Frequently Asked Questions (FAQs) for COVID-19 Vaccine Providers

This running FAQ document will be updated each Monday.
Latest update: February 1, 2021

- Denotes new Q/A
- Language updates in green font

Administering COVID-19 Vaccines to Patients and Staff

How do we register to be a COVID-19 vaccine provider, and where do we find training material for our staff to vaccinate?

The application to become a COVID-19 Pandemic Vaccinating provider is on the Health Care Provider & Laboratories webpage. Register by using the “Register to Become a COVID-19 Pandemic Vaccinating Provider” link. The webpage also has vaccine storage and handling guidance and training modules for providers.

After we register to be a COVID-19 vaccine provider, when will we receive vaccine to start vaccinating?

That depends on what population your facility will be vaccinating. Currently, we have a very limited supply of vaccine from the federal government. As a result, we are having to allocate this vaccine primarily to health departments, hospitals, and pharmacies working to vaccinate long-term care facilities. As a greater supply becomes available, we will be able to increase the number of sites that receive vaccine. Once you have completed the onboarding process, you will be ready to receive the vaccine when our supplies increase. We will let you know when we can send vaccine your way. We look forward to working with our community partners as soon as possible.

If someone has already been diagnosed with COVID-19, do they still need to get the vaccine when the time comes for their designated phase?

According to the CDC, individuals previously diagnosed with acute SARS-CoV-2 infection in the past 90 days may elect to delay vaccination as data suggest that reinfection is unlikely during that period. However, data from clinical trials indicate that mRNA COVID-19 vaccines are safe in persons with evidence of a prior SARS-CoV-2 infection and prior infection is not a contraindication to vaccination. Testing for antibodies prior to vaccination is not recommended. Specific more detailed information from ACIP regarding vaccination in previously infected individuals is available here.
**Are there any timing concerns with receiving the COVID-19 vaccine and timing of administration of any other types of vaccines?**

According to CDC, given the lack of data on the safety and efficacy of the COVID-19 vaccine administered simultaneously with other vaccines, the vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines. If the COVID-19 vaccine is inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

**If an employee/patient cannot receive the 2nd dose of vaccine at the correct time, how many days after can the dose be given?**

The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly:

- Pfizer-BioNTech (30 µg, 0.3 ml each): three weeks (21 days) apart
- Moderna (100 µg, 0.5 ml): one month (28 days) apart

Persons should not be scheduled to receive the second dose earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]). The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

**What are the known contraindications for the Pfizer or Moderna vaccines?**

Known contraindications include age <16 years for the Pfizer vaccine and <18 years for the Moderna vaccine. Severe allergic reaction (e.g., anaphylaxis) to any vaccine component is also a contraindication for both the Pfizer-BioNTech and Moderna COVID-19 vaccines.

**What are the recommendations regarding either mRNA COVID-19 vaccine for individuals who have a history of anaphylaxis?**

Anaphylactic reactions in persons who received Pfizer COVID-19 vaccine outside of clinical trials have been reported. While these reports are further investigated, CDC considers a history of severe allergic reaction to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous) as a precaution but not a contraindication to vaccination for both the Pfizer-BioNTech and Moderna COVID-19 vaccines. Individuals with history of anaphylaxis to injected or infused medications, including vaccines, may be vaccinated but should receive vaccine in a location where they can receive appropriate care, if necessary. These individuals should be observed for 30 minutes after receiving vaccine. Allergic reactions not related to vaccines or injectable therapies (e.g., food, pet, venom, or environmental allergies; allergies to oral medications [including the oral equivalents of injectable medications]) are not a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine. More information available [here](#).

**Are there additional clinical considerations for persons who have previously received passive antibody**
therapy for COVID-19?
Currently, there are no data on the safety and efficacy of mRNA COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. Based on the estimated half-life of these therapies as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

Can immunocompromised people receive the vaccine? If so, are their symptoms worse?
Yes. Immunocompromised individuals were included in the clinical trials. Those who are immunocompromised may not mount the same level of protection in response to the vaccine as those who are not immunocompromised.

