Summer 2021
Vaccine info from Bay Area Black Nurses Association and Kaiser Permanente

VACCINE FACTS

Share the love. Protect your family and community from COVID-19.

Not yet vaccinated? Tips to help stop the spread:

- Wear your mask. If reusable, wash it often.
- Practice physical distancing, 6-foot distance in public.
- 20-second hand wash? Sing "Happy Birthday" twice as you scrub with soap. Or use hand sanitizer.
- Avoid hugs and handshakes. Use alternative non-tactile ways to greet people like air high-fives.
- Sharing is caring but in the case of food and drinks, keep those to yourself.
- Remember to keep indoor gatherings and close crowded situations to a minimum.

Protect yourself and save lives

Over 589,000 Americans have died from COVID-19 and African-Americans, Latinx Americans and Native Americans have been disproportionately affected. Being older and/or having conditions like hypertension, diabetes, obesity, chronic kidney disease, chronic lung disease or HIV can put you at increased risk for severe COVID-19 infection. Currently there are three COVID-19 vaccines approved for use in the US: Johnson & Johnson, Moderna and Pfizer-BioNTech. These vaccines have been proven safe and effective in clinical trials conducted with ethnically diverse participants. As of June 2021, about 43.8% of Americans have been fully vaccinated. It is estimated 70-80% of Americans will need to be vaccinated for herd immunity. Please see below for more information about the vaccines. ↓

BAY AREA BLACK NURSES ASSOCIATION INC.

Johnson & Johnson

- ✓ Approved for ages 18+
- ✓ Single Dose effective 2 weeks after injection
- ✓ 66.3% effective at preventing COVID-19 infection
- ✓ Nearly 100% effective at preventing severe COVID-19 infection
- ✓ Clinical Trials- 45% Latinx, 17% African-American, 8% Native American, 5% multiple races, 4% Asian

Moderna

- ✓ Approved for ages 18+
- ✓ 2 doses given 4 weeks apart
- ✓ Fully vaccinated 2 weeks after 2nd dose
- ✓ 94.1% effective at preventing COVID-19 infection
- ✓ Nearly 100% effective at preventing severe COVID-19 infection
- ✓ Clinical Trials- 20% Latinx, 10% African-American, 5% Asian

Pfizer-BioNTech

- ✓ Approved for ages 12+
- ✓ 2 doses given 3 weeks apart
- ✓ Fully vaccinated 2 weeks after 2nd dose
- ✓ 95% effective at preventing COVID-19 infection
- ✓ Nearly 100% effective at preventing severe COVID-19 infection
- ✓ Clinical Trials- 26% Latinx, 10% African-American, 4% Asian

What We Know About Omicron

We Have The Tools To Fight Omicron

CDC has been collaborating with global public health and industry partners to learn about Omicron, as we continue to monitor its course.

We don't yet know how easily it spreads, the severity of illness it causes, or how well available vaccines and medications work against it.

Source: https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

Spread

The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

Severe Illness

More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.

Vaccines

Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging. COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death. Scientists are currently investigating Omicron, including how protected fully vaccinated people will be against infection, hospitalization, and death. CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting fully vaccinated. CDC recommends that everyone ages 18 years and older should get a booster shot at least two months after their initial J&J/Janssen vaccine or six months after completing their primary COVID-19 vaccination series of Pfizer-BioNTech or Moderna.

Vaccines

Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, breakthrough infections in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalizations, and death. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.

Treatments

Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

Community Presence

BABNA Says

“Stay Super Safe”

Reliable

Trusted

Messengers

Bay Area Black Nurses Association

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- Nursing Mentoring Programs

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STOP COVID CA-SF Practice and Policy Brief #4

Understanding Why More Black, Latinx, and Samoan Young Adults Aren't Getting Vaccinated

COVID-19 vaccination rates in the US are lower among people ages 18-39 than among people age 40 and older. Following focus groups with older adults we conducted in early 2021, we held similar focus groups and interviews in July and August 2021 with young adults from the Black, Latinx, and Samoan community in the San Francisco area to hear their views on COVID vaccination. Although many themes were consistent across younger and older age groups, they were often articulated differently. Our focus groups also included a few Asian and Pacific Islander young adults from ethnic groups other than Samoan, whose comments were largely consistent with findings reported in our previous briefs. **Here are key things we learned from young adults ages 18-30, many of whom were not vaccinated at the time we spoke with them**:

1. **Skepticism about the trustworthiness of health and science institutions is anchored in a broader critical appraisal of society's failure to dismantle structural racism and promote a just world**.

