

# Frequently Asked Questions (FAQs)

## COVID-19 Vaccines

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Question	Answer
<b>COVID-19 vaccines safety and benefits</b>	
<b>1. What are the benefits of getting a COVID-19 vaccine?</b>	<p>To date, scientists are proving that getting vaccinated could be a powerful way to not only protect yourself but also your entire community. Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough.</p> <p>Vaccines are preparing your body's natural defences to recognize and fight off the virus that causes COVID-19. This means that COVID-19 vaccines will work with your immune system so it will be ready to protect you from the virus if you are exposed.</p> <p>Experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19.</p>

## 2. How will we know if COVID-19 vaccines are safe?

Like all vaccines, COVID-19 vaccines are going through rigorous, multi-stage trials, including studies that involve tens of thousands of people. These trials, which include people at high risk for COVID-19, are designed to identify common side effects or other safety concerns.

When the results of the trials are available, regulatory agencies review the data to make sure the vaccine is safe and safe. The vaccine is only rolled out when its regulators are confident that the vaccine is safe and effective. After a COVID-19 vaccine is introduced, it will be monitored to identify any unexpected side effects.

## 3. How is it possible to develop a safe vaccine so quickly?

While COVID-19 vaccines have been developed faster than any other vaccine in history, safety was just as much a focus as in any other vaccine development. Scientists prioritised COVID-19 vaccine development because of the global emergency.

The vaccines that are now being reviewed and approved by regulatory bodies have been through the same amount of testing and

safety processes as other vaccines. Any approved vaccine will have been rigorously tested on tens of thousands of people.

Some of the processes usually involved in scientific research were also sped up so that the vaccine could be made available more quickly. For example, trial participants were recruited while the study was still being set up, so they were ready to start the moment the research was approved.

#### 4. What is vaccine confidence?

Vaccine confidence is the belief that vaccination, and the providers, private sector, and political actors behind it, serve the public's best health interests. Like 'hesitancy,' it is highly variable and rooted in political-economic context. This will affect the populations' trust in vaccines.

### Types of vaccines

#### 5. What types of COVID-19 vaccines are being developed? How would they work?

Scientists are developing many potential COVID-19 vaccines. They are all designed to teach the body's immune system to safely recognize



and block the virus that causes COVID-19. Different types of vaccines include:

- Inactivated or weakened virus vaccines use a form of the virus that doesn't cause disease, but still prompts an immune response. Vaccines for hepatitis A and chickenpox work this way. None of the COVID-19 vaccines approved by late 2020 were made this way.
- Subunit vaccines, such as protein-based vaccines, inject a protein, protein fragment or other small structure found on the virus to prompt an immune response. Influenza B and whooping cough vaccines are examples of this type of vaccine. None of the COVID-19 vaccines approved by late 2020 were made this way.
- Viral vector vaccines use a different virus that has been engineered so it can't cause disease in people. The engineered virus produces COVID-19 proteins and so prompts an immune response to the virus that causes COVID-19. The Ebola vaccine is an example. The

Oxford/AstraZeneca vaccine is this kind of vaccine.

- RNA and DNA (nucleic acid) vaccines are a new approach that provide “instructions” for cells in the human body to build a protein that then safely prompts an immune response. Both Pfizer/BioNTech and Moderna vaccines work this way.

## 6. Why are there multiple vaccines? Which one should I get?

Because of the urgent global need for the COVID-19 vaccine, different groups of scientists have been working to get a solution as quickly as possible. With any vaccine development, there tend to be many options that are tried and that don't reach the final stages. The scale of the COVID-19 problem and the worldwide need for a vaccine mean it is better if more than one vaccine exists. This will increase availability and offer more than one way to tackle the problem. So it's a good thing that there are several promising vaccines.

You should have whichever approved and licenced vaccine you are offered by health workers in your area. If more than one vaccine is

available in your community, health workers and health authorities will decide. They will base the decision on your own health status and what is most feasible and effective to provide to different populations. Further studies will look at how best to use the different vaccines, which will include looking at which vaccine is most effective in which people.

## Side effects

### 7. Do the COVID-19 vaccines have side effects?

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, such as pain at the injection site, tiredness or a headache. Many people don't get any side effects. It can happen with many vaccines that some people might feel slightly unwell because their immune system is responding to the protein, but this is not a COVID-19 illness and the vaccine can't give you COVID-19.

