

Frequently Asked Questions & Answers:

Q1. When will the vaccine be available at Joint Base Lewis McChord?

A1. Madigan Army Medical Center has received a limited supply of COVID-19 vaccine. Madigan will begin to vaccinate only identified critical medical staff and JBLM first responders on 16/17/18 December in line with DoD prioritization guidance. Follow-on vaccine shipments are expected later in December with more coming in 2021.

Q2. If I already had COVID-19, should I still get a vaccine?

A2. Yes. Vaccination is recommended because the duration of immunity following COVID-19 infection is unknown and the vaccine may have value in protecting previously infected people.

Q3. Will we still need to wear masks and practice physical distancing once a vaccine is available?

A3. Yes. The intent of the vaccine is to prevent the spread of COVID-19. We will still need to wear appropriate face coverings and practice physical distancing in order to limit the spread of the virus. Additionally, initially, we will not have enough vaccine to vaccinate everyone who wants the vaccine and COVID-19 pandemic risks will continue. We will continue to recommend wearing masks and practicing physical distancing, for everyone, until the pandemic risk of COVID-19 is substantially reduced.

Q4. What happens if you decline the shot? Does it affect your priority?

A4. No, you maintain your priority if you later decide to take the shot. If you initially decide not to take the vaccine, you can later change your mind and receive the vaccine.

Q5. If I take the vaccine, will I still be required to ROM and comply with other COVID-19 mitigation measures?

A5. Yes, it is important that initially, everyone continues to comply with all COVID-19 mitigation / preventive measures even after receiving the vaccine- likely for much of 2021. The more efficient we are at distributing the vaccine and the more people who accept it- the faster we'll be able to 'return to normal'.

Q6. Will recipients of the vaccine receive a card or something as proof of receipt of the vaccine?

A6. It will be included in your shot records, MEDPROS, MHS GENESIS electronic health record, your IMR and you will receive a card specifying the vaccine you received.

Q7. Is the COVID-19 vaccine one or two shots?

A7. Pfizer-BioNTech COVID-19 mRNA Vaccine is a two shot regimen. The second Pfizer dose cannot be given sooner than 21 days. The initial shot by itself can provide significant benefit and protection, while the second shot provides even greater protection. Based on what we know about other vaccines in development, it will likely also lead to longer lasting immunity.

Q8. What is the maker of the vaccine Madigan received?

A8. The first and follow-on vaccines Madigan expects to receive will be from Pfizer. It is unknown when other manufacturers such as Moderna will be received.

Q9. Can I get the Moderna vaccine if it becomes available if my first shot was made by Pfizer?

A9. No. Individuals will receive both doses of the same manufacturer only.

Q10. Who will be the first to get the vaccine?

A10. Vaccination distribution prioritization will focus on those providing urgent medical care, first responders, maintaining essential installation functions, deploying forces, and those at highest risk for developing severe illness from COVID-19. Once we have completed immunizing the personnel in one priority group, we will move onto the next priority group. After the above priority groups are immunized, then we will immunize 'healthy populations' as soon as ample vaccine is available.

Q11. As a Service Member, how will I find out when I can get the vaccine?

A11. Your unit will inform you.

Q12. Will DoD require all Service Members to receive the vaccine?

A12. No. The vaccine will be offered on a voluntary basis. Priority populations are highly encouraged to receive the vaccine. When formally licensed by the FDA, a vaccine may become mandatory for military personnel as is the case for the influenza vaccine.

Q13. If I am feeling adverse effects from the vaccine who do I contact?

A13. You can contact your medical provider or the MHS Nurse Advise Line at 1-800-TRICARE, Option 1. For severe symptoms, contact your Primary Care Provider or go to emergency room.

Q14. If you are feeling under the weather after the shot, should you be concerned about being around family members?

