

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

This running FAQ document will be updated each Monday.

Latest update: June 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](#).

If we decide to vaccinate staff/patients onsite, what supplies will we need to provide?

Your facility **WILL** receive administration kits which include:

- Needles
- Syringes
- Personal Protective Equipment (face masks/face shields)
- Vaccination Cards

Your facility **WILL NOT** receive gloves, band-aids, cotton balls, sharps containers, freezer, refrigerator, or Digital Data Logger.

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 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.

Should a COVID-19 vaccine administered in the gluteal muscle instead of the deltoid muscle be repeated?

At this time, the CDC does not recommend readministering doses given in the incorrect site. Inform the recipient of the potential for local and systemic adverse events.

A nurse accidentally vaccinated a 16-year-old with the Moderna COVID-19 vaccine. Should that patient receive the second dose?

If a 16 or 17-year-old individual inadvertently received the Moderna COVID-19 vaccine, they may receive the second dose of Moderna. Code as off-label use, because Moderna vaccine is not authorized in this age group. Adverse event reporting is required in this situation.

Note:

- If a **16 or 17-year-old** receives the Janssen vaccine, **DO NOT** repeat the dose with the Pfizer-BioNTech vaccine.
- If a COVID-19 vaccine is administered to an individual **less than 16** years old, **DO NOT** administer the second dose until the person becomes eligible to receive vaccine either by reaching the authorized age, or if the authorization is extended to include additional age groups, even if this results in the second dose being administered after the recommended interval between doses.

If a patient received a higher than authorized volume dose, should they receive the second dose?

If the administration error resulted in a higher-than-authorized vaccine dose, in general the second dose may still be administered at the recommended interval. However, if local or systemic side effects following vaccination are clinically concerning (outside of the expected side effect profile), lead to serious adverse reactions, or are ongoing at the time of the second dose, the decision to administer the second dose may be assessed on a case-by-case basis.

Should a vaccine be repeated if the patient moved during administration and did not receive an entire dose?

Professional judgement is essential for this instance. If, in your opinion, *more than half* of the dose was administered, then consider that dose valid, and **do not** repeat the dose. If *less than half* of the dose was administered or the proportion of the dose cannot be estimated, then **administer the authorized dose immediately** (no minimum interval) in the opposite arm. If this was the first dose of a two-dose vaccine, then administer the second dose at the recommended interval.

What are the next steps if the COVID-19 vaccine was administered after the allowed time from the first vial puncture or administered past the expiration/beyond-use date?

Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval in the opposite arm).

If someone has already been diagnosed with COVID-19, do they still need to get the vaccine?

Yes, they should be vaccinated. Data from clinical trials indicate that 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. Detailed information from ACIP regarding vaccination in previously infected individuals is available [here](#). Learn more about [why getting vaccinated is a safer way to build protection than getting infected](#).

➤ ***What are the known contraindications for the approved vaccines?***

Known contraindications include age ≤ 12 years for the Pfizer vaccine and < 18 years for the Moderna and Janssen/Johnson & Johnson vaccine. Severe allergic reaction (e.g. anaphylaxis) to any vaccine component is also a contraindication for Pfizer, Moderna, and Janssen/Johnson & Johnson vaccines.

What are the recommendations regarding approved vaccines 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. Do not administer the Janssen/Johnson & Johnson COVID-19 Vaccine to individuals with a known history of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of the Janssen COVID-19 Vaccine or any component of the Janssen COVID-19 Vaccine. 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 the COVID-19 vaccine 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. Talk to your doctor if you have more questions about getting a COVID-19 vaccine.

We have a patient who received the Pfizer COVID-19 vaccine within 90 days of receiving passive

antibody therapy for COVID-19, should they be revaccinated?

Do **NOT** repeat the Pfizer Covid-19 vaccine dose. If the patient received one mRNA COVID-19 vaccine dose, defer administration of the second dose for 90 days following receipt of antibody therapy. This deviation from CDC guidance does **NOT** require VAERS reporting.

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 form, 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. If you cannot get a 6th dose out of a vial, instructions for recording this entry can be found in TennIIS. When a full 6th dose cannot be obtained, the partial dose is discarded and recorded as "wasted" with the reason of "drawn up/not used."

Is there a protocol for what to do if there are unused doses at the end of the day?

