Are there FDA-approved vaccines for COVID-19?

Yes, there are currently three vaccines approved by the U.S. Food and Drug Administration (FDA) to prevent COVID-19, Pfizer-BioNTech, Moderna and Johnson & Johnson (J&J). These vaccines were approved under FDA’s Emergency Use Authorization (EUA) process, which allows safe and effective medicines to be deployed on an accelerated schedule during a public health emergency such as the current COVID-19 pandemic. The Pfizer vaccine is approved for people over 16 years old, while the Moderna and J&J vaccines are approved for those over age 18. Scores of additional vaccines are in clinical trials and may be approved at a later date.¹

Are the vaccines safe and effective?

By all accounts, the vaccines are safe and effective. All three approved vaccines have eliminated deaths from COVID-19 and eliminated or significantly reduced illness requiring hospitalizations. The vaccines are also demonstrated to be safe by the high standards set for vaccines. Vaccines approved under the EUA process are evaluated by an independent panel of experts under rigorous FDA standards for safety and effectiveness.² Roughly 75,000 individuals have taken part in clinical trials for the five major vaccine candidates. There were no deaths, and nobody reported severe illness following vaccination.³ FDA reviewed two months’ worth of safety data in granting the EUAs, which is the period in which safety issues typically would surface.⁴

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Should I wait to get the Pfizer or Moderna vaccines instead of the Johnson & Johnson shot?

Public health experts encourage you to get the first vaccine available to you. There is a misperception among some of the public that the Johnson & Johnson vaccine is not as good as the Pfizer or Moderna shots. In fact, the J&J vaccine proved highly effective in trials, eliminating deaths from COVID-19 and eliminating cases requiring hospitalization. And J&J is a one-shot vaccine, eliminating the need to schedule a second shot weeks later as with the Pfizer and Moderna vaccines. FDA has explained that it’s not possible to make comparisons about the effectiveness of the various vaccines because the shots were not tested in head-to-head clinical trials. The J&J vaccine was tested in different locations and at different times than the other shots, and was tested against emerging virus variants that are more transmissible.

Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, said of the J&J shot, “It’s not the weaker vaccine,” adding, "all three of them are really quite good, and people should take the one that's most available to them…. If you go to a place and you have J&J and that's the one that's available now, I would take it. I personally would do the same thing. I think people need to get vaccinated as quickly and as expeditiously as possible.”

Do the COVID-19 vaccines protect against the COVID-19 variants?

Yes. The J&J vaccine proved effective against the more transmissible virus variants in Brazil and South Africa in clinical trials. The Pfizer and Moderna vaccines completed testing before the variants emerged, but these shots have been found effective against the South Africa and United Kingdom variants.

Did the vaccine test population include African Americans and other people of color, as well as other groups that are more vulnerable to COVID-19?

Yes, the vaccines were tested on diverse populations and found to be safe and effective. Many African Americans are justifiably wary of the medical establishment, because of a historic legacy of racism in health care, including carrying out unethical medical experiments on African American patients.

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Americans, stealing their biological property for profit and disregarding their health needs. Still, it is especially critical that African Americans, Latinos and Native Americans receive the vaccine because many work in jobs that put them at additional risk to contract the virus and because these groups are at greater risk of death and serious illness from the disease.

**Can I get COVID-19 from the vaccine?**

No. It is impossible to get COVID-19 from any of the vaccines since they do not contain any live virus. Instead, they instruct your body to recognize the signature “spike proteins” of the coronavirus, helping your immune system to fight the virus that causes COVID-19 if you are infected. It’s important to remember, however, that it takes a few weeks after the shot for your body to produce immunity, and it’s possible to become infected during that time.

**Are there side effects to the COVID-19 vaccine?**

People taking the vaccine have reported mostly mild, temporary side effects, such as pain where they were injected, fatigue, and occasional fever, headache, or aching muscles and joints. When they occur, these side effects typically fade within a couple of days. Participants report that the side effects are more pronounced after the second injection. These are common side effects with all vaccines and indicate that the body’s immune system is developing protections from the virus.

