immune system to produce antibodies.

Q. When should individuals get their second shot of the Pfizer vaccine?

A. Both COVID-19 vaccine series (Pfizer and Moderna) consist of two doses. The Pfizer-BioNTech doses should be three weeks (21 days) apart and the Moderna doses should be 28 days apart. Second doses administered within a grace period of ≤4 days from the recommended date for the second dose are considered valid; however, doses administered earlier do not need to be repeated. The second dose should be administered as close to the recommended interval as possible. However, there is no maximum interval between the first and second dose for either vaccine.

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Getting the COVID-19 Vaccine

Q. Are individuals required to get the vaccine?

A. Under the current Pfizer-BioNTech and Moderna EUAs, the vaccine is voluntary. It is expected that EUAs for other vaccines will have a similar provision, permitting a patient to refuse the vaccine. There are three different methods that could trigger a mandatory vaccine requirement: (1) if an EUA is issued or amended so that it no longer contains the option to refuse vaccination; (2) if the President of the United States grants a waiver, finding voluntary vaccination is not in the interest of national security and SECDEF makes it mandatory for members of the armed forces; or (3) once the vaccine receives full approval from the FDA. The FDA has found the Pfizer-BioNTech vaccine to be safe and effective and it is anticipated that it will eventually receive full approval later in 2021, at which time the military may require personnel to be vaccinated (similar to other existing vaccination requirements).

Q. Why should I get the vaccine?

A. Getting vaccinated can help prevent getting sick with COVID-19. While many people with COVID-19 have only a mild illness, others may can have serious, life-threatening complications get a severe illness or they may even die. There is no way to know how COVID-19 will affect you, even if you are not at increased risk of severe complications, we don't fully understand the long term consequences of infection. COVID-19 vaccination may help protect you by creating an antibody response without having to experience the infection.

COVID-19 vaccination will likely be a safer way to help build protection COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you, or the long term consequences of infection. There is mounting evidence that infections result in at least some duration of protection against reinfection or severe symptoms for approximately 3 months after infection. However, gaining that type of natural protection comes with risks of serious complications and potentially death. Vaccinations offer a controlled and largely very safe way to prepare your immune system to protect you from future infections. COVID-19 vaccination will be an important tool to help stop the pandemic.

Q. How will I know when I am eligible to get the vaccine?

A. Your unit will be notified when portions or all of your unit are eligible to get the vaccine.

Q. Which iteration of the vaccine will I get?

A. As COVID-19 vaccine becomes available, vaccines will continue to be distributed based on availability and the DOD prioritization. You will likely only have the option to receive whichever vaccine is available at the MTF you are visiting. While there is limited vaccine availability, vaccination distribution prioritization will focus on those providing direct medical care, maintaining essential national security and installation functions, deploying forces, and those beneficiaries at the highest risk for developing severe illness from COVID-19.

Q. Where should I be vaccinated?

A. To the greatest extent possible, beneficiaries in priority groups who are enrolled at Military Treatment Facilities (MTF) should come to the MTF to be vaccinated. This will ensure the maximum number of vaccine opportunities allocated to jurisdictions other than DoD are available for the non DoD population. TRICARE beneficiaries who receive care at DoD MTFs on a space-available basis can alternately receive vaccine through the local civilian jurisdiction.

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Getting the COVID-19 Vaccine

Q. How will the Navy track personnel who receive a COVID vaccine?

A.The Navy and all of DOD will track COVID vaccine administration through existing medical record reporting systems.

Q. If I already had COVID-19, should I still get a vaccine?

A. Yes, because duration of immunity following COVID-19 infection is unknown, and the vaccine may be effective in protecting previously infected people.

Q. Will I still need to wear masks and practice physical distancing once a vaccine is available?

A. Yes. Both vaccines work to protect individuals from disease symptoms, but it is unknown at this time whether vaccinated people will still be able to transmit the virus as an asymptomatic infection. It is recommended by both the CDC and the DOD to continue to practice public health protective measures like washing your hands, wearing a mask and frequently cleaning common areas. Additionally, we will not have enough vaccine initially to vaccinate everyone who wants the vaccine and COVID-19 pandemic risks will continue. We will continue to recommend wearing masks and practicing physical distancing, for everyone, until pandemic risk of COVID-19 is substantially reduced.