Mistrust is rooted in a generational anti-establishment orientation informed by historical exclusion and shared experiences of trauma and oppression, including violence perpetrated by law enforcement, hostility to immigrants, profit-oriented health care, and government failure to redress inequity.

*"They're putting all this money towards this COVID shot, but **they're not putting money towards things that are really useful like stopping poverty or feeding people.** Like you're putting all this money towards this shot that can harm us, but you're not going to put it towards things that can help us. Kind of sketchy."*

*"**I think the incentives definitely make me more hesitant to want to get the vaccine**. Something that I've seen other people bring up is, okay, well, people have cancer. They have asthma. They have all these other conditions. You don't see them giving out free treatment for that or begging you to get treatment for that stuff, so **I think it is a little suspicious that they're pushing it so hard**."*

2. **Social media, the dominant source of information for most young adults, is filled with disinformation about COVID vaccines**.

Young adults are inundated with a range of ever-changing content reaching them through their Instagram, TikTok, Facebook, and other social media feeds. Though young adults recognize that some influencers lack veracity, the sheer volume of misinformation not only contributes to suspicion about the safety and efficacy of vaccines but poses challenges to filtering the disinformation to find accurate content.

*"I see a lot on social media; I don't really go out of my way to look it up. **But I feel like when you look it up it just scares you.** They try to scare you into getting the vaccine, and then social media scares you into not getting it, so yeah, it's confusing."*

3. For many young adults, non-health, social benefits are the primary motivators for getting vaccinated.

Few young adults dismissed the gravity of COVID-19 in their communities; many had family members who had been very ill or died. But many believe that mask wearing, social distancing, sanitizing, and testing are safer alternatives to vaccination, especially for younger people. When asked about the potential advantages of vaccination, these individuals often cited benefit for their ability to travel, work, and socialize, especially when faced with widening vaccine mandates.

> *"The only benefit to it is that the world is opening back up again because everybody is getting [vaccinated]. And I want to live my life outside of the house and so they're claiming that the more people get vaccinated the more things is going to open."*

4. Self-agency is extremely important to young adults.

Affirming autonomy and self-agency is part of the life course transition from adolescence to adulthood. Young adults consistently spoke of their right to self-determination, including in vaccine decision-making. Their views of autonomy were framed less in the political language of libertarianism (i.e., limit the role of government) than in a more personal notion of self-agency (i.e., I need to make my own decisions).

> *"For me personally, I've never tried to convince anybody to get the vaccination, that's honestly a personal preference that you feel, and that you need to make your own personal self, to not anything I want to force on anybody else"*

Our Recommendations

1. **When talking to young adults about COVID-19 vaccines, be prepared to talk about what you and your organizations are doing more broadly to achieve health equity.**

   Offering financial incentives for vaccination may backfire. Many young adults want institutions to demonstrate the systemic action and social investment they believe is overdue to rectify social injustice.

2. **Emphasize the personal, non-health social benefits of vaccination.**

   Messages should highlight the value of vaccination for employment, education, and recreation.

3. **Sponsor and amplify pro-vaccination social media influencers who are generationally relevant.**

   Leverage celebrities and other influencers on social media who have salience for many young adult audiences, rather than overly relying on "trust the science" messages from scientists and doctors.

4. **Center young adults from communities of color in creating and disseminating vaccination messaging.**

   Young adults are best positioned to know how to reach and influence their peers. Public health campaigns should engage with and invest in leaders from this generation. Their role in shaping messaging will be particularly important for navigating the tension between self-agency and vaccine mandates, given that mandates are likely necessary for achieving public health vaccination goals.

This brief was prepared by the San Francisco team working with Share, Trust, Organize, Partner: The COVID-19 California Alliance (STOP COVID-CA) program, an initiative funded by the NIH Community Engagement Alliance Against COVID-19 Disparities (Grant 21-312-0217571-66106L). This brief may be freely disseminated. For more information or questions about the SF STOP COVID-19 CA project, contact project manager Abby Cabrera (abby.cabrera@ucsf.edu).