Is a consent form required for individuals to sign in order to receive the vaccine?
Written consent is not required. Federal law requires the Emergency Use Authorization information sheet to be provided to individuals before vaccination, but no signature is required. If your facility chooses to use a consent from, the template is available on the Tennessee Department of Health website [here](#).

Will Vaccine Information Statements (VIS) be available at the time of vaccine administration?
A VIS sheet will not be issued for COVID-19 vaccines under EUA. An EUA information sheet will be issued after EUA approval, and it is required that patients receive this multi-page sheet before vaccination.

Is there any post-vaccination guidance regarding what employers should do if someone develops potential COVID-19 symptoms?
If the person is experiencing mild symptoms normally seen following a vaccine, the CDC would not recommend testing at that point. CDC recently released helpful post-vaccine considerations for healthcare personnel available [here](#).

What do we do if we cannot get 6 full doses from the Pfizer vial? Can we combine vials?
DO provide every 0.3ml dose that can be drawn from a vial of the Pfizer vaccine. You MAY NOT combine overfill from multiple vials to achieve an additional dose. Doses that are <0.3ml must be discarded.

- How do we report the 6th dose from the Pfizer-BioNTech vials?
Pfizer-BioNTech vials will be reported as having 6 doses starting 1/26/21. Low dead-space needles are necessary to get 6 doses from the vials. Kits with enough supplies for 1,170 doses will be sent with future allocations starting 1/26/21; low dead-space needles are included in the kits.

Is there a protocol for what to do if there are unused doses at the end of the day?
Due to the very limited supply of vaccine currently available, the primary goal is to only remove from storage enough vaccine needed for planned administration. However, if you have a vial reconstituted with doses remaining at the end of the day, please do everything possible to use every dose and prevent waste of vaccine.

Is there a need for volunteers to serve at vaccination sites? Specifically, is there a need for RNs to assist with vaccinations for county health departments?
Yes, there is a need for licensed health professionals throughout our state to assist some of our health department vaccination efforts. We have been referring volunteers to the Medical Reserve Corp website here as they are helping to coordinate volunteer efforts where they are needed most.

Is there adequate supply of 2nd doses of vaccines from the federal government?
To our understanding at this time, there are adequate supplies of vaccine for second doses following all first doses. We have not heard otherwise from the federal government. Your location should not plan to hold any vaccine back at any point of this process as our goal remains to get as many vaccines into arms as quickly as possible. Second doses will be allocated by central office as they are needed and documented.

What is being done to ensure that the second dose of Pfizer vaccine is given at 21 days like it was in the study?
Second doses of vaccine are prioritized by the state and planned for allocation. A second-dose shipment is automatically allocated and sent from TDH to vaccine providers to ensure the vaccine is available for second doses. Separately, after receiving the vaccine, individuals receive a card with the specific manufacturer name and date of second dose vaccination. Individuals also receive a specific reminder text, call or card through the state immunization program registry (TennIIS).

When will individuals be sent a reminder to receive their second dose through TennIIS?
If individuals have a phone number documented in TennIIS, they will receive a message approximately two days before their due date to schedule the second dose.

How long after the second vaccination should someone wait to get the pneumonia vaccination or shingles vaccination?
It is currently recommended that the vaccine series be administered alone with a minimum interval of 14 days before or after any other vaccine. mRNA COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus toxoid-containing vaccination as part of wound management, measles or hepatitis A vaccination during an outbreak) or to avoid barriers or delays to mRNA COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations prior to/upon admission or onboarding).
Is there anything known about the possibility of reactivation of Bell’s palsy after receipt of the Moderna vaccine?
Cases of Bell’s palsy have been reported following vaccination in participants of both the Pfizer and Moderna COVID-19 vaccine clinical trials, though the FDA does not consider these to be above the frequently expected in the general population and has not concluded these cases to be causally related to the vaccines. In the absence of additional evidence, people with a history of Bell’s palsy may receive an mRNA COVID-10 vaccine unless they have an alternative contraindication.

