Who can be vaccinated at UMN COVID-19 vaccination clinics?

Eventually, all students, staff, and faculty ages 18 and older will be able to receive the COVID-19 vaccine at one of our mass clinics. Boynton Health is following guidelines provided by state, federal, and local officials, as well as University leadership, in determining the order in which vaccinations are provided.

How will I know when it is my turn to receive the vaccine?

The University is currently preparing a phased approach for access to COVID-19 vaccine that follows population prioritization guidelines developed at the federal and state levels. Campus distribution plans are being developed and led by the University of Minnesota COVID-19 Vaccine Team and approved by the Campus Public Health Officer.

As vaccine is received from the Minnesota Department of Health for distribution on campus, individuals in a given target population will be notified via email, and asked to schedule an appointment for vaccination at our clinics. Eventually, as vaccine becomes widely available, everyone who wants to be vaccinated will be able to make an appointment. Vaccine is expected to be available to the general public (those who do not fall into higher priority groups) in the second quarter of 2021 (April, May, or June).

Are dependents allowed to get vaccinated through Boynton Health?

Not at this time, only students, staff, and faculty will be eligible to receive the vaccine at on-campus clinics.

Can I get vaccinated at a mass clinic if I am under 18?

We do not immunize individuals under the age of 18 in our mass clinics.

Is the vaccine mandatory?

No. It is not mandatory that University staff and students get the vaccine. However, COVID-19 vaccine requirements may vary by department, program, and clinical site; contact your program-specific compliance person for guidance.

How much will I have to pay for the vaccine?

There will be no out of pocket costs for those receiving the vaccine. Insurance will be billed for a vaccine administration fee. However, if insurance does not cover this fee, or an individual does not have insurance, a provider will submit a payment request through the CARES Act Provider Relief Fund.

Where will vaccination clinics be held on campus?

COVID-19 vaccination clinics will be held at both the Jean K. Freeman Aquatic Center located at 123 Harvard Street SE, and at the University of Minnesota Field House located at 1800 University Avenue SE. Location will vary by date, so please double check your appointment confirmation for location information.

Where is the best place to park?

- For clinics located at the Field House: 4th Street Ramp or Church Street Ramp
- For clinics located at the Aquatic Center: Washington Avenue Ramp or University Avenue Ramp
- Parking costs are not reimbursed
Do I have to make an appointment to get the vaccine?

Yes. Appointments will be required to get vaccinated. This will be done using the same online registration system that is used for flu clinic registration. A link to the scheduling site will be made available to you once your target group is eligible to be vaccinated. This timeline will follow federal and state population prioritization guidelines. Please continue to watch for both department-specific and University-wide communication regarding vaccine distribution.

How will I know when to make my appointment for the second dose of vaccine?

You will be given a vaccination card after receiving your vaccine. This card will include the manufacturer information, the date of your first dose, and the due date of your second dose. After receiving your first dose, clinic staff will be onsite to help you make an appointment for your second dose. It is also recommended that you take a photo of your vaccination card in case it is misplaced.

Where will I be able to find documentation-proof of vaccination?

Student, staff and faculty vaccine administration information will be available in the MyBoynton Patient Portal within 24 hours of receiving your vaccination.

Will proof of vaccination automatically be sent to program and/or department compliance departments?

No. Individuals will be responsible for providing documentation to program and department compliance personnel, if required.

Which vaccine will I receive?

Both Moderna and Pfizer-BioNTech vaccines could be allocated to the University of Minnesota. We are not able to tell you which vaccine you will receive until the time of vaccination. However, the vaccines are not interchangeable; your second dose will be from the same manufacturer as your first dose.

How many doses of vaccine will be needed? When is the second dose due?

Both the Pfizer-BioNTech vaccine and the Moderna vaccine, which have been granted emergency use authorization, require two doses. If you receive a dose of a particular vaccine you must receive a second dose of the vaccine from the same manufacturer, as they are not interchangeable. For example, if you receive a first dose of the Pfizer-BioNTech vaccine, your second dose must be the Pfizer-BioNTech vaccine administered 21 days after the first dose. If you receive a first dose of the Moderna vaccine, your second dose must be the Moderna vaccine, administered 28 days after the first dose. These recommended intervals, with a standard four-day grace period, should be followed as closely as possible to receive full protection. If the intervals are exceeded, the second dose should be administered at the earliest opportunity. Doses would not need to be repeated due to a longer interval, meaning you do not have to re-start the 2-dose vaccination series, according to Centers for Disease Control and Prevention (CDC) guidance.

Can I choose which vaccine I want to receive?

No. Individuals will not be able to choose which vaccine they receive.

Do both shots have to be from the same manufacturer?

Yes. It is important to note that while both the Moderna and Pfizer-BioNTech COVID-19 vaccines are mRNA vaccines, they are not interchangeable. Both doses of your vaccine must be from the same manufacturer.
What If I miss my second dose of vaccine?

- Pfizer-BioNTech: Doses are administered 21 days apart.
- Moderna: Doses are administered 28 days apart.

If you miss the second dose of vaccine on the intended date, it should be administered at earliest opportunity. Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated.

I have a current clinical or lab diagnosis of COVID-19, should I get vaccinated?

No. It is not recommended that you get the vaccine if you have an active case of COVID-19.

Should I get the vaccine if I have had COVID-19 in the past?

Available data, while limited, does suggest that previously-infected individuals can be at risk of re-infection and could benefit from vaccination. There is no time interval that an individual has to wait once they have completed isolation and cleared their infection.

Can pregnant or breastfeeding women get the COVID-19 vaccine?

