

## Frequently Asked Questions in Response to the COVID-19 Vaccine Questionnaire and Acknowledgment Form

This document provides additional information on each screening question contained in the acknowledgement form. **If you have concerns or want medical advice after reading this FAQ, contact your health care provider. SCCA cannot provide medical advice to staff on these issues.**

### 1. In the past 2 weeks, have you tested positive for COVID-19?

If you answered yes to this question, you may schedule your vaccine appointment for a future date, but you must complete the [COVID-19 symptom screening questions](#) and get a PASS result the day of your appointment.

SCCA's "[Stay at Home – Return to Work](#)" guidelines and COVID-19 symptom screening take priority over vaccine appointments.

If you have tested positive in the last 90 days, you may choose to defer your vaccine to other eligible staff who remain susceptible to infection, as current evidence suggests reinfection is uncommon during the 90 days after initial infection.

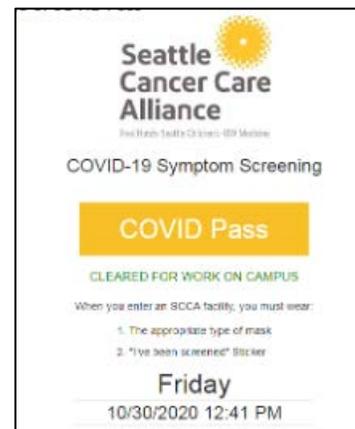


Image of COVID Pass from <https://screening.seattlecca.org/>

### 2. In the past two weeks have you had exposure to a person who tested positive for COVID-19 at a distance of six feet or less for a period of 15 or more minutes without wearing appropriate personal protective equipment?

If you answered yes to this question, you may schedule your vaccine appointment for a future date, but you must complete the [COVID-19 symptom screening questions](#) and get a PASS result the day of your appointment.

SCCA's "[Stay at Home – Return to Work](#)" guidelines and COVID-19 symptom screening take priority over vaccine appointments

**3. Have you had a new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?**

If you answered yes to this question, stay home from work, complete the [COVID-19 Symptom Survey](#) to schedule a COVID test. If you have a positive test result, refer question 1 above.

If you have a negative test result and your symptoms have resolved (or significantly improved), you can reschedule you for your vaccination by and calling or emailing Employee Health at (206) 606-2500 or [employeehealth@seattlecca.org](mailto:employeehealth@seattlecca.org). You must complete the [COVID- 19 symptom screening questions](#) and get a PASS result the day of your appointment.

Please note: SCCA's "[Stay at Home – Return to Work](#)" guidelines and COVID-19 symptom screening take priority over vaccine appointments.

**4. Have you received passive antibody therapy as part of COVID-19 treatment in the past 90 days?**

If you answered yes to this question, you may wish to consult with your healthcare provider about whether to defer vaccination to avoid potential interference of the antibody treatment with vaccine-induced immune responses.

Currently, there are no data on the safety and efficacy of Pfizer-BioNTech COVID-19 vaccination in people who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. [Evidence](#) suggests that reinfection is uncommon in the 90 days after initial infection.

**5. Are you pregnant or breastfeeding or do you plan to become pregnant?**

**The CDC states that the COVID vaccine can be offered** to high-risk persons such as health care workers who are pregnant, breastfeeding, or contemplating pregnancy. [The CDC vaccine considerations for people who are pregnant or breastfeeding](#) are summarized below:

The vaccine safety and efficacy have not been tested in pregnancy. The risk of maternal or fetal harm from an mRNA vaccine is unknown but thought to be low. Specifically, the vaccine does not integrate into host DNA. COVID-19 disease carries increased risk in pregnancy, particularly for patients with obesity or other medical conditions. Based on the early experience in the UK, pregnant patients who have a history of significant allergy to vaccine components should defer the COVID vaccine until there is a better understanding of anaphylactoid reactions to the vaccine. Receipt of the vaccine is a personal choice. If you have questions around getting vaccinated, a discussion with your prenatal provider will help you make an informed decision.