AMERICAN NURSES ASSOCIATION CALIFORNIA VaxForce HealthImpact

Ask A Nurse Live™

Connecting the Underserved to Trusted Vaccination Info

A new telehealth program connecting Californians with registered nurses via live video chats.

MEMBER EXCLUSIVE ANNOUNCEMENT!

LEARN MORE

ASK A NURSE about COVID-19 vaccines

We're connecting underserved Californians with a registered nurses via live video chats to **increase trust, transparency, and access to vaccination information.**

Nurses will:

1. Create a trusting relationship,
2. Understand concerns and fears, and
3. Provide scientific information.

Help communities who've been impacted the most make educated and informed decisions about COVID-19 vaccinations.

**Volunteers opportunities will be available in early September.*

SIGN UP TO VOLUNTEER

About Ask A Nurse Live™

Ask A Nurse Live™ is a campaign brought to you by Trust A Nurse, Ask A Nurse™, a nurse-led coalition by VaxForce at HealthImpact, and the American Nurses Association\California.

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DELTA VARIANT VS. COVID-19 VACCINES

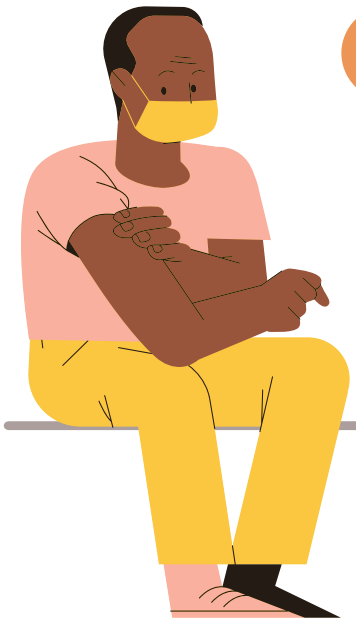
5 THINGS TO KNOW

Data on the efficacy of COVID-19 vaccines versus the delta variant of the coronavirus is limited, but early studies suggest that the vaccines provide protection against the variant, now the most commonly circulating strain in the U.S.

1. The delta variant has a much easier time evading the neutralizing antibodies produced by COIVD-19 vaccines if a person has only gotten one shot, according to a study published in Nature.

2. Pfizer's COVID-19 vaccine was 64 percent effective at preventing infection and symptomatic COVID-19 amid the spread of the delta variant in Israel. It was 93 percent effective at preventing serious illness.

3. Both Johnson & Johnson's and Moderna's COVID-19 vaccines have proven to be effective against the delta variant in early studies. Johnson & Johnson's vaccine demonstrated "strong, persistent activity against the rapidly spreading delta variant and other highly prevalent SARS-CoV-2 viral variants" in an early study, and Moderna's vaccine produced neutralizing antibodies after two doses.



4. Some experts believe people who were vaccinated with Johnson & Johnson's COVID-19 vaccine may need to get a booster shot of an mRNA vaccine from either Pfizer or Moderna to protect against the delta variant.

5. Pfizer's and AstraZeneca's COVID-19 vaccines were both highly effective in preventing hospitalization from the delta variant in a study by Public Health England.

BABNA SAYS "STAY SUPER SAFE"

For questions or concerns contact 833-422-2627.

@Bay.Area.Black.Nurses @BabnaInc @bayareablacknursesassociation

BAY AREA BLACK NURSES ASSOCIATION INC.

COVID-19 **FAQS**

EDUCATION RESOURCES FOR THE BLACK FAITH COMMUNITY

Here are some of the most frequently asked questions we've heard from the Black Faith Community. These questions have been vetted by the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS). To learn more and to get the most up-to-date information, please visit getvaccineanswers.org

FAQS

1. Why should I get vaccinated?
2. How do I know I should or can trust the vaccines? Government health officials?
3. How are vaccines tested for safety?
4. Did the clinical trials include people like me?
5. How long does the vaccine's materials last in a person's body?
6. Do any of the vaccines include mRNA? If so, what is mRNA?
7. Are there side effects?
8. How will pre-existing health conditions impact the vaccine? Will it cause additional side effects?
9. Is the vaccine safe for those who are immunocompromised?
10. How do these vaccines protect me?
11. How many people need to get vaccinated?
12. Why is there more than one type of COVID-19 vaccine?
13. What types of vaccines are there?
14. How do I get vaccinated against COVID-19?
15. If I've already had COVID, when can I take the vaccine?
16. How much does it cost?
17. Do vaccines protect against new variants?
18. Do I still need to wear a mask once I'm fully vaccinated?
19. When can I get back to my life?