Is information about vaccine side effects being updated on the CDC website using V-safe responses? Is there a place to read this information on reported side effects online?
Reports to V-safe indicating a medically significant health impact, including pregnancy, are followed up by the CDC/V-safe call center to collect additional information to complete a VAERS report if appropriate. VAERS reports are not publicly available at this time, though CDC will periodically update clinical information as needed to inform decision-making for medical providers as information on vaccine side effects becomes available. Current information on vaccine side effects can also be found on the vaccine fact sheets.

Is there a plan for getting vaccines to older adults in the community who do not have transportation?
Homebound individuals meeting criteria for vaccination in TN are of high priority; a plan for providing vaccine to these individuals is in process of being developed.

I saw information stating that vaccines for individuals were required to be residents of those counties. Is that the case?
No, we are not requiring proof of residency at time of vaccination. COVID-19 vaccines are a federal resource administered locally by states and other partners to ensure the protection of the population, with those at highest risk receiving vaccines as the first priority. Every dose of vaccine given helps prevent a potential hospitalization and a potential death. Persons are strongly encouraged to receive their dose(s) in the county in which they live in order to facilitate population-based allocation, but it is recognized that some individuals may seek medical care or maintain employment away from their home county and seek vaccination there.

Can we vaccinate out of state residence?
Yes. COVID-19 vaccines are a federal resource administered locally by states and other partners to ensure the protection of the population against the novel coronavirus, with those at highest risk receiving vaccines as the first priority. Every dose of vaccine given helps prevent a potential hospitalization and a potential death. Persons are strongly encouraged to receive their dose(s) in the county in which they live in order to facilitate population-based allocation, but it is recognized that some individuals may seek medical care or maintain employment away from their home county and seek vaccination there.

If someone has a history of severe reactions to prior vaccinations without known etiology, do
you advise they still get the vaccine?
A history of any immediate allergic reaction to vaccines or injectable therapies is considered a precaution to vaccination (except those related to component of mRNA COVID-19 vaccines or polysorbate, as this is a contraindication to vaccination). CDC recommends these individuals undergo a COVID-19 risk assessment prior to vaccination, consideration of deferral of vaccination and/or referral to an allergist-immunologist, and a 30 minutes observation period if vaccinated. Additional information available here.

Pregnant and Breastfeeding Populations

If a person is pregnant, should they receive an mRNA COVID-19 vaccine?
According to the CDC, pregnant people are at increased risk for severe illness from COVID-19 compared to non-pregnant people based on what we know now. Additionally, pregnant people with COVID-19 might be at increased risk for other adverse outcomes, such as preterm birth. Currently there are no studies on safety and efficacy of COVID-19 vaccines in pregnant women to inform vaccine recommendations. ACIP has stated that pregnant and lactating women may receive either mRNA Covid-19 vaccines if they are in a high-risk phase or group. A conversation between the patient and their healthcare provider may help the patient with the decision about taking the vaccine.

Should individuals receive an mRNA COVID-19 vaccine if they are planning to get pregnant?
There is no recommendation for pregnancy testing before getting a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after an mRNA COVID-19 vaccination.

Is there any reason to choose one vaccine over another for pregnant or breastfeeding populations?
Not at this time. We only know specifics around mRNA COVID-19 vaccines now, although it is likely that some vaccines will have advantages over others in specific populations as more become available. ACIP has advised that pregnant and lactating women may receive the mRNA COVID-19 vaccine. A conversation between the patient and their healthcare provider may help the patient with the decision about taking the vaccine.

Should individuals receive the COVID-19 vaccine if they are breastfeeding?
There are no data on the safety of COVID-19 vaccines in breastfeeding people or the effects of mRNA vaccines (like the Pfizer or Moderna vaccine) on breastfed infants. mRNA vaccines are not thought to be a risk to the breastfeeding infant. A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated. A conversation between the patient and their healthcare provider may help the patient with the decision about taking the vaccine.