Q: How long will protection last following vaccination?

A. We do not know how long protection will last following vaccination but it will be critically important to measure long-term protection (at least two years) in the phase 3 trials and in other groups prioritized for early vaccination. We are still learning about the duration of protection following infection with COVID-19 and it is too early to tell how long protection will last.

Q. Should I get the vaccine for influenza (flu shot)?

A. Yes, it is very important to get the influenza vaccine, particularly this season when both influenza viruses and COVID-19 will infect people.

Q. Will DoD require all service members to receive the vaccine?

A. The currently available COVID vaccines are authorized under an EUA and are voluntary. All populations for which the vaccine is authorized are highly encouraged to get the vaccine, but service members may not be compelled to receive the vaccine. When formally approved by the FDA, the DoD may require a COVID-19 vaccine for military personnel or civilians in specific fields, as is the case for the annual influenza vaccine.

Q. If the vaccine is voluntary does it change the guidance for masks and social distancing?

A. No. There is no data on transmission blocking for the Pfizer or Moderna vaccine. Additionally, the vaccine will not be required so vaccine coverage will be variable.

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Getting the COVID-19 Vaccine

Q. How will the vaccine be administered?

A. There are many vaccines currently in development, the leading vaccines are intramuscular injections, similar to the flu vaccine. The currently available COVID vaccines are authorized under an EUA are a two dose series separated by 21 or 28 days depending on the product. Vaccines from different manufacturers will NOT be interchangeable. The vaccine must receive the same vaccine for the entire dose series (e.g., both doses).

Q. Would a command need to put out guidance for work? Such as 'if you do not get the vaccine you continue to telework, if you do get the vaccine you must return to normal work schedules'.

A. No, while the vaccine is voluntary, there are no restrictions on individuals with regard to what they can or cannot do at work. All preventive measures should be continued.

Q. If someone declines to receive the vaccine, how is it noted in their record?

A. The current goal is to offer the vaccine to all military personnel. Documentation of the vaccination will be recorded as receiving vaccine, exempted, or declining the vaccine in the Medical Readiness Reporting System (MRRS). So long as vaccination is taking place under the EUA, MRRS will record all individuals who have been contacted (i.e., vaccinated, exempted or declined vaccination) as having met the vaccination requirement. This report will be updated in the event receiving the vaccine is made a readiness requirement.

Q. What are the consequences of declining vaccination?

A. So long as vaccination is taking place under a voluntary Emergency Use Authorization (EUA), the Medical Readiness Reporting System will record all individuals who have been contacted (i.e., vaccinated, exempted or declined vaccination) as having met the vaccination requirement. Under a voluntary EUA, personnel may not be compelled to accept the vaccine and commands cannot impose punitive or administrative measures against individuals who exercise the right to decline the vaccine.

Q. Under what circumstances could the vaccine become mandatory?

A. There are three different methods that could trigger a mandatory vaccine requirement: (1) if an Emergency Use Authorization (EUA) is issued or amended so that it no longer contains the option to refuse vaccination; (2) if the President of the United States grants a waiver, finding voluntary vaccination is not in the interest of national security and SECDEF makes it mandatory for members of the armed forces; or (3) once the vaccine receives full approval from the FDA. Currently available vaccines are voluntary. All populations for which the vaccine is authorized are highly encouraged to get the vaccine, but service members may not currently be compelled to receive the vaccine. Following full FDA approval, the DoD may require a COVID-19 vaccine for military personnel or civilians in specific fields, as is the case for the annual influenza vaccine.

Q. How would a command know who got the vaccine and who did not?

A. While under EUA the vaccine will not be a readiness requirement. MRRS will log members as complete if they were offered the vaccine and note if they took the vaccine, but not count that as a readiness metric.

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Getting the COVID-19 Vaccine

Q. For platforms such as ships and submarines would there still be an opt out for the vaccine?

A. While released under an EUA, the vaccine is voluntary and therefore there are no restrictions regarding service members serving afloat or ashore.