A14. You should not be concerned about any adverse effects from the shot putting your family at risk. Current data show that about 10-15% of vaccine recipients have side effects from the COVID vaccine. These can include redness, soreness at the injection site, feeling tired, feeling generally ill and fever. It is recommended that those who have fever stay home from work and away from their family members as much as possible. That is not because of any risk from the shot, but rather, because it is possible that someone with a fever might have a different infection, completely unrelated to receiving the shot, that simply occurred at the same time as vaccine receipt. For most people, side effects from the shot last a day or two, anything longer than that could be caused by something different than the shot.

Q15. Where should Military Family members be vaccinated?

A15. To the greatest extent possible, enrolled patients at Madigan, including Military family members, should get their vaccine as soon as it is available according to the priority list. We expect to have 2 or 3 centralized vaccination sites, including a drive-thru option, across JBLM that will be available to ensure we're safely and quickly, immunizing our patients.

Q16. Will enrolled retirees and their families at Madigan get the vaccine?

A16. Yes, according to the DoD Population Schema, or priority list, retirees and their families who receive care at Madigan will, but only after sufficient supplies are available and after medical staff, first responders, and high risk patients have received their vaccines. We expect to have 2 or 3 centralized vaccination sites, including a drive-thru option, across JBLM that will be available to ensure we're safely and quickly, immunizing our patients. Madigan would prefer enrolled retirees and their families get the COVID-19 vaccine, but may get the vaccine sooner they elect to go to a Tricare network provider or pharmacy.

Q17. How long will protection last following vaccination?

A17. We do not know how long protection will last following vaccination but it will be critically important to measure long-term protection (at least two years) in the phase 3 trials and in other groups prioritized for early vaccination. We are still learning about the duration of protection following infection with COVID-19 and it is too early to tell how long it will last.

Q18. Should children get the vaccine?

A18. The current vaccine trials have not studied the safety and efficacy for children under the age of 16 and manufactures are not currently asking the FDA for authorization to vaccinate children. COVID-19 vaccines will not be available to children until the safety and effectiveness of these vaccines has also been fully studied in children. The good news is that children tend to not get as sick or be as symptomatic as adults who have COVID-19, which likely factors into this decision making process at the national level.

Q19. If I am pregnant, can I get the vaccine?

A19. The Society for Maternal Fetal Medicine advocates for pregnant women receiving the vaccine. Because data on vaccine in pregnancy is limited, pregnant women should consult with their OB provider or Primary Care Provider. We are committed to assuring that pregnant women are provided full access to the vaccine. They will be able to choose if they'd like to receive it or not.

Q20. What is an Emergency Use Authorization?

A20. Drugs and vaccines have to be approved or authorized by the U.S. Food and Drug Administration (FDA) to ensure that only safe and effective products are available to the American public. In situations when there is good scientific evidence that a product is safe and is likely to treat or prevent disease, the FDA may authorize its emergency use under specific circumstances. Safety and effectiveness of the vaccine are still carefully evaluated. However, the current FDA approval process is very long (generally years long), so the EUA process provides for an interim approval, on a much shorter timeline.

Q21. Why is the plan phase driven and not population or hot spot focused?

A21. The distribution process is phase driven to safely protect the DoD from COVID-19 as quickly as possible and uses the same principles are being applied by the CDC and other nations. In the initial phase, a limited number of sites were selected to receive vaccine. Initial sites also allow DoD to validate distribution and administration processes and structures and inform senior leader decisions to increase distribution and administration as vaccine manufacturing and CDC allocation permits. The phase driven approach is founded on basic medical ethics principles.

Q22. What has DoD done to ensure the vaccines they are distributing are safe?

A22. The DOD will only distribute vaccines that have been through all three Phases of vaccine trials and that have undergone sufficient review by the FDA. Vaccines and therapeutics to prevent and treat diseases are developed in stages. In Phase 1 Trials researchers test an experimental drug or treatment in a small group of people for the first time. In Phase 2 Trials the experimental drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety. In Phase 3 Trials the experimental study drug or treatment is given to very large groups of people. Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the experimental drug or treatment to be used safely. Manufactures are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution.

Q23. Can someone get COVID-19 from the vaccine?