Pharmacies
**Where do pharmacists fit into the distribution plan?**
Pharmacists are currently being onboarded to provide COVID-19 vaccines, with priority going to onboarding those pharmacies with existing relationships with long-term care facilities and those in counties with no access to vaccines outside of county health departments.

**Is vaccine anticipated to only go to CVS/Walgreens? Or will approved independent pharmacy providers be included, and how soon will they be onboarded?**
We welcome participation from independent pharmacy providers and strongly encourage them to register as providers. To register as a pandemic vaccine provider, fill out this survey. The onboarding of pharmacies will begin as counties enter into particular population phases, and the distribution of vaccine will start when the state receives enough vaccine to distribute to pharmacies.

**Does Tennessee allow bulk uploads of applications for providers with multiple locations, such as chain pharmacies?**
No, each site requires its own Section B of the CDC Provider Agreement.

**Why are Walgreens and CVS receiving vaccines?**
Walgreens and CVS are receiving vaccine now because they are in the Pharmacy Partnership for Long-Term Care (LTC) Program and they are vaccinating at our Long-Term Care Facilities in Tennessee.

**Is Walmart taking appointments or walk-ins?**
Only a few Walmart locations are allocated vaccine in certain counties, and they are required to stay in the current phase for that county. Walmart is vaccinating by appointment only.

**Long Term Care Facilities**

**What is the "Federal Pharmacy Program" that you referenced during your presentation?**
The Pharmacy Partnership for Long-Term Care Program is facilitating on-site vaccination of residents and staff at enrolled long-term care facilities (LTCFs) while reducing the burden on LTCF administrators, clinical leadership, and health departments in TN. More information is available here.

**Why are some assisted living facilities or residential homes for the aged not being scheduled to receive vaccine now?**
TN has activated both Phase A and Phase B of the Federal Pharmacy Partnership, which has been vaccinating nursing homes and skilled nursing facilities. This Federal Pharmacy Partnership will provide vaccine to nursing home/skilled nursing facility staff and residents (though if staff arrive at a health department as a Phase 1a1 individual, they should not be turned away). Vaccine is distribution is limited by speed of vaccine allocation from the federal government;
scheduling for each facility is directed by the pharmacies involved in the partnership, not the state or local health departments.

**Are assisted living/retirement facilities defined as Long Term Care Facilities?**

LTCFs are defined as nursing homes/skilled nursing facilities, assisted living centers, residential homes for the aged, residential centers for individuals with intellectual and developmental disabilities and group homes.

**We are a Long-Term Care Facility. If we apply to become a pandemic vaccine provider, are we guaranteed to get vaccines?**

At this time, there is no plan to position the vaccine in LTCFs. Staff and residents of LTCFs will be vaccinated through the federal partnership with Walgreens/CVS, through agreements with local pharmacies, or health department vaccination teams.

**If we receive the vaccine, will we get into long term care facilities to see family?**

There is currently no federal guidance on this issue.

**Is there any guidance on LTCF residents with immunocompromised conditions receiving vaccine?**

Immunocompromised individuals may receive the vaccine. Immunocompromised individuals were included in clinical trials for both Pfizer and Moderna vaccines, though they may not mount the same level of protection in response to the vaccine as those who are not immunocompromised.

**How do the facilities know if they signed up correctly to be partnered with either CVS/Walgreens?**

If your facility is a CMS-certified long-term care facility and currently reports data through the National Healthcare Safety Network (NHSN), please log in to NHSN via the SAMS portal (https://sams.cdc.gov) and look for the link to the Pharmacy Partnership Program under Alerts. You will **not** receive a confirmation email after enrolling. CDC will communicate this information to your chosen pharmacy provider. When it is time to schedule on-site clinics, CVS or Walgreens will reach out directly to your facility to coordinate the event. If you have remaining questions about your pharmacy partner, you can contact the Tennessee Pharmacists Association (at Covid19@tnpharm.org) for more information.