1. WHY SHOULD I GET VACCINATED?

Getting immunized against COVID-19 will keep most people from getting sick. Even in a rare case where one does catch the virus, the vaccine will likely prevent you from becoming seriously ill.

Protecting yourself also protects the people around you, like those at increased risk of severe illness from COVID-19 or those who can't get vaccinated — like infants, or people with weakened immune systems from things like chemotherapy for cancer.

We are still learning how the vaccine affects whether people can still transmit COVID-19 to others. It may be possible that a vaccinated person can still carry the virus and infect others, even if that person does not appear to be sick.

That's why, until enough Americans are vaccinated to fight off COVID-19, we will need to keep wearing masks, stay 6 feet apart from people we don't live with, avoid crowds, and wash our hands frequently.

2. HOW DO I KNOW I SHOULD OR CAN TRUST THE VACCINES? GOVERNMENT HEALTH OFFICIALS?

Researchers began developing vaccines for COVID-19 in January 2020, based on decades of understanding immune response and how vaccines work. Thousands of volunteers participated in clinical trials that started that spring, making sure we can trust the vaccines to be safe and effective.

Based on the results, the U.S. Food and Drug Administration (FDA) has authorized multiple vaccines for public use in December 2020 and a third in February 2021. The vaccines met the agency's rigorous and science-based standards for quality, safety, and effectiveness.

COVID-19 is a new virus requiring new vaccines, but vaccines have been saving lives and protecting us for centuries. Now, medical experts believe COVID-19 vaccines can help us move forward in our everyday lives.

3. HOW ARE VACCINES TESTED FOR SAFETY?

Every vaccine must go through rigorous testing and inspection to ensure it is safe.

Vaccines for COVID-19 followed a 3-phase process where there are several stages before FDA authorization:

Phase 1: The vaccine is tested in a small number of generally healthy adults, usually between 20 and 80 people. It's evaluated for safety, dosage, and any side effects. Experts also look at what type of immune response is created.

Phase 2: If there are no safety concerns from Phase I studies, the vaccine is given in various dosages to hundreds of adults who may have a variety of health issues and come from different backgrounds to make sure it is safe. These studies provide additional safety information on common short-term side effects and risks, examine the relationship between the dose given and the immune response, and may provide initial information regarding the effectiveness of the vaccine.

Phase 3: Experts broaden the study to include thousands of adults, from a variety of ages and backgrounds. They see how many people who got the vaccine were protected from the disease, compared to those who received a placebo.

4. DID THE CLINICAL TRIALS INCLUDE PEOPLE LIKE ME?

Researchers made sure that the trials included adults of diverse backgrounds, races, ethnicities, and geographic areas. They collaborated with faith leaders, community organizations, and health clinics to reach volunteers from many different walks of life across the United States.

Medical experts and doctors want to make sure the vaccines work safely and effectively for as many people as possible. People may respond differently to vaccines based on factors like age, gender, and health conditions — so it is important to have a diverse group of participants in clinical trials.

COVID-19 has hit hard in the Black and Hispanic communities. Historically, these populations haven't always been included in clinical research, but with COVID-19 vaccines researchers made sure volunteers included people of color, as well as people over the age of 65 who are at higher risk of complications from the virus.

At this time, the studies do not include pregnant women or young children, but testing with those groups will likely begin in the near future. Pregnant women who get infected with COVID-19 disease are more likely to have severe disease.

People who are pregnant and part of a group recommended to receive COVID-19 vaccine, such as healthcare personnel, may choose to be vaccinated. A conversation between pregnant

patients and their clinicians may help them decide whether to get vaccinated.

5. HOW LONG DOES THE VACCINE'S MATERIALS LAST IN A PERSON'S BODY?

Immunization against COVID-19 will help protect you for the near future, but it's still not clear how long the protection will last. We will have a clearer picture of how long immunity lasts in years to come when we have collected more data. Both natural immunity and immunity from the vaccine are important ways to fight COVID-19 that experts are trying to learn more about, and places like the CDC will keep the public informed as new evidence becomes available.