Due to the limited supply of vaccines currently available, the primary goal is to only remove from storage enough vaccine needed for planned administration. Devise a plan so you are prepared for those days you have extra doses at the end of the day. Options include creating a no-waste/standby contact list. If you are near local businesses then an option would be to partner with local companies and add them to a no-waste contact list. Vaccine waste is not an option.

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 doses of COVID vaccines are given at the appropriate time?

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.

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 or administered before the 4-day grace period, there is no need to restart the series.

If a patient received the Pfizer COVID-19 vaccine for their first dose and received the Moderna COVID-19 vaccine for their second dose, do they need to receive another vaccine?

Do not administer additional doses of either vaccine at this time. Under the Emergency Use Authorization, this is an administration error that requires VAERS reporting as a mixed series.

- ***How long after receiving the COVID-19 vaccine should someone wait to get the pneumonia vaccination, shingles vaccination, or other types of vaccines?***

COVID-19 vaccines and other vaccines may be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-

administration within 14 days. It should be noted that It is unknown whether reactogenicity is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines. When deciding whether to co-administer with COVID-19 vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines and the reactogenicity profile of the vaccines being co-administered.

A patient received the COVID-19 vaccine within 14 days of another vaccine. Does either of the vaccines need to be repeated?

Do **not** repeat the COVID-19 vaccine or other vaccines. This deviation from CDC guidance does **not** require VAERS reporting. If this is a two-dose vaccine, administered at the recommended interval. If this dose is the second dose, the series is complete, and no additional doses are required.

If 0.9% sodium chloride was administered without the Pfizer COVID-19 vaccine, can the patient be vaccinated?

Inform the patient and administer the authorized dose immediately (no minimum interval) in the opposite arm. Administer the second dose at the recommended interval.

If the Pfizer COVID-19 vaccine was administered without the sodium chloride, should the patient be revaccinated?

Do **not** repeat the dose. Inform the patient of the potential for local and systemic adverse events. Administer the second dose at the recommended interval. If local or systemic side effects following vaccination are clinically concerning (outside of the expected side effect profile), lead to severe adverse reactions, or are ongoing at the time of the second dose, may assess the decision to administer the second dose on a case-by-case basis.

If the Pfizer COVID-19 vaccine was diluted with the wrong diluent, should the patient be revaccinated?

Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm.

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?

Tennessee seniors who need transportation assistance to receive COVID-19 vaccination may learn about services offered by the Tennessee Association of Human Resource Agencies at <https://tnhra.org/services/transportation/>. Information regarding assistance with transportation can also be found through the Tennessee Commission on Aging & Disability website [here](#).

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?

Information on precautions and contraindications to each vaccine can be found [here](#). A contraindication to one type of vaccine have a precaution to the other, whether a severe or immediate allergic reaction to a previous dose or component. Whilst polysorbate allergy is a contraindication to the Janssen/Johnson & Johnson vaccine, it is no longer a contraindication to mRNA COVID-19 vaccination, it is a precaution. For those that have had previous allergic reactions, the 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,

vaccination in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions, and an increased 30 minutes observation period if vaccinated.

Pregnant and Breastfeeding Populations

If a person is thinking about getting pregnant, where can they go to find more information to help them make an informed decision?

A conversation between them and their healthcare provider is a starting point to help with the decision about taking the vaccine. Pregnant? [Here's What You Should Know About the COVID-19 Vaccine](#) is another resource that can help you make an informed decision.

If a person is pregnant, should they receive an 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. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problem with pregnancy, including the development of the placenta. However, data are limited about the safety of COVID-19 vaccines for people who are pregnant. At this time, ACIP recommends that certain groups (e.g., healthcare personnel, followed by other frontline essential workers) are offered vaccination with people who are pregnant and part of a group can choose to be vaccinated. A conversation between the patient and their healthcare provider may help the patient with the decision about taking the vaccine.

Should individuals receive an 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. Any of the currently authorized COVID-19 vaccines can be administered to pregnant or lactating people; ACIP does not state a product preference. 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 is no data on the safety of COVID-19 vaccines in breastfeeding people or the effects of COVID-19 vaccines on breastfed infants. COVID-19 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 large chain pharmacies or will approved independent pharmacy providers be included? 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](#). After a pharmacy is fully onboarded, distribution of vaccine will be determined based on county allocation and health department capacity for vaccine administration.

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.

Are pharmacies administering COVID vaccine taking appointments or walk-ins? Who can they vaccinate?

Pharmacies are vaccinating by appointment only. For a list of pharmacies administering COVID vaccine, visit [COVID-19 Community Pharmacy Vaccination Locations](#).