**If you have a resident scheduled to take the vaccine and they test positive a few days prior, should they wait and take the vaccine later or can they take it as scheduled?**

They should wait to take the vaccine. According to CDC, vaccination of individuals with current SARS-CoV-2 infection should be delayed until the person has recovered from the acute illness (if they had symptoms) and criteria have been met for them to discontinue isolation. There is no recommended minimum interval between infection and vaccination, current evidence shows that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until
near the end of this period, if desired.

**Is consent required for vaccination? If we choose to get consent, which form should we use?**
Written consent is not required. Federal law requires the Emergency Use Authorization information sheet to be provided to individuals before vaccination. If you choose to obtain consent, there is a sample consent form available on the COVID-19 Vaccine Provider Website, linked here. The Pharmacy Partnership Program will provide their own consent forms.

**Will facilities need a provider agreement with the pharmacy administering the vaccine?**
No. If a facility opts into the Pharmacy Partnership Program, they do not have to sign a CDC COVID-19 Vaccination Program Provider Agreement. CVS or Walgreens staff will be responsible for administering the vaccine and signing the agreement. However, if a facility will be involved in vaccine administration after the Pharmacy Partnership Program ends (e.g., for staff or for new residents), then a provider agreement must be signed with their state.

**Is vaccination recommended for recovered residents and staff who have already had COVID-19?**
According to the CDC, individuals previously diagnosed with acute SARS-CoV-2 infection in the past 90 days may elect to delay vaccination as data suggest that reinfection is unlikely during that period. However, there is no harm in getting the vaccine if patients or staff have already had COVID-19 and prior infection is not a contraindication to vaccination. Testing for antibodies prior to vaccination is not recommended. Specific information for the mRNA vaccines is available from ACIP here.

alternate location at the LTCF site, such as a parking lot or separate building (to help protect residents currently living at the facility). Walgreens has shared this with partnering LTCF.

**Will facilities be required to submit any data regarding COVID-19 vaccine into NHSN?**
Not that we are aware of at this time. The only requirement is that vaccines be reported into TennIIS.

**How will PCR testing be carried out after residents are vaccinated?**
At this time, CMS guidance is unchanged regarding testing for staff and residents. There may be updates to this guidance in the future, but until then, testing should continue as it is currently.

**Will Pharmacy Program staff be tested before entering our facility to perform vaccination clinics?**
Yes, all pharmacy partner staff must be tested following the CMS testing guidance in QSO-20-38-NH (at the cost of the pharmacy partner, not facility). The Pharmacy Partnership Program for Long-term Care (LTC) Program will facilitate safe vaccination of this critical patient population. Participating pharmacies in the federal pharmacy partnership will be tested according to CMS guidance, and TDH is communicating testing requirements to independent pharmacies as well.
Outpatient Healthcare Clinics / Primary Care Clinics

Why are we not giving the vaccine to outpatient medical providers to supply their patients?
At this time, the state is not receiving enough vaccine from the federal government to distribute to our outpatient medical partners, though we hope to engage them very soon. Allocating the vaccine to individual medical offices with more restricted hours and access in an equitable way without favoring one business entity over another is difficult. Until the supply increases, we plan to position vaccines in more centralized locations that can serve many people without regard to insurance status or if they are an established patient with that practice. We will eventually distribute to medical practices, but for now, the focus is access to all populations.

How do we ensure that we are on a list for our clinic to receive the vaccine? What are your plans for getting doses to Primary Care Providers to help with outreach to seniors? At what stage will Community Health Centers (FQHCs) be on-boarded as vaccine providers?
Clinics may complete the onboarding process to be a COVID-19 vaccine provider by completing the CDC provider agreement and onboarding process available on the TN Department of Health website here. At this time, we have a very limited supply of vaccine and are currently only able to provide this vaccine to health departments, hospitals and pharmacies working to vaccinate long-term care facilities. Therefore, we are working to complete the onboarding process for these facilities first, before outpatient clinics and community health centers. When vaccine becomes more readily available we will be excited to partner with medical offices and clinics that are willing to administer vaccines to the public.