6. DO ANY OF THE VACCINES INCLUDE MRNA? IF SO, WHAT IS MRNA?

Yes. mRNA vaccines have been in development for years and have been proven to be safe and effective. They build immune protection by copying the shape of the virus without actually including a piece of the virus itself.

mRNA stands for messenger ribonucleic acid and can most easily be described as instructions for how to make a protein, or even just a piece of a protein.

mRNA is not able to alter our genetic makeup (DNA).

The mRNA from a COVID-19 vaccine does not affect or interact with our DNA in any way. Instead,

COVID-19 vaccines that use mRNA work with the body's natural defenses to safely develop immunity to disease.

7. ARE THERE SIDE EFFECTS?

It's normal to experience some mild discomfort following a vaccine. This means it's working and creating an immune response in your body.

You may feel soreness or experience some swelling in your arm. You may also feel tired, have a headache, fever, or chills. These symptoms do not mean you have COVID-19 — it's not possible to get COVID-19 from the vaccine.

These symptoms may impact your daily activities, but they shouldn't last more than 2-3 days. If they continue or get worse, call your doctor, nurse, or clinic.

Even if you have these types of effects after your first shot, it's important to make sure you get the second one, unless a vaccination provider or your doctor tells you not to get a second shot. Ask your doctor

if you have questions. Your body takes time to build immunity. You may not be fully protected against COVID-19 until 1-2 weeks after your second shot.

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your symptoms are worrying you or do not seem to be going away after a few days
- If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911. Learn more about COVID-19 vaccines and rare severe allergic reactions.

8. HOW WILL PRE-EXISTING HEALTH CONDITIONS IMPACT THE VACCINE? WILL IT CAUSE ADDITIONAL SIDE EFFECTS?

People with underlying medical conditions can receive the FDA-authorized COVID-19 vaccines. In fact, vaccination is especially important for adults of any age with certain underlying medical conditions, like diabetes and high blood pressure, because they are at increased risk for severe illness from COVID-19. Ask your doctor if you have specific questions.

9. IS THE VACCINE SAFE FOR THOSE WHO ARE IMMUNOCOMPROMISED?

People with autoimmune conditions may receive an mRNA COVID-19 vaccine. However, they should consult with their doctor, nurse or other health provider to discuss whether to get a COVID-19 vaccine.

10. HOW DO THESE VACCINES PROTECT ME?

When we get a vaccine, it activates our immune response. This helps our bodies learn to fight off the virus without the danger of an actual infection. If we are exposed to the virus in the future, our immune system "remembers" how to fight it.

Some COVID-19 vaccines use messenger RNA, or mRNA. mRNA vaccines do not contain a live virus — they give our bodies "instructions" for how to make and fight the harmless spike-shaped proteins that will protect against a COVID-19 infection. While these vaccines use new technology, researchers have been studying them for decades.

11. HOW MANY PEOPLE NEED TO GET VACCINATED?

Medical experts do not know exactly what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. Herd immunity is a term used to describe when enough people have protection — either from previous infection or vaccination — that it is unlikely a virus or bacteria can spread and cause disease. As a result, everyone within the community is protected even if some people don't have any protection themselves. The percentage of people who need to have protection in order to achieve herd immunity varies by disease.

12. WHY IS THERE MORE THAN ONE TYPE OF COVID-19 VACCINE?

Many teams of medical experts around the world have helped in the search for a safe and effective COVID-19 vaccine — including many of the leading doctors here in the United States.

Having multiple vaccines in development and production is crucial so that vaccination programs can be rolled out in many different countries at the same time, reaching as many people as possible.

Hundreds of millions of vaccine doses have already been distributed and hundreds of millions more are in production. New vaccine candidates are also in development which may provide more options, as well as additional quantities for the American people.

13. WHAT TYPES OF VACCINES ARE THERE?

Many vaccines work with harmless pieces of the spike-shaped proteins on the outer shell of the virus, instead of the entire virus. These proteins aren't infectious — our immune system recognizes that the virus' proteins in the vaccine don't belong in our body and learns how to fight them off.