In rare cases, individuals with severe allergies have experienced anaphylactic reactions to the vaccine. Those individuals were treated and recovered. Vaccine administration protocols call for recipients to be observed after the injection and to be treated for an allergic reaction if it occurs. Health experts recommend that people who report allergies unrelated to vaccines be given a skin allergy test before receiving the vaccine, and people who have severe allergies to vaccines, medicines or food should not get a vaccine at this time. Ask your doctor if it’s appropriate for you to get a vaccine, given your individual health circumstances.

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Should people who recovered from COVID-19 get the vaccine?

Public health experts recommend that people who have had COVID-19 should still get a vaccine, because it is uncertain how long people retain natural immunity after recovering from the illness. Experts advise waiting 90 days after their diagnosis before getting the shot. Vaccine trials of participants who have recovered from COVID-19 show that the vaccine is safe in those who were previously infected.

Can vaccinated people gather together, and can vaccinated grandparents visit with their families?

Yes. The Centers for Disease Control and Prevention (CDC) issued guidance stating that it is safe for fully vaccinated people to gather together in homes without masks, and for vaccinated people to visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease. This means that vaccinated grandparents, for example, may visit unvaccinated, healthy adult children and healthy grandchildren of the same household without wearing masks.

For now, vaccinated people do need to continue to follow public health practices like wearing masks and maintaining physical distancing while out in public. This is because we don’t yet know whether vaccines prevent a person from transmitting the virus, even though we know it is highly effective at preventing COVID-19 disease.

How are vaccines being distributed to the public? Who is receiving the vaccine first?

Vaccine distribution is a joint federal, state and local effort. The CDC made recommendations for which groups should receive the vaccine first, but individual states set their own priorities for distribution, and states and local authorities are responsible for administering most vaccines to the public. CDC advises that states offer the first available vaccines to health care personnel and residents of long-term care facilities, designated as Phase 1a. The next priority group, Phase 1b, includes frontline essential workers, such as first responders, public safety workers including corrections officers, grocery store workers, transit workers and school employees, and individuals

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over age 75. Phase 1c includes people ages 65 to 74, people ages 16 to 64 with underlying medical conditions and other essential workers such as food service and construction workers.\(^\text{18}\)

**Can employers mandate that their workers take the vaccine?**

In many cases, employers in nonunion workplaces can require their employees to take the vaccine. Employees working under union contracts have rights to challenge vaccine mandates or to demand to bargain over impacts of a mandate. Workers with a disability or a health condition may request an exemption under the Americans with Disabilities Act, and employees with religious objections have a right to refuse vaccines protected by the EEOC. These rights are limited, however, if the employer can show that a worker’s refusal to be vaccinated causes an undue burden or poses a direct threat in the workplace.\(^\text{19}\)

Lawmakers in some states are considering restricting vaccine mandates. Legislation that would ban or limit vaccine mandates has been filed in Kentucky, Louisiana, Minnesota, Missouri, New Jersey, New York, South Carolina, Tennessee, Virginia and Washington state. A Florida bill would bar the state or local governments from mandating the vaccine. A competing proposal in New York would make the COVID-19 vaccine mandatory statewide. Oregon already bars health care employers from mandating vaccines.\(^\text{20}\)

Most employers have signaled a preference to educate and encourage employees to voluntarily take the vaccine rather than mandate it. AFSCME supports employers’ efforts to educate workers about the vaccine and works cooperatively with employers to maximize voluntary participation in vaccination efforts.

**How many people need to be immunized for us to resume normal life?**

Public health experts are not yet certain at what point we will have enough people immunized from COVID-19, also known as herd immunity, to stop widespread transmission of the virus through the community. Early estimates vary widely, and researchers continue to study the virus to establish an immunization target. Until then, it is critical that we continue public health measures such as mask wearing and maintaining physical distance where possible.\(^\text{21}\)