A23. No, it is not possible to get COVID-19 from vaccines. Vaccines against COVID-19 use inactivated virus, parts of the virus, or a gene segment from the virus. None of these can cause COVID-19.

Q24. Should I get the vaccine for influenza (flu shot)?

A24. Yes, it is very important to get the influenza vaccine, particularly this season when both influenza viruses and COVID-19 will infect people. Typically every year during the winter months, influenza causes many hospitalizations and deaths- especially in the very young and very old.

Q25. Can I receive the flu shot around the same time I receive the COVID shot?

A25. Pfizer-BioNTech COVID-19 vaccine should be administered alone with a minimum interval of 14 days before or after administration with any other vaccines including the seasonal flu shot. Due to lack of data on safety and efficacy of the vaccine administered simultaneously with other vaccines

Q26. Why should we receive the first-available vaccine when there are several other vaccines still in trials?

A26. People who are offered the first-available vaccine are considered to be in groups that are most in need of COVID-19 protection. Vaccinated people will be protecting themselves, as well as their families and all people with whom they interact. Evaluation of the first-

available vaccine will continue, even after its pre-licensure release. The release of other vaccines cannot be fully predicted, so people who are offered the first-available vaccine will be encouraged to receive this vaccine.

Q27. Why did the Department decide to make the vaccination voluntary rather than mandatory?

A27. When a vaccine product becomes available under pre-licensure status, such as FDA Emergency Use Authorization, recipients have the option to accept or refuse the EUA product. The Department of Defense does not independently have the authority to mandate an EUA vaccine to Service members. However, the President of the United States (POTUS) may, under certain circumstances, waive the option for members of the armed forces to accept or refuse administration of an EUA product. To date, the Department of Defense has not requested a waiver to POTUS for consideration of mandating a COVID-19 vaccine issued under an EUA to Service Members. When formally licensed by the FDA, the COVID vaccine may become mandatory for military personnel, as is the case for the influenza vaccine.

Q28. We understand there are delays in shipment of the DoD influenza vaccine. Can you update us on the status of the remaining influenza vaccine? Does DoD have concerns about COVID-19 vaccine production or delivery due to the impact of high COVID-19 rates on distribution or a shortage of raw materials?

A28. There continues to be a delay in distribution of the remaining doses of seasonal flu vaccine as the supplier is experiencing delivery issues related to a COVID-19 outbreak and maintenance issue at its fill/finish facility. The DoD will continue to monitor the impacts of the COVID-19 pandemic on the production and distribution of COVID-19 vaccine.

Q29. How do we know if the vaccine is safe? How will you monitor and track vaccine side effects?

A29. DoD is confident in the stringent regulatory process and requirements of the FDA. Manufacturers are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution. Per FDA requirements, DoD will be monitoring and tracking vaccine reports of vaccine side effects through various surveillance activities both internal and external to the DoD.

Q30. How will the DoD choose between vaccinating critical and essential personnel vice vulnerable beneficiary populations such as retirees?

A30. Like the nation at large, DOD vaccination efforts will focus on those at highest risk from COVID-19. Those critical/essential personnel who receive the vaccine are those deemed to be highest risk of exposure to and contracting COVID 19. These decisions are data-driven and informed by the CDC. Healthcare personnel are on the front line of the pandemic and have the highest risk of being exposed to and getting sick from COVID-19. When healthcare worker gets sick with COVID-19 they are not able to provide patient care for those most in need. Early vaccination of healthcare workers allows for the protection of patients, families, communities and the broader healthcare system.

Q31. Recently, there have been numerous articles on delay of flu vaccine shipments to overseas locations. How will you ensure our troops overseas receive the vaccine?

A31. The delays in flu vaccine shipments are unrelated to activities within DoD. Once flu vaccine is provided to DoD, it will be immediately prepared for shipping overseas.

Q32. How will the vaccine be distributed overseas?