### 8. How likely is it that I will have an allergic reaction to the vaccine?

Given that these are new vaccines, it is possible that someone could be allergic to a component of them. However, this would show up

## 9. How do we know there won't be long-term side effects?

shortly after administration of the vaccine. Vaccine providers are ready to respond to allergic reactions and other adverse events. Anyone who is known to be allergic to an ingredient of that vaccine shouldn't receive it.

The majority of vaccine side effects occur shortly after receiving a vaccine, not months or years later. Once a vaccine is licenced (approved), scientists and government agencies continue to monitor its safety to identify any rare side effects, such as those that might affect one person in a million.

These monitoring efforts also focus on particularly vulnerable people, including people with specific medical conditions, or pregnant women, who may not have been included in the clinical trials. Health workers are trained to identify and report adverse events. People with underlying health conditions may be particularly closely monitored as vaccines are rolled out.



## 10. Can RNA or DNA vaccines change my DNA?

If there's any reason to suspect that a certain group of people might be adversely affected by a vaccine, regulators can require further research before it is allowed to be given to people with the same condition.

These vaccines cannot change your genes. They contain a small piece of genetic code that gives instructions to your body's cellular machinery to make a protein, which then triggers your body's immune response. The RNA or DNA that is injected falls apart very quickly and doesn't enter the part of your cells that house your own chromosomes, so it can't change your genes.

Other DNA vaccines in development (including for influenza, HPV, and HIV) have been extensively tested in animals and people and shown to be safe.

## 11. Can the vaccine give me COVID-19?

No. You can't get COVID-19 from the vaccine. A vaccine would not be approved if it could give you the disease it is meant to protect you

from. As of December 2020, vaccines being administered or reviewed for approval did not contain any live virus of the type that causes COVID-19.

## Immunization

### 12. How quickly does the vaccine work? How long does it last?

Your immune system needs to generate a response, so generally the protection from the virus starts after about seven days. In the case of vaccines which need to be given in two doses, that means that you benefit from the full protection of the vaccine about a week after the second dose.

We don't yet know for sure how long protection will last. It is likely to be at least several months, but it may be that repeat vaccinations are needed. Researchers are studying this closely.

### 13. Will vaccination help people who have “long COVID”?

The lingering effects or “long” COVID-19 are concerning and can be debilitating for the people who experience the disease this way. We

still have much to learn about this. A vaccine will help from the point of view that if it decreases infections, fewer people will experience illness and, therefore, fewer people will experience long-term effects. But it is not likely that a vaccine will address these effects in someone who was already infected.

**14. If I get a COVID-19 vaccine, will I still need to take other precautions such as physical distancing and masks?**

Yes. For the time being, we recommend that everyone – including those who have been vaccinated – continue using all available tools to help stop the spread of COVID-19, such as physical distancing and the use of masks. Using these tools in combination will provide the best possible protection against getting and spreading COVID-19.

The available vaccines are highly effective at preventing you from getting seriously ill with COVID-19. However, we don't know yet how effective they are at preventing asymptomatic infection, where the vaccinated person would not feel ill but could still spread the virus to others.

This recommendation could change once many people have been vaccinated, and we learn more about the protection provided by COVID-19 vaccines.

**15. Will COVID-19 vaccines provide long-term protection?**

Ongoing research is needed to show if COVID-19 vaccines provide long-term protection. Additional doses of vaccine may be needed to provide continued protection. It will take ongoing evaluation over several years to understand how our immune systems respond to this virus and how vaccines assist in that response.

Given that this disease has only existed for a year, and the vaccine trials have been going on for less time, it's impossible to know how long immunity will last. Researchers will continue to monitor people who have been vaccinated so that, over time, we will have a better picture of how long protection lasts. With this information we will know whether we might need booster shots to maintain our protection.

**16. Will vaccines for other diseases help protect me from COVID-19?**

Vaccines for other diseases do not protect against COVID-19. However, it is important to get the flu vaccine and ensure you are up to date on all your vaccines because they prevent other serious infections. A flu vaccine will not protect you from getting COVID-19, but it can prevent you from getting influenza (flu) at the same time as COVID-19. This can prevent you from having a more severe illness.

**17. How quickly could COVID-19 vaccines control the pandemic?**

Even with a vaccine, society will not return to normal overnight. We don't know how quickly COVID-19 vaccines could control the pandemic. That will depend on many factors, such as the level of vaccine effectiveness; how quickly they are approved and manufactured; how many people get vaccinated; and the continuation of measures such as physical distancing and mask use.