Are all outpatient physicians in the Phase 1a2 group?
Yes, outpatient healthcare providers are included in group 1a2. There is no pre-approval process to be included in this group. Vaccines for those in 1a2 will be made available at local health departments and through partnerships with other local stakeholders. All county health departments are focused on providing vaccine to group 1a1 at this time and will transition to 1a2 as they complete 1a1. Note this means that counties will progress through the phases at different paces. More information about various locations to get the vaccine for this group will be made publicly available as soon as possible.

How are healthcare workers not working in hospitals to be notified when they will be vaccinated? Do we check with the Local Health Department?
Healthcare workers not working in hospitals will be vaccinated in Phase 1a2—most likely in mid-late January. TN Department of Health will begin sending communication on Fridays through TN Health Alert Network messaging systems with information for the following week.

What specifics are taken into consideration regarding the patient population for healthcare clinics?
All healthcare workers are in Phase 1. Hospital workers are sub-prioritized as Phase 1a1 to
maintain critical hospital infrastructure.

**Who will determine when smaller, non-hospital healthcare facilities will be able to vaccinate their staff and how?**

Phases are informed by federal guidelines, the Unified Command Group, and Tennessee's COVID-19 Vaccine Stakeholder Group. Outpatient healthcare facility staff are included in Phase 1a2.

**Where do outpatient primary care and family practice health clinics fall in the vaccine allocation Phases? We are typically the first ones to see patients and test due to symptoms.**

Outpatient healthcare is in Phase 1a2. Staff will most likely be vaccinated through events held by county health departments and through partnerships with other local facilities or partners. Clinics may also register to receive vaccine allocations to assist with vaccinating the general public. To begin the registration process, visit the [COVID-19 Vaccine webpage](https://covid19.tn.gov/covid-19-vaccines/) and complete the survey and other requirements listed under COVID-19 Vaccine Partners Onboarding and Regulation section.

**Is there a plan to vaccinate family members of the same household of healthcare workers sooner, or do family members fall into individual risk groups?**

Family members of healthcare workers will be included in phases according to their individual risk.

**General Vaccine Distribution Questions**

**How will patients know when it’s their turn to receive the vaccine, and how do they register?**


2. **Find the Phase Your County is Vaccinating:** To learn what phase your county is vaccinating, visit [https://covid19.tn.gov/covid-19-vaccines/county-vaccine-information/](https://covid19.tn.gov/covid-19-vaccines/county-vaccine-information/)

3. **Register for a Vaccination Appointment:** People who are in a phase currently being vaccinated in their county can register online at [https://covid19.tn.gov/covid-19-vaccines/county-vaccine-information/](https://covid19.tn.gov/covid-19-vaccines/county-vaccine-information/) for an appointment time to receive a vaccination through their county health department. Click your county on the map and then click “Make an Appointment” to register. Those who register will be asked to enter their name and contact information to be notified of their appointment date, time, and location as soon as vaccine becomes available.
Who decides the phases and how the vaccine is distributed?
The TN Department of Health, in partnership with the State Government and the TN COVID-19 Pandemic Vaccine Stakeholder Group, has developed a vaccination plan based upon the National Academies of Sciences, Engineering and Medicine's Framework for Equitable Allocation of COVID-19 Vaccine and the CDC's Playbook for Jurisdictions. You can read Tennessee’s Vaccination Plan and find more information about COVID-19 vaccines here.

Our staff are not on the front lines, but they are essential and considered critical infrastructure (support staff, dispatchers, etc.) why are they not in a higher priority phase and eligible to receive the vaccine sooner?
While COVID-19 vaccine supplies are limited, Tennessee’s vaccination plan focuses on providing vaccines to those at highest risk of becoming infected with the virus and suffering from life-threatening disease. The plan hopes to help protect those Tennesseans who are most vulnerable or at highest risk of infection, protect those with no means to socially distance, and to protect the systems that keep us all safe. We will work as quickly as possible to provide vaccines to Tennesseans according to the phased approach set out in the state’s plan, which is posted here. As vaccine supplies become increasingly available, we look forward to accelerating through our phases to cover the maximum number of Tennesseans in the shortest time possible.