A32. DoD will use a selected number of initial sites overseas to validate distribution, administration, and reporting processes. The DoD will then transition from a controlled geographic distribution process to Service-based distribution after DoD validates distribution and administration processes. This data-driven, phased approach creates a feasible, scalable, safe plan for effective vaccine distribution, administration, and monitoring.

Q33. How will the DoD support Vaccine Dissemination to Reserve and National Guard Soldiers not currently on active duty?

A33. The Selected Reserve have been accounted for in vaccination planning and we are working with the Reserve and National Guard on this effort as well. As more vaccine becomes available and we move into the next operational phase and additional sites will receive the vaccine.

Q34. How will DoD support vaccination in remote locations not located near a military medical treatment facility?

A34. The DoD will ensure vaccine is available for all beneficiaries. Planning is ongoing to ensure the widest distribution to our geographically dispersed population. During initial distribution, vaccine will be primarily directed to locations with high concentration of CDC's phase 1A medical/support personnel and whom have the capability to store vaccine in monitored freezers in accordance with manufacturer's requirements.

Q35. How will you secure the COVID-19 vaccine shipments to ensure they are protected and not diverted or misappropriated?

A35. Madigan is fully prepared to receive *and* store the COVID vaccine. We are experienced in the logistics and delivery of controlled substances- this same experience will serve to assure that COVID vaccine is protected and not diverted." Most shipments will be shipped directly from the manufacturer to the vaccination site. Secure handling provisions are in place; COVID-19 vaccines will be stored properly to prevent unauthorized access and/ or threat.

Q36. How did you determine the priorities for receiving the vaccine?

A36. DoD follows the Advisory Committee on Immunization Practices and CDC's recommendations as much as possible. CDC recommendations, in addition to input from Service leaders, U.S. Coast Guard, and Joint Staff resulted in the current DoD priorities for vaccination.

Q37. With Pfizer's recent announcement of challenges with the supply chain, what is the DoD doing to ensure the supply chain is ready for the arrival of the vaccine?

A37. The DoD COVID-19 vaccine distribution and administration plan applies the Department's standardized and validated processes for vaccine distribution and administration and adapts those processes to the unique supply chain considerations anticipated for COVID-19 vaccines, including ultra-cold bulk storage. Initial phases of the DoD distribution and administration plan are based on the expected, limited number of initial vaccine doses allocated by HHS and CDC to DoD, and on the Department's need to rapidly validate processes to support increased distribution as vaccine production increases. HHS and CDC vaccine allocation data have informed the deliberate development of DoD's feasible and scalable distribution and administration plan. The DoD immunization vaccination plan will support efficient and effective receipt, storage and vaccination of the eligible DoD population.

Q38. How will the DoD track personnel who receive a COVID-19 vaccine?

A38. Everyone who receives a COVID-19 vaccine will be tracked through existing medical record and readiness reporting systems.

Q39. Why/how was Madigan and other MTFs selected by DoD to receive the first wave of vaccines?

A39. The first vaccination sites were selected by the DoD's COVID-19 Task Force from sites recommended by the military services and U.S. Coast Guard to best support several criteria: anticipated supply chain requirements for initially approved vaccines (i.e. ultra-cold, bulk storage facility); sizeable local population to facilitate rapid vaccine administration to priority personnel across the military services; and sufficient necessary medical personnel to administer vaccines and actively monitor vaccine recipients after initial and second-dose administration.

Q40. Will the first wave of vaccine be enough to vaccinate all Phase I (Healthcare) personnel?

A40. DoD anticipates receiving vaccine allocations weekly. The first allocation will likely be less than JBLM's total number of emergency essential personnel, to include healthcare workers. Key factors will be how much vaccine we receive and how many of the priority workers 'opt in' to voluntarily receive the vaccine.

Q41. When are you getting the vaccine delivered to the first wave of MTFs? How many doses is the DoD getting in the first wave?