60-80% of the population would have to be immune to the virus to achieve herd immunity (or community protection). Even if enough doses of the vaccine were available today for everyone in a country,

it would still take time to vaccinate everyone who wants to be vaccinated.

## Who should be vaccinated? (prioritization of eligible population, children, frontline workers)

### 18. Should children be vaccinated?

Countries will have specific vaccination roll out plans as the vaccine becomes available, but overall initial doses will likely be provided to health workers, social care workers and people at high risk of severe illness such as the elderly or those with underlying conditions, and are unlikely to be given to children. However, it remains important to make sure that children continue to receive routine childhood vaccinations.

### 19. I think I have a low risk of contracting COVID-19, or becoming infected will not be severe so I don't need to be vaccinated?

Anyone can get sick with COVID-19 and become seriously ill or die at any age.<sup>1</sup> Furthermore, asymptomatic people infected with the virus can be contagious and the virus can spread from them to other people. For these reasons, it is important to consider that getting

<sup>1</sup> World Health Organization. 2020. Coronavirus disease (COVID-19), FAQs, 12 October 2020. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19>

vaccinated may also protect people around you, particularly people at increased risk for severe illness from COVID-19. Furthermore, based on available information about vaccines for other diseases and early data from clinical trials, experts believe that getting a vaccine can also prevent severe illness if you do get COVID-19.

**20. Should vaccination be mandatory (either directly or indirectly)?**

According to the WHO, convincing people on the merits of a COVID-19 vaccine would be more effective than making the vaccination mandatory. That said, it is down to individual countries how they conduct their vaccination campaigns. Importantly, the local Red Cross/Red Crescent in each country will play an essential role in ensuring that populations have access to essential information about the vaccine.

**21. Will there be enough COVID-19 vaccines for everyone? If not, who will get them first?**

It is likely that the supply of COVID-19 vaccines will be limited at first, which means not everyone will be able to get vaccinated right away.

As doses of COVID-19 vaccines become available, they will be provided first to those at highest risk. The specific groups that are eligible for the first doses of COVID-19 vaccines may vary depending on the vaccine and the country.

Initial groups will likely include **frontline health and care workers, elders above 65 years of age and people with underlying conditions** like heart disease and diabetes. Once adequate doses become available, the rest of the population will be encouraged to get vaccinated.

## Access and distribution

### 22. When will COVID-19 vaccines be ready for distribution?

Some countries are already starting to roll out some vaccine candidates. However, we aren't yet certain when COVID-19 vaccines will be ready for distribution in all countries.

Many potential COVID-19 vaccines are being studied to determine if they are safe and effective. Trials of several of these vaccines have



**23. Will vaccines be available to migrants without legal status?**

had encouraging preliminary results. It is likely that results from other trials will be announced soon.

Once a vaccine is shown to be safe and effective, it must be approved by national regulators and manufactured before it can be distributed.

We are particularly concerned about the potential exclusion of migrants, displaced and stateless persons, as described in the IFRC's September 2020 report "Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic." As pointed out there, both formal barriers (migrants denied vaccination) and informal barriers (related to language, fear of arrest, lack of knowledge about available services and how to access them) may stand in the way. The IFRC calls on all governments to ensure that marginalized communities are not left behind.

## IFRC role and position

**24. What is the Red Cross and Red Crescent doing to ensure that COVID-19 vaccines are leaving no one behind?**

The IFRC is playing an active role as part of the COVAX Facility which aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world. The Global Vaccine Alliance (GAVI) is the lead agency for COVAX.

The GAVI financial mechanism aimed to ensure that the 92 middle- and lower-income countries that cannot fully afford to pay for COVID-19 vaccines themselves get the same access to COVID-19 vaccines as higher-income countries.

**25. How is the Red Cross and Red Crescent helping countries prepare for COVID-19 vaccines?**

The IFRC is working in close partnership with countries, regional colleagues, and other stakeholders to develop policies and training courses, strengthen regulatory capacity, and guide countries in all the needed preparations for COVID-19 vaccine delivery.