Does the system guarantee that those who get the first dose also get the second of the same vaccine?
Tennessee plans for those who get dose one also to get dose two. However, it is possible that anticipated doses may not be received by the state, which could impact the ability to get the second dose on time.

Will CPS investigators with DCS who must visit children’s homes be included as first responders?
At this time, CPS investigators are not considered first responders.

Will vaccine go directly to university student health centers?
Student health centers are encouraged to register as COVID-19 vaccine providers. If they meet the requirements to receive the vaccine on-site, they will receive allocations when the appropriate phase opens.

Why we are going to a 70+ category when we haven’t received enough vaccine to cover our 75+ population?
We are currently at 75+, and when that 75+ population is completed or when local areas feel they have reached that population to the best of their ability, they will move to 70+. That will happen before they go to Phase 1b.

What do we do about “snowbirds”, university students, others who receive their 1st dose in another state and are in TN when they should receive their second dose?
If they have their original vaccination card or some other form of proof of vaccine type with date, give them the dose if they are due (even if they are out of phase according to the TN Plan).

**What if individuals arrive for a second dose but don’t have their vaccination card/proof of the first dose?**
Vaccinate based on the date they remember getting their first dose. You may be able to check TennIIS because some states are also reporting into TennIIS when vaccinating TN residents.

### Prioritized Populations and Phased Allocation

**How is the state making sure the minority population is being vaccinated?**
We are working with our local partners to ensure minority populations are being vaccinated.

**What steps are being taken to ensure vaccine goes to people in the appropriate phases so that there is not excess at the end of the day needing to be administered to people potentially not in the target groups?**
All vaccinating providers are asked to follow the State’s plan as published and are asked to only remove from storage what doses are expected to be used in the priority population at the time of the clinic. If there are doses left at the end of an event, the number should be very small. It is suggested that providers have a list of volunteers willing to receive the vaccine with very little notice so as to avoid wasting any doses.

**How will we know when Tennessee moves to the next Vaccination phase?**
Phases are fluid and will differ by county. Counties will move on to a new vaccine allocation phase when they begin to see slowed uptake from individuals in the current phase or are comfortable that they have offered the vaccine to all relevant groups within the current phase. TDH does not otherwise have specific metrics for moving to the next phase and defers to local public health leadership to decide. Updated information on which phase each county is in can be found here.

**Is there a time frame for vaccinating children under age 12?**
A clear time frame is not known at this time. Pfizer added children under the age of 12 to their clinical trials in November, so we anticipate learning more about this sometime next year as clinical trials progress.

**If Phase 1a1 staff choose not to receive the vaccine when offered, when can they expect another chance to be vaccinated?**
That depends on the employer and their vaccination plan for employees. TN Department of Health encourages all individuals to get the vaccine when it is offered to them, as details about repeat vaccine allocation quantities are still being developed and are dependent on federal allocation and local uptake.
**Will geriatric units' patients and staff in behavioral health facilities receive the vaccine as Phase 1a1?**

Hospital staff will be vaccinated in Phase 1a1. If the geriatric unit is functioning as a long-term care facility, and these individuals are not expected to return to their homes, we would consider those residents as Phase 1a1. Please reach out to VPDIP.pandemic@tn.gov so we can best assist.

**Are Phase 1a2 healthcare workers expected to use the appointment application from the state that has been reported by counties in TN?**

Yes, Phase 1a2 healthcare workers can use the appointment application to sign-up for vaccine as it is available. The appointment application service may vary by location.

**Do university student health center workers who are actively testing for COVID-19 fall under high exposure healthcare workers or other healthcare workers?**

University student healthcare center staff are included in Phase 1a1.

