

COVID-19 Vaccine Q&A Follow-Up

1. Does Texas give a person a way to show they received the vaccine?

A: After getting your vaccine, you will [receive a card](#) from the Centers for Disease Control (CDC) showing which vaccine you received, the date you received it, and where you received it.

2. Where are community vaccination centers located?

A: You can find your closest community vaccination center on the [Texas COVID Vaccine Availability map](#).

3. Can Medicaid transportation be used to get to a vaccine site?

A: Yes, you may use Medicaid transportation to get to a vaccine site.

4. Can you explain the difference between EUA versus full approval? Is it ok to get a vaccine that only has emergency authorization?

A: In a public health emergency, manufacturing and approval of vaccines can be streamlined through an [Emergency Use Authorization \(EUA\)](#). An EUA does not make a vaccine less safe because it has no bearing on development— research, clinical studies, and the studying of side effects and adverse reactions all continue as usual. An EUA speeds up manufacturing and administrative processes.

Usually, the manufacturer would apply for a full approval (also known as [Biologics License Application or BLA](#)). If the Food and Drug Administration (FDA) determines that the vaccine is safe, works, and that manufacturing can be done safely and consistently, then it will grant a license for vaccine production.

In a public health emergency, manufacturing may occur while vaccines are still in development, rather than after approval. These efforts happen simultaneously, and instead of filing for a BLA, the manufacturer files for an EUA.

If the benefits outweigh any possible risks of the vaccine and manufacturing quality can be ensured, the FDA will approve the vaccine for emergency use.

Yes, it is ok to get the vaccine that has received an EUA.

Getting vaccinated is an important part in ending the COVID-19 pandemic.

5. HHSC has stated that Personal Care Attendants that work in individual's homes are included in Group 1A. Can you include a written response to the question about this for clarification?

A: Yes, personal care attendants who work in individual's homes would be included in the 1A category.

6. Is the vaccine safe for pregnant women?

A: Data on the safety of COVID-19 vaccines in pregnant people are limited. No female reproduction or fetal, embryonal, or postnatal development safety concerns were demonstrated in animals that received Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccines before or during

gestation. In addition, the adenovirus vector platform used in the Janssen COVID-19 vaccine has been used for other vaccine development programs that included pregnant people vaccinated during any trimester— including a large-scale Ebola vaccination trial. No adverse pregnancy-related outcomes (including infant outcomes) were found to be related to the vaccine in these trials.

Based on current knowledge, experts believe that COVID-19 vaccines are unlikely to pose a risk to the pregnant person or fetus because the currently authorized COVID-19 vaccines are **non-replicating vaccines** and **cannot cause infection** in either the mother or the fetus. No evidence exists of risk to the fetus from vaccinating pregnant women with these vaccines in general. However, the potential risks of COVID-19 vaccines to the pregnant person and the fetus are unknown because these vaccines have not been studied in pregnant people. Clinical trials to evaluate the safety and efficacy of COVID-19 vaccines in pregnant people are underway. Vaccine manufacturers are also following outcomes in people in the clinical trials who became pregnant.

Pregnant people may choose to receive a COVID-19 vaccine. A conversation between the patient and their clinical team may assist with decisions about the use of a COVID-19 vaccine, though a conversation with a healthcare provider is not required before 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 limited data about the vaccine during pregnancy. Pregnant people who choose to receive COVID-19 vaccine

are encouraged to enroll in [v-safe](#). A v-safe pregnancy registry has been established to follow outcomes among pregnant people who are vaccinated. Based on self-reported information, no specific safety signals have been observed among pregnant vaccine recipients included in the v-safe registry. However, longitudinal follow-up is needed to fully evaluate pregnancy and birth outcomes.

There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after COVID-19 vaccination. There is no evidence that any of the COVID-19 vaccines affect future fertility.

7. I work a center for independent living that serves people with disabilities. Over 90 percent of our staff are people with disabilities themselves. How can we partner with vaccine providers to help our staff registered/vaccinated.

A: Please reach out to Vaccine.LTCF@dshs.texas.gov so we can help connect you with a pharmacy who can help schedule a clinic and administer the doses.

8. How is the COVID vaccine different from the flu vaccine?

A: Many of the flu vaccines use a weakened or inactivated form of the target pathogen to trigger an immune response.

The three COVID-19 vaccines that are authorized in the United States use different technology platforms.

The first two authorized vaccines (Pfizer and Moderna), are what is called a [messenger RNA \(mRNA vaccine\)](#). While

the technology is new, it is not unknown; we have been studying this type of vaccine for more than a decade. mRNA vaccines do not contain a live virus and cannot give someone COVID-19. Instead, these vaccines carry a message to your cells telling them how to make a harmless piece of a protein that triggers an immune response inside your body. mRNA from the vaccine never enters the nucleus of the cell, and does not affect or interact with your DNA.

The third COVID-19 vaccine available in the US is the Johnson & Johnson/Janssen vaccine. It differs from the mRNA vaccines as it uses a technology platform known as “non-replicating viral vector.” Viral vector vaccines use a modified version of a different virus as a vector to deliver instructions in the form of genetic material (a gene) to a cell. The vaccine does not cause infection with either COVID-19 or the virus used as the vector. The genetic material delivered does not integrate into a person’s DNA.

9. My family members are afraid to get the vaccine because they think it was approved too quickly, do you have suggestions on how to address that fear?

A: The federal government has been working since the start of the pandemic to make a COVID-19 vaccine available as soon as possible. As with all vaccines, safety is the top priority. The FDA carefully reviewed all safety data from the clinical trials, considered if the benefits outweighed any potential risks of the vaccines, and only after passing through this rigorous process were emergency use authorizations issued. In addition to the FDA, the [CDC Advisory Committee on Immunization Practices \(ACIP\)](#) reviewed all safety data before recommending the three COVID-19 vaccines for use. The FDA and CDC will continue

to monitor the safety of the vaccines to make sure even the rarest side effects are identified.

Remember, these vaccines build on technology from years of research. We have spent nearly two decades researching other similar respiratory viruses, which laid the groundwork for our current vaccines. Work on fighting influenza and HIV also provided for the technological breakthroughs that have allowed the development of the COVID-19 vaccines.