



The COVID-19 Vaccine and You

FAQs for people living with HIV in Oregon

The Oregon Health Authority's HIV/STD/TB Section recognizes that medical, public health and governmental institutions have not always proved themselves trustworthy in caring for people living with HIV; Black, Latinx and Indigenous communities; and people who identify as gay, lesbian, bisexual, transgender or outside of the gender binary. At the same time, these very institutions are encouraging COVID-19 vaccination among historically marginalized communities. We acknowledge that for many of the communities we serve, we are asking for a leap of faith in accepting this new vaccine. The HIV/STD/TB Section is here to take that leap with you. We hope this document helps people living with HIV make an informed decision about COVID-19 vaccination. The more people who choose to get vaccinated, the safer we will all be from COVID-19 and the sooner we can get back to being together.

Note that the hyperlinks in the document will take you to other sources of information with details of the COVID-19 vaccine trial results, multimedia to explain how the vaccine works and other OHA resources.

Q1: What COVID-19 vaccines are authorized for use in the United States?

A1: On Dec. 11, 2020, the Food and Drug Administration (FDA) granted its first Emergency Use Authorization (EUA) for a COVID-19 vaccine for people 16 and older from Pfizer and the German biotech company BioNTech. The FDA granted its second EUA on Dec. 17, 2020 for a similar vaccine for people 18 and older from Moderna. While EUA is not the same as full approval, the COVID-19 vaccines were tested in tens of thousands of study participants and generated enough data to convince the FDA that the vaccines are safe and effective, and that the manufacturers producing the vaccines meet all safety standards.

Q2: How do the Pfizer/BioNTech and Moderna COVID-19 vaccines work?

A2: Both vaccines consist of a set of instructions, called messenger RNA (mRNA for short), that teaches cells how to make proteins. This mRNA is encased in a bubble of tiny fat molecules. Once injected into the shoulder muscle, our cells use the mRNA inside the vaccine to make one of the proteins on the surface of COVID-19. This protein triggers an immune response that protects us from infection. Once used by the cell, the mRNA is destroyed and does not become part of, or change, our DNA, cells or bodies.

Videos to help you learn more about how the Pfizer/BioNTech and Moderna COVID-19 vaccines work can be found [here](#) and [here](#), respectively. While many of us are hearing about this mRNA vaccine technology for the first time, it has been studied extensively for several decades. In fact, what we've learned over years and years of HIV research has made these vaccines possible.

Both vaccines require two shots. The second dose of the Pfizer vaccine should be administered 21 days after the first dose, and the second dose of the Moderna vaccine should be administered 28 days after the first dose.

Q3: How effective are the Pfizer/BioNTech and Moderna COVID-19 vaccines?

A3: In a [trial](#) of over 40,000 participants, the Pfizer/BioNTech vaccine prevented 95% of symptomatic COVID-19 cases. The vaccine worked equally well for all groups of people. Almost one-third of study participants were Hispanic/Latinx, 10% were Black and 4% were Asian. A total of 121 people living with HIV participated in the Pfizer/BioNTech trial.

In a [trial](#) of over 30,000 participants, the Moderna vaccine prevented 94% of symptomatic COVID-19 cases and 100% of severe COVID-19 cases. One-fifth of the study participants were Hispanic/Latinx, 10% were Black and 4% were Asian. Among people aged 65 years and older, the vaccine was only slightly less effective, preventing 86% of COVID-19 cases. A total of 176 people living with HIV participated in the Moderna trial. Among people living with HIV, no one who received the vaccine got COVID-19, while one person who did not receive the vaccine got COVID-19.

Q4: What about safety?

A4:

- Most patients experience mild to moderate pain in the shoulder after injection.
- Fatigue, headache, chills and joint and muscle aches were common, but lasted for no more than two days after the shot. It is not unusual to experience these symptoms after receiving a vaccination, and they typically indicate that our immune systems are developing a protective response.
- People with a history of severe allergic reactions may experience a reaction after the Pfizer/BioNTech vaccination. People who have had prior reactions to vaccines or injectable drugs can still get the vaccine, but they should discuss the risks with their providers and should be monitored after administration. People who have an allergy to any component of the Pfizer/BioNTech vaccine should not receive that vaccine.
- The vaccines will not interact with gender-affirming hormone therapies and are likely safe for people on these medications.