Messenger RNA (mRNA) vaccines teach our body how to make the harmless protein pieces and protect us from the viruses that contain them. This produces antibodies, which are part of our body's immune system defenses, that fight off the virus if it enters our bodies. It's important to note that mRNA vaccines help build protection to a very specific type of protein and do not interact with our DNA in any way.

14. HOW DO I GET VACCINATED AGAINST COVID-19?

State and local governments will ultimately decide when each group gets access to vaccines based on the local supply. That way, communities can set the priorities that work for them. The federal government does not mandate vaccines or set the rules for each community.

As more vaccines are produced over the first half of 2021, more people will be able to get vaccinated based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and the CDC.

If you have questions, make sure you talk to your doctor. Some people — like pregnant women or people with certain severe allergies — might be told to wait to get a specific vaccine once it's available.

Your doctor should be able to tell you when and where you can get your shots. It might be at a hospital, the doctor's office, a pharmacy, or a drive-thru clinic.

15. IF I'VE ALREADY HAD COVID, WHEN CAN I TAKE THE VACCINE?

If you've had COVID-19 in the past 90 days, talk to your doctor about when you should get vaccinated. People who have already had COVID-19 should still eventually get vaccinated to ensure they are protected.

Over the next few months, with more and more people getting vaccinated, we will find out more about how the vaccines protect people who have already had COVID-19.

COVID-19 vaccination should be offered to you regardless of whether you already had COVID-19 infection. You should not be required to have an antibody test before you are vaccinated.

However, 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.

16. HOW MUCH DOES IT COST?

There shouldn't be a cost to get vaccinated. Insurance providers will cover the cost of the vaccine, and the

U.S. government has set up a system to cover costs for those who do not have insurance.

Vaccine doses bought by the U.S. government will be given to the public for free, however, vaccination providers will be able to charge an administration

fee for giving the shot to someone. Vaccine providers can get this fee reimbursed by the patient's public

or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.

17. DO VACCINES PROTECT AGAINST NEW VARIANTS?

New variants of the virus that causes COVID-19 illness have emerged. Current data suggest that COVID-19 vaccines used in the United States should work against these variants. For this reason, COVID-19 vaccines are an essential tool to protect people against COVID-19, including against new variants. CDC recommends getting vaccinated as soon as a vaccine is available to you.

18. DO I STILL NEED TO WEAR A MASK ONCE I'M FULLY VACCINATED?

If you're fully vaccinated, you can safely resume many activities without having to wear a mask or stay six feet away from others—unless required by federal, state, local, tribal, or territorial laws or regulations, including business and workplace guidance.

If you travel, you should still take steps to protect yourself and others. You must still wear a mask on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations.

CDC is continuing to update guidelines as more information becomes available, so please visit their website for the latest recommendations.

19. WHEN CAN I GET BACK TO MY LIFE?

We need to work together to get to the end of this pandemic.

While trial data suggests authorized COVID-19 vaccines are highly effective, we will only manage the pandemic if enough people take them.

Vaccine manufacturers are producing and distributing millions of doses of the vaccines, but they won't all be available at once. Twhat's why certain high-risk groups are getting them first.

Healthcare workers, seniors in long-term care facilities, frontline workers, and individuals over the age of 75 are the most vulnerable and will be able to get the vaccine first in most states. More doses will be available to other groups in the spring as the supply increases.

Until enough people have been immunized against COVID-19, we should continue wearing masks, staying 6 feet apart from people we don't live with, avoiding crowds, and washing our hands.

For more resources to make informed decisions about COVID-19
visit **Faithcommunityvaccinetoolkit.org**

Questions Answered About the COVID-19 Vaccine

By Nailah Thompson, DO, MPH

My 67-year old mom recently called to let me know she'd gotten her first dose of the COVID-19 vaccine. She said it went well, but she was surprised that she was the only black or brown person she noticed getting the vaccine.

My mom isn't the only one concerned about this. We know that black and brown communities are getting the virus more and are dying at higher rates than white communities, but fewer of us are getting the COVID-19 vaccine.

As a primary care doctor at the Kaiser Permanente Oakland Medical Center, I get a lot of questions about the vaccines. Many people are confused because there are now 3 approved vaccines, and two of them are the first of their kind. I also understand that our community's history of being mistreated by the medical profession and our ongoing health disparities can make it hard to trust the health care system.