	<p>Detailed technical guidance and adaptable planning tools and templates to help countries plan for COVID-19 vaccines are being developed by the IFRC. These cover planning and implementation, data and monitoring, supply and logistics, and acceptance and demand, always ensuring community buy-in and trust are at the forefront of all NSs activities.</p>
<p><b>26. Is the Red Cross and Red Crescent helping to deliver COVID-19 vaccines?</b></p>	<p>National Red Cross and Red Crescent societies around the world support their local authorities and governments to fill gaps based on their areas of expertise and where needs lie. Many are already in discussion with local authorities to determine how to best support public health and prevention efforts of their communities, including by supporting vaccination. More information will be available in the coming weeks about each National Society's role in the effort to protect people against COVID-19.</p>
<p><b>27. Is the Red Cross and Red Crescent encouraging people to get a COVID-19 vaccine?</b></p>	<p>The IFRC follows the recommendation of the WHO, which is still in the process of reviewing viable COVID-19 vaccines for public use. At</p>

this time, we encourage the public to follow advice of their local health authorities to help ensure the health and safety of our communities to improve the broader health of their communities. We recommend that individuals reach out to their healthcare provider to find out if they are eligible to receive a COVID-19 vaccine and where they can get it.

**28. Will Red Cross and Red Crescent volunteers and frontline workers be vaccinated as a priority group?**

There are no specific international rules for countries to decide whom to prioritise for first vaccine doses. However, the WHO's Strategic Advisory Group of Experts on Immunization (SAGE) has provided detailed recommendations. Both the SAGE Values Framework and its Roadmap call for frontline health workers to receive priority access to COVID-19 vaccines.

As described in the Values Framework, frontline workers respond to the value of “reciprocity,” including gratitude for the risk to which they are exposing themselves in order to help others. This includes not only doctors and nurses, but persons – **like Red Cross and Red Crescent National Society volunteers** – who support testing, contact

## 29. What is the IFRC's guidance for vaccine introduction and clinical trials?

tracing and people in quarantine or isolation, organise crowd control at vaccination sites, undertake post-vaccine observation among other activities that requires interaction with high-risk populations.

The IFRC recommends support of COVID-19 vaccine introduction if both these conditions are met:

1. Phase 3 clinical trials have been completed and peer reviewed (published in a reputable academic journal), and the vaccine has shown to be safe and effective in preventing severe disease.

AND

2. Vaccine is prequalified or has been approved for Expanded Use Listing (EUL) by the WHO

OR

vaccine is approved for licensure or EUL by a National Regulatory Authority (NRA) that is fully functioning according to WHO standards.

## Vaccine hesitancy

### 30. What is vaccine hesitancy?

The WHO defines vaccine hesitancy as a 'delay in acceptance or refusal of vaccines despite the availability of vaccination services'. It ranges from complete acceptance to complete refusal.

A Working Group on Vaccine Hesitancy in the UK Scientific Advisory Group for Emergencies further defines it as: 'A behaviour, influenced by a number of factors including issues of confidence [do not trust vaccine or provider], complacency [do not perceive a need for a vaccine, do not value the vaccine], and convenience [access]'

### 31. How can we address vaccine-hesitancy?

Providing consistent and scientifically accurate information can reduce vaccine hesitancy. However, vaccine confidence may not improve unless efforts are made to increase public trust in vaccine effectiveness and safety, in public health response, and in health systems and government more broadly.

	<p>Confidence in a vaccine and immunisations will not improve without sustained community engagement to increase public trust in vaccine effectiveness and safety.</p>
<p><b>32. Why can't I leave immediately after being vaccinated?</b></p>	<p>It is standard practice to ask people who have just been vaccinated to wait at the doctor's office or vaccination site for a little while after vaccination, to make sure there are no concerning side effects, such as an allergic reaction. The vast majority of severe reactions – which are rare but do occur – happen immediately after vaccination, and this observation period ensures that the rare people who experience these reactions have immediate access to medical help if they need it.</p>
<p><b>New variants</b></p>	
<p><b>33. Am I protected by the vaccine from the new COVID-19 variants?</b></p>	<p>Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. Sometimes new variants emerge and disappear. Other times, new variants emerge and persist. Multiple variants of the virus that causes COVID-19 have been</p>

documented globally during the pandemic. Public health officials are studying these variants quickly to understand whether the variants change the effectiveness of COVID-19 vaccines. There is no evidence that this is occurring, and most experts believe this is unlikely to occur because of the nature of the immune response to the virus.

## Others

### 34. How can I learn more about COVID-19 vaccines?

We encourage everyone to rely on trusted sources of information, such as health care providers and public health officials, to help them make informed choices and stay up to date.

The latest information about COVID-19 vaccines from the WHO is available [here](#).

To see the live version of this document, click [here](#)

To know more about this FAQs please contact: [monica.posada@ifrc.org](mailto:monica.posada@ifrc.org)

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