Q5: What are we waiting to learn about the COVID-19 vaccines?

A5: While the vaccine trials were very large and answered key questions about how well the vaccine works, there is still more to learn.

- Only a small number of people living with HIV were included in the trials. More data are needed on how COVID-19 vaccines work among people living with HIV.
- We don't know how long protection from COVID-19 lasts after vaccination.
- We don't know if the vaccine prevents infection without symptoms and COVID-19 transmission.
 - Until we do, continue to wear a mask, wash your hands frequently, practice physical distancing, choose outdoor activities over indoor ones and follow county and state public health recommendations even after you are vaccinated.
- Studies of how the vaccine works in younger adolescents and children are underway.
- Studies of how the vaccine works in pregnant people and people who are breastfeeding are also underway.
 - At this time, the [American College of Gynecology and Obstetrics](#) states that the vaccine should not be withheld from people who are pregnant, breastfeeding or who may become pregnant.

Q6: Should people living with HIV get the COVID-19 vaccine?

A6: [Data](#) are mounting that people living with HIV are at greater risk of hospitalization and death due to COVID-19 than people without HIV. Vaccines that use mRNA are likely safe for people living with HIV since they do not contain the actual live virus. We recommend the COVID-19 vaccine for all people living with HIV and that people living with HIV be prioritized along with people aged 65 years or older and people with pre-existing conditions for COVID-19 vaccination.

Q7: Will the vaccine give me COVID-19?

A7: The vaccine will not cause COVID-19. The vaccine contains only the instructions to make a small piece of the COVID-19 virus; it does not contain instructions for any other pieces that need to be present to cause infection. In addition, cough, shortness of breath, runny nose, sore throat, loss of taste or smell – all signs of COVID – are not caused by the vaccine.

Q8: What if I've already had COVID-19, can I still get the vaccine?

A8: People who have had COVID-19 can, and should, still get the COVID-19 vaccine. If you are recovering from COVID-19, wait until your self-isolation period has ended to get the vaccine.

Q9: Can I get my flu shot and the COVID-19 vaccine at the same time?

A9: Just to be safe, the CDC recommends you wait for two weeks after getting other vaccines before getting a COVID-19 vaccine. Once you get your COVID-19 vaccine, you should wait for two weeks before getting other vaccines. Since many people will not be able to get COVID-19 vaccines right away, now is a perfect time to receive other vaccines that may be due, like a flu shot, tetanus shot or shingles vaccine.

Q10: I've heard about COVID-19 vaccines causing people to test positive for HIV.

A10: In Australia, a vaccine was developed using an HIV protein. While the vaccine did not cause HIV infection, it caused people who received the vaccine to test positive on HIV screening tests. Australia has scrapped testing of this vaccine.

Q11: I've also heard about certain types of COVID-19 vaccines putting people at greater risk of HIV.

A11: Over a decade ago, there were two HIV vaccine trials. Instead of using a bubble of tiny fat particles to help deliver instructions into cells (like the mRNA vaccines), researchers used the outer coat of another virus called “adenovirus type 5.” There are lots of types of adenoviruses, and they commonly cause colds and stomach bugs. It turns out that men who had adenovirus 5 infection in the past and who received the vaccine were more likely to get HIV than those without prior adenovirus 5 infection.

There is concern that a COVID-19 vaccine that uses an adenovirus 5 coat could increase the risk of HIV infection. Currently, COVID-19 vaccines using the adenovirus 5 coat are only being used in China and Russia. No other companies are testing vaccines with adenovirus 5 coats.

Q12: When can I expect to get the vaccine?

A12: While the first doses of the Pfizer/BioNTech and Moderna vaccines for health care workers have arrived in Oregon, getting the COVID-19 vaccine is still months away for most of us. Oregon's vaccine rollout plan can be found [here](#). Until most people are vaccinated, we will all need to continue to wear masks, wash our hands, choose outdoor activities over indoor activities, practice physical distancing and follow county and state public health recommendations to protect our community.

For up-to-date information on vaccination rollout, you can also follow Governor Kate Brown's and the Oregon Health Authority's Facebook pages and Twitter feeds (@OregonGovBrown and @OHAOregon). Alternatively, you can Alternatively, you can subscribe to OHA's daily [Coronavirus Update newsletter](#).

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhs.oha.state.or.us.