Q. For entities that are currently Tier 1 and required to be tested for COVID...why are these same entities not also Tier 1 for the vaccine?

A. The vaccine schema was developed by the CDC's Advisory Committee of Immunizations Practices based on risk of exposure (medical personnel), impact (critical infrastructure) and at risk. This is the same criteria States used and is required by the MOA between the CDC and DoD.

Q. If I am not medical personnel, should I be wearing an N95 mask?

A. N95 are best suited for healthcare staff because they are at high risk due to patient care that includes exposure to potential viruses. Face coverings, minimum of two layers (over ear or neck gaiter), are sufficient to protect yourself from COVID while practicing social distancing of 6' or greater. N95 masks are required to be fitted by professionals for optimum use and protect. Buying an off the shelf N95 mask and wearing it without professional fitting only provides a marginal increase in protection and is not required to provide safety compared to a two-layer face covering in a nonhospital setting.

Q. Will a prescription be necessary for a vaccine under an EUA?

A. Neither the Pfizer-BioNTech nor Moderna EUA require an individual prescription from a provider. It is expected that other vaccines authorized in the future may also be administered without the requirement for an individual prescription for each vaccine recipient from an authorized healthcare provider.

Q. Can I pick which vaccine to get?

A. At this point in time, most locations will only receive one version of the vaccine. We are encouraging all to get the vaccine when it becomes available regardless of the type of vaccine.

Q: Can I test positive due to the COVID-19 Vaccine?

A: Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

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Getting the COVID-19 Vaccine

COVID-19 Vaccine Communication Resources

Department of Defense

DOD Operation Warp Speed Page:
https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/

HHS & DOD Statements on FDA Authorization of moderna Vaccine:
https://www.defense.gov/Newsroom/Releases/Release/Article/2452865/hhs-and-dod-statements-on-fda-authorization-of-moderna-vaccine/

DOD COVID-19 Vaccine Distribution Plan and Population Schema:
https://media.defense.gov/2020/Dec/09/2002548827/-1/-1/0/DOD-COVID-19-VACCINE-DISTRIBUTION-PLAN-AND POPULATION-SCHEMA.PDF

DOD Briefing Dec. 9 on COVID Vaccine Distribution Plan:
https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2442480/dod-officials-provide-briefing-on-the-departments-covid-19-vaccine-distribution/

Defense Health Agency

DHA COVID Main Page:
https://www.health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus

DHA COVID Vaccine Toolkit:
https://www.health.mil/About-MHS/MHS-Toolkits/COVID-19-Vaccine-Toolkit

DHA COVID Vaccine Efforts:
https://www.health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus/COVID-19-Vaccine-Efforts

BUMED

Navy & Marine Corps Public Health Center COVID Main Page:
https://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/Novel-Coronavirus.aspx
BUMED COVID Main Page (Provider Focused):
https://www.med.navy.mil/pages/COVID19.aspx
Navy Medicine Facebook:
https://www.facebook.com/USNavyMedicine
Navy Medicine Twitter:
https://twitter.com/NavyMedicine
Navy Medicine Instagram:
https://www.instagram.com/navy.medicine/
Navy Medicine Linkedin:
https://www.linkedin.com/company/28555553

TOOLKIT

Getting the COVID-19 Vaccine

Centers for Disease Control and Prevention

CDC COVID Main Page:
https://www.cdc.gov/coronavirus/2019-nCoV/index.html

CDC Vaccine Page:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

CDC COVID Vaccine FAQ:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

CDC Talking to Recipients about COVID-19 Vaccines:
https://www.cdc.gov/vaccines/covid-19/hcp/index.html

CDC COVID FAQ:
https://www.cdc.gov/coronavirus/2019-ncov/faq.html

CDC Public Health Social Media Tools:
https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html

Food and Drug Administration

FDA EUA Information Pfizer Vaccine:
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

FDA EUA Information moderna Vaccine:
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine

FDA Path Graphic for Vaccine to EUA:
https://www.fda.gov/media/143890/download

FDA Vaccine Development 101:
https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101

FDA COVID Social Media Toolkit:
https://www.fda.gov/consumers/minority-health-and-health-equity/covid-19-social-media-toolkit