The following FAQs were adapted from questions submitted by VNSNY staff for the Vaccinate VNSNY! Conference Calls hosted by Andria Castellanos on Monday, December 28th.

**Vaccine Basics & Safety**

“How long does immunity last with the vaccine?”
Yes. There’s no firm data obviously because the vaccines are brand-new, but the strong estimate by people who’ve worked with these is that at least a number of months and probably several years of an immunity will be produced by these vaccines.

“Should people who have positive antibodies to COVID-19 take the vaccine?”
Yes. There’s a strong recommendation that individuals even if they’ve had symptomatic COVID disease or have COVID antibodies should get vaccinated. In fact, one of the participants who was featured in New York Times article over the weekend was an anonymous physician who had severe COVID early in March and recently got vaccinated. The clinical trials show at least in the case of the Pfizer vaccine, and there’s no reason to think that the Moderna vaccine is any different - the clinical trials showed that individuals who had prior - had evidence of prior COVID infection, in other words antibodies, actually had fewer cases of COVID after getting vaccinated than those who got the placebo so it appears that there is a finite chance of reinfection and the vaccine is - works to prevent that so yes, you should get vaccinated even if you have antibodies.

“After taking the vaccine is it possible that if subsequently you get tested for COVID that it will show up as a false positive?”
No, it won’t affect the test for the virus. The test that you get for a diagnosis of COVID, you know, the rapid test or the PCR test - those are detecting the virus itself. The vaccine will not produce a positive on those tests. It may produce a positive antibody test but not a positive diagnostic test.

“Is there a reason why the Moderna vaccine was chosen over Pfizer’s vaccine?”
The Moderna vaccine does not require subzero kind of freezers and so as you know we do not have those facilities at any of our VNSNY sites. The Moderna vaccine can be stored in a regular freezer and actually then stored in a refrigerator and that’s why it’s going to be easier for us to be a - good news - the Moderna vaccine versus the Pfizer vaccine that requires subzero freezer capabilities.
“After taking the vaccine, if you develop a fever do we treat the fever or let it play out?”

Yes. The clinical trials and the experience to date indicate that most of the side effects are very short-term including fever, and the recommendation is to treat them symptomatically. So if you take like acetaminophen or Tylenol or ibuprofen, Motrin, Advil, any of those symptomatic treatments that you’re used to taking. They’re appropriate to take in these cases as well. The major side effects reported to date - the common ones are injection site pain, which seems to occur at a very high rate but again is usually mild and short-term, a headache and occasionally, less commonly fever or chills. So for all of those symptomatic treatment is appropriate and they typically will resolve in a day or two.

“If the second dose is missed for some reason do we have to start again with another first dose? Does the amount of time lapsed make a difference?”

According to what’s been reported so far the - there’s a minimum interval between the doses. That’s the four-week interval. There - there’s not a recommendation for a maximum interval; the sooner the better after that four weeks it appears but there’s no indication yet that you need to take the two-shot series over again if the second dose is delayed. You know, we’re probably going to find out more about that as more data becomes available, but at this point the follow-up dose does not seem to be required to be exactly on schedule.

**Vaccine Availability & Administration**

“Will staff get the 28-day notice for the second dose?”

Yes we’re going to be scheduling you for the first dose and for the second dose so please pay attention to your emails and communications from us. As soon as we get the vaccine we will notify you for the first dose and for your dose at the 28- or 30-day mark.

“What will staff be instructed to tell patients if they ask VNSNY for the COVID-19 vaccine?”

At this point we have no information when vaccine will be available for us to give to our patients in the home. And, in fact, the two vaccines that are available, the Pfizer vaccine and the Moderna vaccine, would be very, very difficult if not impossible to administer in the home because of the storage requirements and the life of the vaccine when it’s not in the refrigerator. So I think the best response to give to patients is at this point in time we have no information about when we will be able to vaccinate patients in the home.

“Will you be taking staff members’ preexisting health conditions into account when figuring out how to prioritize vaccinations or will it be based purely on job description?”

At this time it will be based on the prioritization that I’ve been describing at the beginning of our conference calls so I hope that’s helpful. It really will be based on more job descriptions where people are taking care of people, et cetera and there may be other criteria as we go further down in the prioritization so we’ll keep you posted on that.

“Once we have the vaccines please post the insert on the intranet so that people considering - take the vaccines can review.”

So this is a great point. You want us to post the criteria or the emergency use authorization of the vaccine on the intranet. We can do that. That’s a great point that we will put that on our
intranet site under Vaccinate VNSNY so you can actually read the emergency use authorization approval from the Centers for Disease Control so that - that’s a great recommendation.

“What date will COVID vaccine be administered?”
We do not have a date yet. We are still waiting to receive our first doses of vaccine as soon as we get them. We are prepared to start within 24 hours of receiving the vaccine and we are anxiously awaiting them. We’ll keep everybody posted in terms of that.