At the time of writing (1-3-21), the following recommendations are supported by the Centers for Disease Control and Prevention (2020) and the American College of Obstetricians and Gynecologists (2020):

Based on current knowledge, experts believe that the vaccine is unlikely to pose a risk to the pregnant person or the fetus because mRNA vaccines are not live vaccines and do not enter the nucleus of the cell. Therefore, they cannot alter genetic material. However, the potential risks of mRNA vaccines to the pregnant person and the fetus are unknown because these vaccines have not been studied in pregnant people.

If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. A conversation between the patient and their clinical team may assist with decisions regarding the use of a mRNA COVID-19 vaccine, though a conversation with a healthcare provider is not required prior to vaccination. When making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient’s personal risk of contracting COVID-19, the risks of COVID-19 to the patient and potential risks to the fetus, the efficacy of the vaccine, the side effects of the vaccine, and the lack of data about the vaccine during pregnancy.

There is no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion. 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.

I recently received a different vaccine, can I still receive the COVID-19 vaccine?

The COVID-19 vaccine should be administered at least 14 days before or 14 days after any other vaccine. This includes the seasonal flu shot.

How does the vaccine work?

It is an mRNA vaccine, which means it is produced in a laboratory to resemble genetic material of the SARS-CoV-2-virus.
How does mRNA vaccine work?

The vaccines contain a small amount of mRNA (messenger RNA) that temporarily stimulates human cells to make the SARS-CoV-2 spike protein. This spike protein causes our immune system to make antibodies against the virus. The mRNA works with our body’s natural defenses to safely develop immunity. The mRNA does not enter the nucleus of our cells and does not become part of, or permanently alter, our DNA. The vaccines are NOT a live or weakened virus; they are inactivated or non-infectious and you cannot get COVID-19 from the vaccine. These vaccines also DO NOT cause you to test positive on COVID-19 viral tests.

What is the efficacy of Moderna and Pfizer-Bio-NTech vaccine?

Both of these vaccines are extremely effective in preventing disease from COVID-19.

- Moderna: 14 days after the second dose, this vaccine is 94% effective.
- Pfizer: 7 days after the second dose, this vaccine is 95% effective.

What ingredients are in the Moderna vaccine?

Moderna COVID-19 vaccine contains the following ingredients:

- messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2 –distearoyl-sn-glycero-3-phosphocholine [DCPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

What ingredients are in the Pfizer-BioNTech vaccine?

Pfizer COVID-19 Vaccine contains the following ingredients:

- messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dehydrate, and sucrose.

Do either of the vaccines contain egg components?

No. Neither of the currently available COVID-19 vaccines contain egg.

Do either of the vaccines contain preservatives?

No. Neither of the currently available COVID-19 vaccines contain preservatives (e.g. mercury or thimerosal).

Can I get a COVID-19 vaccine if I have a history of severe allergic reactions?

If you have a history of severe allergic reactions unrelated to vaccines or injectable medications, you may still get a COVID-19 vaccine. You should be monitored for 30 minutes after getting the vaccine.

If you have had a severe allergic reaction to other vaccines or injectable medications, ask your doctor if you should get a COVID-19 vaccine. If you have ever had a severe allergic reaction to any ingredient in a COVID-19 vaccine, the Centers for Disease Control and Prevention recommends not getting that specific vaccine.

If you have a severe allergic reaction after getting the first dose of a COVID-19 vaccine, do not get the second dose.
Do the vaccines reduce COVID-19 symptoms?

Based on what we know about vaccines for other diseases and early data from clinical trials, experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19. Experts continue to conduct more studies about the effect of COVID-19 vaccination on severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.

What are the side effects of the vaccine?

The most common side effects include injection site pain, fever, fatigue, headache, joint pain, muscle pain and vomiting. You will be monitored for 15 minutes after getting a COVID-19 vaccine to see if you have an immediate reaction. Most side effects happen within the first three days after vaccination and typically last only one to two days.

How do I report it if I have a problem or bad reaction after getting the COVID-19 vaccine?

CDC and FDA encourage the public to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS). This national system collects these data to look for adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns of occurrence. Learn about the difference between a vaccine side effect and an adverse event. Reports to VAERS help CDC monitor the safety of vaccines. Safety is a top priority.

CDC is also implementing a new smartphone-based tool called v-safe to check-in on people’s health after they receive a COVID-19 vaccine. When you receive your vaccine, you should also receive a v-safe information sheet telling you how to enroll in v-safe. If you enroll, you will receive regular text messages directing you to surveys where you can report any problems or adverse reactions you have after receiving a COVID-19 vaccine.

Can I stop taking safety precautions after getting a COVID-19 vaccine?

Experts want to learn more about the protection that a COVID-19 vaccine provides and how long immunity lasts before changing safety recommendations. Factors such as how many people get vaccinated and how the virus is spreading in communities will also affect these recommendations.

In the meantime, the Centers for Disease Control and Prevention recommends following these precautions for avoiding infection with the COVID-19 virus:

- **Avoid close contact.** This means avoiding close contact (within about 6 feet, or 2 meters) with anyone who is sick or has symptoms. Also, keep distance between yourself and others. This is especially important if you have a higher risk of serious illness.
- **Wear cloth face coverings in public places.** Cloth face coverings offer extra protection in places such as the grocery store, where it's difficult to avoid close contact with others. Surgical masks may be used if available. N95 respirators should be reserved for health care providers.
- **Practice good hygiene.** Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol. Cover your mouth and nose with your elbow or a tissue when you cough or sneeze. Throw away the used...
tissue. Avoid touching your eyes, nose and mouth. Avoid sharing dishes, glasses, bedding and other household items if you're sick. Clean and disinfect high-touch surfaces daily.

- **Stay home if you're sick.** Stay home from work, school and public areas if you're sick, unless you're going to get medical care. Avoid public transportation, taxis and ride-sharing if you're sick.

Source: Center for Disease Control & Prevention