Slide 1 – Best Practices: Preparing for Your Presentation

No notes.

Slide 2 – Intro slide

Hello! My name is **** and I am [part of the NCDHHS COVID-19 Response Team or with ******* organization]... introduce others presenting as well.

We're here to share important information about COVID-19 vaccines, boosters, treatments and more. We also want to make sure we have time to hear and answer as many of your questions as possible. We encourage folks to use the chat box to ask their questions, and we'll be trying to answer as many as we can during the presentation. We will also have some time at the end for questions.

**Note for presenter: Remember to log this COVID 101 presentation at:
https://docs.google.com/forms/d/e/1FAIpQLSe9a65X1tA4u0SP5sX00JttvyoyoWkreTDQ7jTemGEnpoR7_w/viewform

Slide 3 – Questions

As we begin today's presentation, we'd like to know what's on your mind when it comes to COVID-19 and COVID-19 vaccines.

That said, what comments, concerns or questions do you have about COVID-19, COVID-19 vaccines, testing or treatment today?

[Give participants opportunity to express any initial questions, concerns or comments they have about COVID-19/vaccines]

The goals for today's presentation are to:

• Inform and educate North Carolinians about proactive measures they can take to slow the spread of COVID-19.

• Earn the trust of North Carolinians.

• Help North Carolinians protect themselves, their loved ones and their communities by getting vaccinated.

Slide 4 – State of COVID-19 North Carolina

No notes.
**Slide 5 – COVID-19 Spread & Symptoms**

COVID-19 variants currently circulating in North Carolina include the highly transmissible BA.2, BA.4 and BA.5 Omicron subvariants.

COVID-19 spreads when an infected person breathes out droplets that contain the virus. These droplets can be breathed in by other people or land on their eyes, nose, or mouth. In some cases, droplets may also land on surfaces. People who then touch that surface might get the virus on their hands and infect themselves by touching their face.

**What are droplets?**

Small drops of fluid that get into the air when a person coughs or sneezes, talks, or laughs. Droplets containing the coronavirus can easily spread through the air, especially among people indoors.

**COVID-19 is spread in three main ways:**

- Breathing in air when close to an infected person who is exhaling small droplets that contain the virus.
- Having these small droplets that contain the virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

**Slide 6 - State of COVID-19 in North Carolina**

How COVID-19 is impacting North Carolina:

- North Carolina has had over 2.8 million COVID-19 cases and over 25,000 deaths. Sadly, most COVID deaths that are now occurring are preventable with a safe, easy and free vaccine.
- Millions of North Carolinians have stepped up to get one, but we need more people to get vaccinated.
- During the height of the Omicron wave, the average number of daily COVID admissions was 620. As of May 14, the daily average was 471 people hospitalized. While hospitalizations remain low, they are starting to slightly increase with the rise in cases. NCDHHS will continue to coordinate with the health care community to preserve health care system capacity in the event of future surges. It is vital that health care providers meet the needs of those who have COVID-19 as well as anyone else needing care, whether it be for cancer, heart disease, or an injury.
The risk of severe illness, hospitalization, and death from COVID-19 is much higher for people who are not vaccinated. So, get vaccinated. Wear a mask when needed. Get tested if you have an exposure or symptoms of COVID-19. Seek treatment for the virus early.

The COVID-19 virus will be with us for the foreseeable future. We encourage you to speak with a health provider you trust as you consider your own risk and the actions you take. Fortunately, while COVID-19 can still cause harm or change in unpredictable ways, we now have the tools and knowledge to manage and live with the virus.

For more information on current case rates, vaccine metrics and other useful information, visit the COVID-19 North Carolina Dashboard at: https://covid19.ncdhhs.gov/dashboard

**Slide 7 – Causes of COVID-19 Cases**

**Don’t wait to protect yourself – get vaccinated!**

- Places with low vaccination rates are seeing increased COVID-19 cases, hospitalizations, and deaths.
- Even if you have a mild case of COVID-19, you may struggle with long-term effects like shortness of breath, chest pain, and brain fog.
- Getting vaccinated and boosted provides a high level of protection against most of these complications.
- Serious side effects from COVID-19 vaccines are extremely rare, temporary, and treatable.
- Most people just experience a sore arm, a headache, and feeling tired and achy for a day or two.
- Rigorous clinical trials with thousands of people ages 6 months and up, and experience with COVID-19 vaccination among hundreds of millions of diverse Americans, have shown that they are safe and effective and help protect against variants, like Delta and Omicron.
- During the recent Omicron surge, those who were boosted were 21 times less likely to die from COVID-19 compared to those who were unvaccinated. They were also seven times less likely to be hospitalized.

**Slide 8 – Updated Isolation and Quarantine Guidelines**

*No notes.*
**Slide 9 – Updated Mask Guidance**

Every day we learn more about the virus, and we now have a wider array of effective tools to reduce risk:

- Vaccines and boosters are widely available. They help protect against severe illness, hospitalization, and death.
- Treatment is available for people at higher risk of severe disease.