Long Term Care Facilities

What is the "Federal Pharmacy Program"?

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](#).

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.

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.

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?

Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again. 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](#).

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 TennIS.

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. 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.

General Vaccine Distribution Questions

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

All Tennesseans **age 12 and over** are eligible for vaccination. Those who are **12 to 17 must receive the Pfizer vaccine**, so check VaccineFinder for vaccinating facilities providing the Pfizer vaccine. To find a vaccinating facility, which vaccine they provide, and register for an appointment, follow these links.

- 1. To locate vaccinating facilities in your county:** COVID-19 Vaccines are limited, and most locations require appointments for vaccination. Visit vaccinefinder.org to locate a facility vaccinating in your county.
- 2. Or, register for a Vaccination Appointment using this link:** All Tennesseans can register online at <https://vaccinate.tn.gov/> for an appointment time to receive a vaccination through their county health department. 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](#).

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 after the onboarding process.

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 2nd dose when it's due.

What if individuals arrive for a second dose but don't have their vaccination card/proof of the first dose?

COVID-19 vaccine providers that are approved by the Tennessee Department of Health are required to report administered doses into Tennessee's Immunization Registry, TennIIS. Vaccine administrators can check TennIIS for the date and manufacturer of the vaccine received for the first dose.

If individuals lost their vaccination card, how can they receive a replacement card?

Tennessee is able to send a record of an individual's entire vaccination history but is not able to

send replacement cards. An individual can request a copy of their Covid-19 Immunization by filling out this form <https://redcap.link/recordrequest>. Note that replacement vaccine cards are not issued by this office. The record we provide is a complete list of all vaccinations reported to TennHIS for you. Any vaccinations that have not been reported to TennHIS will not be listed on the record.

Prioritized Populations Allocation

How is the state making sure the minority population is being vaccinated?

The Tennessee Department of Health is partnering with faith-based and community organizations, academic institutions, federally qualified health centers, and other hospital systems to provide vaccinations to minority populations and underserved communities across the state. Through these partnerships, we have combined our efforts to develop lists of individuals and schedule appointments for them to receive the vaccination in their respective county. We are working to eliminate transportation barriers for those without transportation. In addition, we have been facilitating virtual sessions to work individuals through tools available on the COVID-19 microsite (covid19.tn.gov), online appointments and registering for the vaccine waitlist. If you know of a church that is interested in partnering with us to provide the vaccine to minority populations, please contact us at Minority.Health@tn.gov.

➤ ***How will we know when my County moves to the next Vaccination phase?***

All Tennesseans age **12 and over** are eligible for vaccination, and this includes homeless and non-TN residents. Those who are **12 to 17 must receive the Pfizer vaccine**, so check on VaccineFinder.org to locate a facility vaccinating with the Pfizer vaccine.

➤ ***Is there a time frame for vaccinating children under age 12?***

Clinical trials on children younger than **12 are beginning**, so we anticipate learning more about vaccinating children under **12 as clinical trials progress**.

Is there a plan for vaccinating people who are homebound?

Yes, Tennessee Department of Health and Tennessee Commission on Aging and Disability is working with home health agencies to reach these groups. For more information contact tabitha.satterfield@tn.gov

Post-Vaccination

After receiving the vaccine, when will I be immune from COVID-19?

We have learned from clinical trials involving tens of thousands of people who took the vaccine that the

- 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.
- The Janssen/Johnson & Johnson vaccine is 85% effective in preventing severe disease and demonstrated **complete protection against COVID-19 related hospitalization and death** after 14 days from receiving the vaccine. This is a single dose vaccine.

People are assuming that a mask do not have to be worn after vaccination. Is there any information stating a mask must be worn after vaccination?

To protect those who may be at high risk of developing complications if infected with COVID-19, you should continue to wear a face mask and follow social distancing guidelines while in a public setting, Gathering with unvaccinated people from more than one other household, or when visiting with an unvaccinated person who is at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk. Regardless of your vaccination status, you will still need to follow the health and safety guidance at your workplace.

Guidance on mask-wearing and social distancing is evolving as scientists learn more about how the COVID-19 vaccine builds immunity. **If you are fully vaccinated** (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine),

- you can visit other fully vaccinated people indoors without wearing masks or social distancing.
- you can visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing

Another benefit of receiving the COVID-19 vaccine is that you are no longer subject to quarantine or testing following a known exposure as long as you are symptom-free.

General Questions

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.

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.