**6. Are you immune compromised or on a medicine that affects your immune system?**

If you answered yes to this question, you may still get the COVID-19 vaccine if you have no other contraindications to vaccination. People with HIV infection, cancer, other immunocompromising conditions, or those who take immunosuppressive medications or therapies are at increased risk for COVID-19 complications. There are limited data currently available to establish vaccine safety and efficacy in these groups. People with stable HIV infection and some stable cancers were included in phase 2 and 3 clinical trials, though data specific on these groups are not yet available. Patients who were receiving immunosuppressive therapy were excluded from the trials.

The vaccine safety profile and effectiveness in immunocompromised populations remains unknown. There is also the potential for reduced immune response to the vaccine. If you get the vaccine, you would need to continue to physically distance, wear masks and avoid group gatherings to continue to protect yourself against COVID-19.

**7. Do you have a bleeding disorder or are you on a blood thinner?**

Like most vaccines, the coronavirus vaccine is injected into the muscle of your upper arm. Intramuscular vaccines are not contraindicated among patients who receive anticoagulation (blood thinners, such as warfarin (Coumadin®) and apixaban (Eliquis®)). As with any injection, there is some risk of bleeding, but the risk is very low to develop a bleeding complication (such as a hematoma or excess bruising).

People on stable anticoagulation therapy, including those on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. If you have received other intramuscular vaccines without incident, then your risk is likely low.

You may decide to consult with the clinician responsible for prescribing or monitoring your anticoagulant therapy before getting your vaccine.

**8. Do you have a history of severe allergic reaction (anaphylaxis) to another vaccine or injectable medication? If yes, what vaccine or injectable medication?**

Severe allergic reaction to any ingredient of the Pfizer-BioNTech COVID-19 vaccine is a contraindication to vaccination. See table 1 for a list of vaccine ingredients.

Allergic reactions in the Pfizer clinical trial were not reported, however anaphylactic reactions in persons outside of clinical trials have been reported. While these reports are further investigated, the CDC considers a history of severe allergic reaction to any other vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) as a precaution but not a contraindication to vaccination. *(Answer is continued on the next page.)*

If you have had an anaphylactic reaction to another vaccine or injectable medication please tell the employee health team **before** getting your vaccine. They will monitor you for 30 minutes after your vaccination (instead of 15 minutes, which is the observation time for people without a history of severe allergic reaction to vaccine or injectables).

Food allergies, allergies to venom (e.g. bee stings) or to latex are **not contraindications** to vaccination.

We encourage you to discuss any additional questions or concerns with your primary care doctor or allergist before getting the vaccine.

**Table 1: Pfizer vaccine ingredients\***

sources: <https://www.fda.gov/media/144414/download> and <https://www.fda.gov/media/144413/download>

<b>mRNA</b>	Nucleoside-modified messenger RNA (mRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2
<b>Lipids</b>	(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 cholesterol
<b>Other ingredients</b>	Potassium chloride Monobasic potassium phosphate Sodium chloride Dibasic sodium phosphate dihydrate Sucrose
*The diluent (0.9% Sodium Chloride Injection, USP) contributes an additional 2.16 mg sodium chloride per dose. Neither vaccine contain eggs, gelatin, latex, or preservative.	

**Table 2: Triage of persons presenting for Pfizer-BioNTech COVID-19 vaccination**

source: [https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fpfizer%2Fclinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fpfizer%2Fclinical-considerations.html)

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>Immunocompromising conditions</li> <li>Pregnancy</li> <li>Lactation</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Additional information provided*</li> <li>15 minute observation period</li> </ul>	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>Moderate/severe acute illness</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Risk assessment</li> <li>Potential deferral of vaccination</li> <li>15 minute observation period if vaccinated</li> </ul>	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>
ALLERGIES	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies</li> <li>History of allergy to oral medications (including the oral equivalent of an injectable medication)</li> <li>Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis)</li> <li>Family history of anaphylaxis</li> <li>Any other history of anaphylaxis that is not related to a vaccine or injectable therapy</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause</li> <li>15 minute observation period: Persons with allergic reaction, but not anaphylaxis</li> </ul>	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine)</li> <li>History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>Risk assessment</li> <li>Potential deferral of vaccination</li> <li>30 minute observation period if vaccinated</li> </ul>	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>Do not vaccinate</li> </ul>

Guidance as provided by the CDC available [here](#)