A41. The Department of Defense, in addition to the civilian sector, anticipates the first wave of vaccine 24-48hrs after the FDA issuance of the EUA. Vaccine will be distributed to pre-selected vaccination sites, selected by the DoD's COVID Task Force from sites recommended by the military services and U.S. Coast Guard to best support several criteria: anticipated supply chain requirements for initially approved vaccines (i.e. ultra-cold, bulk storage facility); sizeable local population to facilitate rapid vaccine administration to priority personnel across the military services; and sufficient necessary medical personnel to administer vaccines and actively monitor vaccine recipients after initial and second-dose administration.

Q42. Will DoD provide vaccines for civilian employees and contractor staff working in military hospitals or clinics? How about working on installation or in depots and arsenals?

A42. DoD will offer vaccine to civilian and contractor staff with direct patient care and to those who normally receive non-COVID-19 vaccines for occupational health purposes, as authorized in accordance with DoD regulation. This may include some of those working on installations or depots or arsenals, and we are continuing to refine these populations in preparation for the additional vaccination efforts following vaccination of healthcare workers.

Q43. How does Madigan define high risk patients?

A43. Madigan defines high risk patients as older adults and those with medical conditions. The risk for severe illness with COVID-19 increases with age, with older adults at the highest risk. Patients generally older than 65 run higher risks with those over 85 facing the highest risk. The list for underlying medical conditions is long and include, but not limited to: Diabetes (type 1 and 2), obesity, chronic kidney disease, cancer, heart conditions, COPD, weakened immune systems, smoking, asthma, sickle cell disease, high blood pressure, liver disease, chronic lung diseases.

Q44. When will high risk patients be able to get the vaccine?

A44. According to the DoD priority list, high risk patients will be able to get the vaccine after medical staff, first responders and some critical military personnel have been inoculated, and ahead of the general and healthy service members and patient population. Availabilities of the vaccine is dependent upon future deliveries and for planning purposes is expected to happen in early 2021.

Q45. Will the vaccine affect my flying status?

A45. At this time, there is no formal DNIF requirement when once you have received the vaccine. Schedulers should consider the potential for distracting immune response(s) (fever, headache, fatigue) within the first 48 hours of a member receiving the vaccine when planning the schedule. If someone on flying status develops any symptoms, they should reach out and speak to a flight surgeon. The Flight Surgeon on Call can be reached through Command Post 24/7.

Q46. As an active-duty Airman, what will happen if I receive the vaccine? Are there any potential side effects?

A46. You will get the vaccine and return to work as with regular vaccinations. Madigan medical workers have been receiving the vaccine for a few weeks now and have tolerated it well. The most common potential side effects include fever, headache, and fatigue. These usually occur within 48 hours after the vaccine is given. There are isolated reports of high fever or anaphylactic reaction, but these are highly uncommon. The trials required by the FDA have proven the safety of the vaccine after testing on tens of thousands of volunteers. Because it is recommended that you stay home if you have a fever, Commanders are encouraged to stagger when their members receive the vaccine.

Q47. Are there any long term ramifications for receiving the vaccine?

A47. The vaccine's short term efficacy (95% after the second dose) has been proven and the safety of the vaccine has been proven. The length of the efficacy is yet to be determined, but that is why the FDA has issued an Emergency Use Authorization (EUA) and not full approval. There are no ramifications for getting or not getting the vaccine, as it is completely voluntary at this time. Currently, there are no countries, companies, etc, that are mandating travelers have the vaccine prior to entry. This has the potential to change throughout 2021.

Q48. Could Airmen (who receive the vaccine) face any issues when leaving the service and trying to obtain employment with a commercial airline?

A48. The Federal Aviation Administration (FAA) has determined that pilots may receive the vaccine under the conditions of their FAA-issued airman medical certification. FAA Air Traffic Controllers, who are subject to FAA medical clearance, may also receive the vaccine.

The agency will require aviation professionals with medical certifications or medical clearances to observe a period of 48 hours following the administration of this vaccine before conducting safety-sensitive aviation duties, such as flying or controlling air traffic. The FAA anticipates taking no additional measures to ensure safety after the initial window for side effects closes.

Please review the FAA website for more information: <https://www.faa.gov/news/>