Below are some answers to questions that come up often with my patients, family, and friends.

The vaccines were developed quickly. Are they safe?

Yes, they are safe. The vaccines were developed quickly because there had already been decades of research into the technology that the vaccines rely on, and the federal government provided significant financial and other support to vaccine developers. A safety board approved every study, and the U.S. Food and Drug Administration carefully reviewed the data from every phase of every vaccine trial. I looked carefully at the science and the data and based on that information I decided it was safe to get vaccinated.

KAISER PERMANENTE®

Do the vaccines alter your DNA?

They do not. You may have heard that the vaccines made by Moderna and Pfizer use mRNA, not DNA. mRNA teaches our cells to make specific proteins that stimulate our immune system to create antibodies to a virus. This keeps us from getting sick. mRNA does not interact with or alter DNA. In fact, cells break down and get rid of mRNA after it does its job.

Do the vaccines contain the COVID-19 virus?

No. The COVID-19 vaccines do not contain the virus and will not give you COVID-19.

Were communities of color part of the vaccine clinical trials?

Yes. The trials included adults from all backgrounds, races, ethnicities, and geographic areas. Vaccine researchers worked alongside community organizations, health clinics and faith leaders to include people of color as volunteers.

What about side effects?

You may have mild to moderate side effects in the first 24 to 36 hours, and that's normal. It's a sign your body is building immunity against the virus. Some common side effects are fever, fatigue, headache, chills, muscle and joint pain. An extremely small number of people who have a prior history of allergies to vaccines have had an allergic reaction, which is why you will be monitored for 15 to 30 minutes after getting the vaccine. If you do have vaccine allergies, you should discuss the vaccine with your doctor.

Is there any charge for me to get the vaccine?

No. You won't be charged for getting the vaccine.

Whether or not you decide to get vaccinated is an important personal decision. I decided to get the vaccine because I believe it's our best tool to end the pandemic and the suffering it's caused in our communities.

There have been challenges with getting enough vaccine supply, and Kaiser Permanente, like other health care systems, is working to get more. We're also working to ensure we're giving the vaccine equitably, making sure people who are at highest risk of getting infected, or dying from COVID-19, get vaccinated first.

Learn more about COVID-19 vaccine myths and facts at cdc.gov

Dr. Nailah Thompson is an internist with The Permanente Medical Group at the Kaiser Permanente Oakland Medical Center.