“How do I know my spot on the list once the vaccine arrives to VNSNY?”
The staff are being prioritized in accordance with the guidelines and information we have from the CDC and the state, and then we will be selecting people and contacting them to schedule them to come for the vaccine. Information about the priorities will be shared. If the caller is looking for like a list to be posted we don’t plan to do that but we - we’ll be calling people based upon the right priority to schedule them.

Will the vaccine be available in Nassau with the nurse to oversee follow-up to assure no side effects? If so, when? I am a rehab clinician in Nassau.”

We believe we will be receiving the vaccine shortly from the New York City Department of Health Bureau of Immunization. And one of the rules associated with the receipt of the vaccine from New York City is that we give vaccine in New York City, so at this point we do not have a plan to give vaccine in Nassau. That might come later on. We’re not 100% sure. So if you live in Nassau and you’re on the prioritization list you will get a call and have the ability to come to the city to get the vaccine.

“Is there any possibility that vaccination sites be expanded immediately to other regions like Brooklyn, Queens or even Staten Island? I live in Brooklyn. It seems to be counterproductive and has a higher chance of being exposed if we travel by public transportation.”

Our initial plan is to give vaccine at the 220 East 42nd Street site. The process for giving vaccination is seemingly easy but quite complex in terms of having to have people come, do a consent, make sure that we have enough people to give vaccine, make sure there’s a place after vaccine where you can be observed for 15 or 30 minutes and so we want to try to optimize the number of people we can vaccinate. We are considering vaccination sites in Queens and even Staten Island and Brooklyn and we want to get our system in place and then hopefully we will be able to expand to the boroughs, but right now our focus will be doing this in Manhattan.

“Will you be both calling and emailing the people who are eligible to receive the vaccine?”
We will be calling. We do have your phone numbers. If we can’t reach you by phone we’ll make every effort to connect with you through email as well. We have 13,000 - nearly 13,000 employees at VNSNY so we really have to have systems in place to get to everybody.

**Individual Vaccine Questions & Concerns**

“Once people have received the second dose of the vaccine are there any plans to test for antibodies? Should we go to our own MDs to have this done?”
We have no plans to test for antibodies and if it is something you’re interested in then you should go to your own medical doctor to test your antibodies.

“A speech therapist in Texas I know has been working remotely for her home care agency since March and was vaccinated this past Saturday. If we can’t get vaccinated this week by VNSNY, where can we get vaccinated as soon as possible? Should I call the health department for other options?”

At this point in time, we are not aware of other options in the city to get vaccinated for home care - for the home care workforce. We will keep our eyes and ears open and we will communicate that as we learn new information in the city in terms of availability for other sites to get vaccinated at.

“How many vaccines are VNSNY expected to receive on delivery?”

We have no information about how many vaccines we expect to receive on our first delivery, and we’ll keep you posted as we get that information.

“I have so many allergies including antibiotics, shellfish, some fresh fruits, some nuts; never had an anaphylactic reaction and never have reactions to vaccines. Can I still take this vaccine? I hope I will.”

Yes. The guidance so far and, you know, we had initially two trials with 30,000 to 40,000 subjects in each and now we’ve had several million people receive vaccine. As I said as of Saturday the CDC updated its guidance and it remains as it was before. The only absolute contraindication is for people who’ve had an anaphylactic reaction to an injectable medical treatment such as a vaccine or a therapy. Food allergies, antibiotic allergies do not seem to be contraindications to getting this vaccine. The other point to be made obviously is that our vaccinators have been trained and equipped to deal with allergic reactions, so in the event something happens I think we’re prepared for it.

“I am not hearing on the call that clinicians working in the field will be given first priority. We are the face of VNSNY and need prioritization. We are unable to social distance when providing direct care.”

You might have missed my opening remarks but our field clinicians will absolutely be our first priority in vaccinations, and within all of our field clinicians the City of New York has asked us to prioritize - cull from the - our field clinicians will be in the first prioritization and the second prioritization and the third and the fourth, et cetera. They have asked the hospitals to do the same and in my opening remarks I talked about how our first prioritization will be our employees who work in skilled nursing facilities and assisted living facilities and take care of long hour hospice patients. So when I say our clinicians who work in skilled nursing facilities I mean they are doing home care business, VNSNY business in those settings so absolutely our field staff is being given first priority.

“You mentioned staff who work in long-term care will be the first to get vaccine and if a nurse misses their turn they go to the back of the line. If a nurse misses her chance and she is assigned to a patient in long-term care can she get the vaccine then?”
In my opening remarks what I said is if you get a call and you’re in the priority list and you say, “No, I’m not interested at this time,” you’ll go to the sort of bottom of the list. If you - this question is saying, “Well, if today I don’t work in a long-term care facility but next week I start will I get the vaccine then?” And so that’s a question that we haven’t considered yet and we’ll take that back and see how we can operationalize that. We do want to again vaccinate our - as many of our staff who work in assisted living facilities and congregate care, et cetera.