**Where do college healthcare workers and college students fit into the allocation plan?**

College healthcare workers in an inpatient setting (or high-risk setting) are included in Phase 1a1. Those in other patient care are in Phase 1a2, and those with no patient interactions will follow the Phase for their individual risk (age, comorbidities, etc.). College students will likely be included in Phase 3 unless an individual qualifies for an earlier phase.

**Where do homeless fit into phasing?**

They should follow the individual risk phase based on age or comorbidities or if they are in a local shelter, they could fall into congregate living phase.

**Is there a plan for vaccinating people who are homebound but otherwise in-phase?**

Yes, we are working on that plan with our partners as quickly as possible and plans will be communicated soon.

**Where do medical examiners (and staff) fit into phasing?**

They are in Phase 1a2.

**Where do “other” first responders fit into phasing?**

TDH recognizes first responders who do not have direct public contact but are involved in support roles (for example, dispatch coordinators) are not necessarily high-risk for exposure, but are critical to keeping the state functioning. While support staff to our first responders are extremely important to infrastructure, the goal of the vaccination plan is to mitigate highest risk and maintaining the biggest impact with limited resources by starting with protecting those who don’t have the option to social distance.

**When will Phase 1C be vaccinated in Tennessee?**

This depends on the supply and uptake of the vaccine; counties can be in different phases. Check our website often to see what population your county is vaccinating.
Does a person need a note from their health care provider to prove they are high risk and eligible for Phase 1C?
No, a note is not required to prove that an individual is eligible to be vaccinated in the Phase 1C population.

**Post-Vaccination**

How quickly is the vaccine effective after receiving it?
Phase 3 clinical trials suggest:

- Pfizer vaccine is 95% effective at preventing illness from COVID-19 after 14 days from the second dose of vaccine. Pfizer vaccine also provided limited protection after the first dose (52%). Information on the clinical trial for providers can be found [here](#).
- Moderna vaccine is 94.5% effective at preventing illness from COVID-19 after 14 days from the second dose of vaccine.

People are assuming that a mask does not have to be worn after vaccination. Is there any information stating a mask must be worn after vaccination?
All current guidelines state to continue to use the same precautions individuals have always practiced to prevent COVID-19—wash hands, self-isolate and get tested if sick, limit interactions with those outside of your household, and wear a mask when with those outside of the household if social distancing cannot be maintained. When in public, be sure to continue to protect yourself by wearing a face covering, watching your distance, and avoiding crowds.

**General Questions**

Can the V-safe program be used to remind patients to get their second vaccine via text?
Yes, the V-safe program does provide text reminders for the second dose. V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after individuals receive a COVID-19 vaccination. Additional information on V-safe is available [here](#).

Will administration cost be billed to patient insurance?
Administration costs may be billed to insurance, but patients will not be responsible for those charges. Administration charges are outlined in the provider agreement. [For uninsured patients, visit the Health Resources and Services Administration’s Provider Relief Fund](#) website.

Do you know when the training tutorials will be released for the vaccines?
CDC has created a new, web-on-demand, self-paced module for healthcare providers who will be administering COVID-19 vaccine. This module will provide healthcare providers with information about COVID-19 vaccine Emergency Use Authorization and safety, as well as general information about vaccine storage, handling, administration, and reporting available [here](#).
What are the definitions of high-risk and moderate-risk comorbidities?
These are detailed in the Tennessee COVID-19 Vaccine Plan.

How will we document or prove comorbidities as people arrive for vaccination?
It is reasonable to ask individuals to see a form of identification or date of birth at time of vaccination to help confirm age. It is also reasonable to ask individuals to verify employment using a badge or employer letter to confirm they fall into the phase being vaccinated. Chronic medical disease is much more challenging to verify on-site at the time of vaccination and this may rely on an honor system to facilitate equitable vaccination distribution. It is not appropriate to ask individuals protected health information at time of vaccination.

After patients receive the COVID-19 vaccine through the Health Department or other facility, how is their primary care provider notified?
Patients are responsible for reporting to their primary care provider that they have received the vaccine. Vaccines are reported in TennIIS, and anyone who has access to TennIIS can check.