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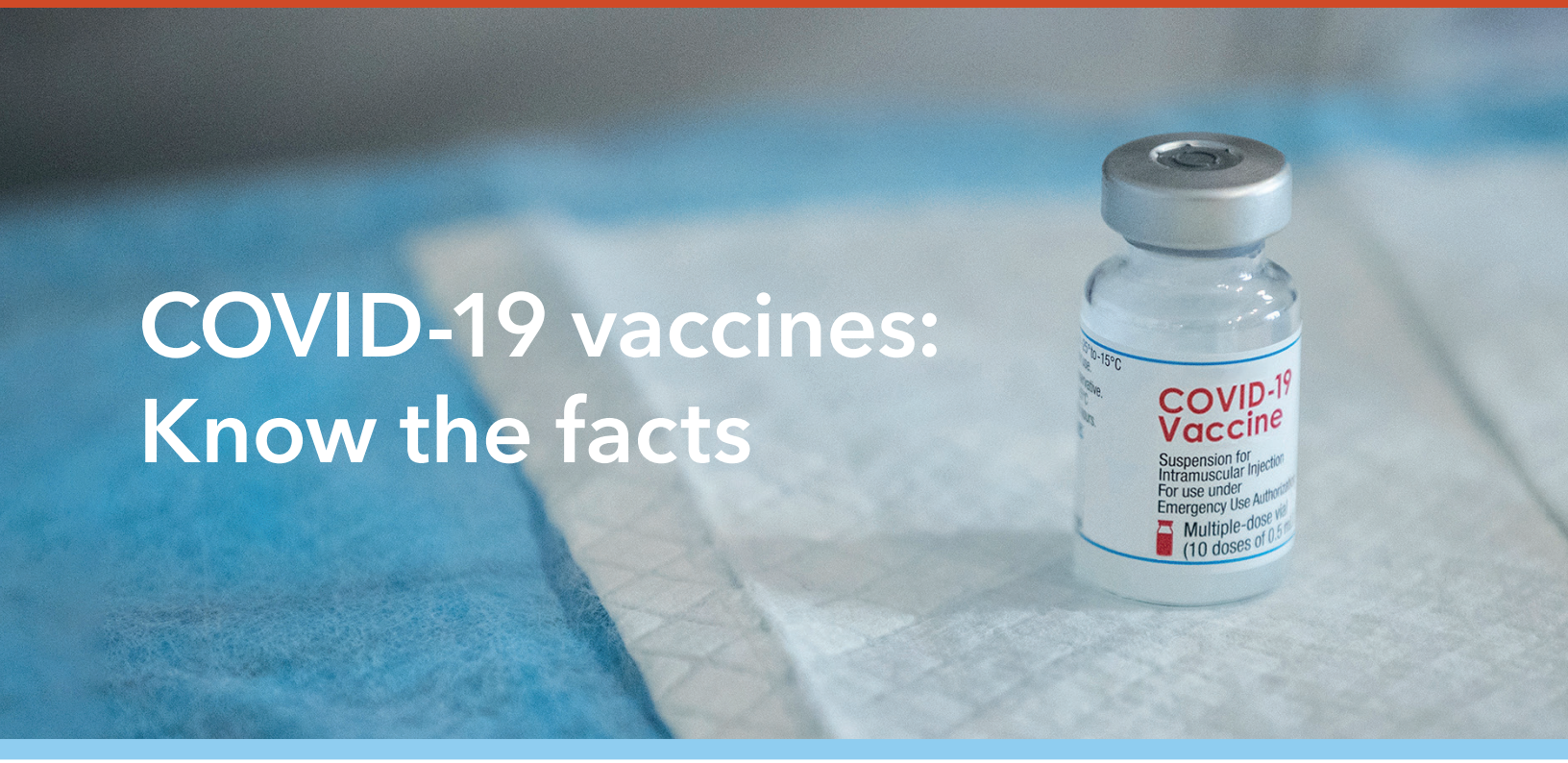


COVID-19 vaccines: Know the facts

COVID-19 vaccines play an important part in protecting ourselves, our families, and each other from the coronavirus. Arm yourself with COVID-19 vaccine details so you'll be ready to get vaccinated when it's your turn.

Fact: COVID-19 vaccines have been rigorously evaluated for safety and effectiveness.

All COVID-19 vaccines currently authorized for use have gone through rigorous studies to ensure they are safe to use. In addition, systems are in place across the country that allow the Centers for Disease Control and Prevention to watch for safety issues on an ongoing basis.

Fact: You can't get COVID-19 from the vaccines.

The vaccines do not contain the live COVID-19 virus and cannot give you COVID-19. They take advantage of the body's natural immune response to generate protection.

Fact: Like most vaccines, these can produce generally mild and temporary side effects.

Some people who've received the COVID-19 vaccine have reported fevers, fatigue, muscle aches, and soreness around the injection site. These side effects are normal and a sign that the body is building immunity.

(continued from front)

Fact: You should still get vaccinated, even if you already had COVID-19.

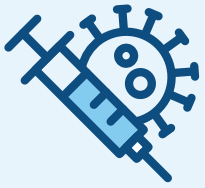
Due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, you should get vaccinated regardless of whether you already had COVID-19 or not. The immunity gained from having an infection, called natural immunity, varies from person to person.

Fact: Even after getting vaccinated, you still need to wear a mask, practice social distancing, and wash your hands often to help stop COVID-19.

While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it's important for everyone to continue using all the tools available to help stop this pandemic. That means you should continue covering your mouth and nose with a mask, washing your hands often, and staying at least 6 feet away from others, even after getting vaccinated.

Fact: COVID-19 messenger RNA, or mRNA, vaccines cannot alter your DNA.

The vaccines that use mRNA do not change or interact with your DNA. Instead, the mRNA vaccines teach your cells how to make proteins that help your body build immunity and protect you from the virus.



Visit kp.org/covidvaccine for more information about vaccination eligibility and scheduling, and vaccine availability.