The best way to protect your friends and family and yourself is a layered approach:

- Get vaccinated and boosted when eligible
- Wear a mask when needed
- Use social distancing in public

Because well-fitting masks provide extra protection, you may still choose to wear one.

Masks are still required in places like health care and long-term care facilities. This is because of the setting or federal regulations.

Surgical or procedure masks, like a KN95 or an N95, offer the best protection. Masks should fit well and have multiple layers.

Getting vaccinated is the best way to prevent serious illness, hospitalization, and death. If you are not vaccinated, you are at greater risk of catching and spreading COVID-19.

**Slide 10 – COVID-19 General Overview**

*No notes.*

**Slides 11 and 12 – COVID 19 Terms You Should Know**

*No notes.*

**Slide 13 – COVID-19 Terms You Should Know**

Isolation and quarantine are strategies used to prevent transmission of COVID-19.

You isolate when you are sick. You quarantine when you have had a close contact with someone infected with COVID-19.
Slide 14 – The Omicron Variant

- In North Carolina, the COVID-19 subvariants circulating include BA.2, BA.4 and BA.5.
- Protection against Omicron increases greatly after a booster dose.
- Health experts predict that once Omicron is in a community, it will be nearly impossible to contain, making vaccines and boosters essential in protecting people from severe illness.
- The elderly, people living in long-term care facilities and people with underlying medical conditions or who are immunosuppressed are at the greatest risk and should get vaccinated as soon as possible and get a COVID-19 booster as soon as they are eligible.
- The CDC now recommends the Moderna and Pfizer COVID-19 vaccines as the best choices for most people for preventing infection from COVID-19. There is ample supply of both vaccines in North Carolina and across the country.
- The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.
- The CDC emphasized receiving any vaccine, including the Johnson & Johnson vaccine, is better than being unvaccinated.
- People with a history of thrombosis with thrombocytopenia, a condition defined as blood clotting with low platelets, should not receive the Johnson & Johnson vaccine.
- Vaccinating against COVID-19 remains the most effective way for people to protect themselves from serious illness, hospitalization and death. Once vaccinated, people should get a booster when they are eligible. Anyone over 5 years old who received the Pfizer vaccine or over 18 years old who received the Moderna vaccine should get a booster 5 months after their second dose (this timing may be sooner for those with a moderately or severely compromised immune system). Anyone who received a Johnson & Johnson vaccine should receive a Pfizer or Moderna booster (if they are able and it is available) 2 months after their original shot.
- With the presence of COVID-19, all North Carolinians should:
  - Vaccinate: Get vaccinated before gathering, attending events or traveling. Get a booster when eligible.
  - Test: Get a COVID-19 test if you have symptoms of COVID-19, you have come into close contact with someone with COVID-19, you are not up to date with your COVID-19 vaccines and have been prioritized for expanded community screening, you were asked or referred to get testing by your school, workplace,
health care provider, or state, tribal, local or territorial health department, or you are traveling.
  o Mask: Wear a mask when needed.

[If asked about the naming of variants]

- The Omicron COVID-19 variant has been identified in countries around the world, including Canada, Spain and the UK.
- It was named after the 15th letter of the Greek alphabet.
- The naming system, which was announced by the World Health Organization, makes public communication about variants easier and less confusing.
  - For example, the variant that emerged in India is not popularly known as B.1.617.2. Rather, it is known as Delta, the fourth letter of the Greek alphabet.
- The W.H.O. skipped two letters just before Omicron — “Nu” and “Xi. A W.H.O spokesperson stated that “‘Nu’ is too easily confounded with ‘new,’” and “‘Xi’ was not used because it is a common last name.”
- The W.H.O’s best practices for naming diseases seeks to avoid causing offense to any cultural, social, national, regional, professional or ethnic groups.

Sources:
Marriam-Webster Dictionary: https://www.merriam-webster.com/dictionary/omicron#note-1

Slide 15 – COVID-19 Symptoms Vary & May Require Treatment

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms. Symptoms can also change quickly, moving from mild to severe.

COVID-19 vaccines and boosters help prevent people from getting the virus and lower the risk of severe illness, hospitalization and death. Don't wait to protect yourself & others around you, especially loved ones who can't get vaccinated.

Slide 16 – Long COVID

COVID-19 symptoms can last for weeks or months for some people. Even people who had mild symptoms from COVID can get long COVID.
Long COVID is when COVID-19 continues with symptoms 4+ weeks after infection and sometimes after recovery for initial symptoms.

For some people, the lasting **COVID-19 symptoms** are nothing like the original symptoms when they were first infected with COVID-19. The most common long COVID symptoms include:

- Coughing
- Ongoing, sometimes debilitating, fatigue
- Body aches
- Joint pain
- Shortness of breath
- Loss of taste and smell — even if this didn’t occur during the height of illness
- Difficulty sleeping
- Headaches
- Brain fog

**Brain fog** is among the most confusing symptoms for people with long COVID. Patients report being unusually forgetful, confused or unable to concentrate even enough to watch TV. This can happen to people who were in an intensive care unit for a while, but it’s relatively rare. However, it is happening to a variety of patients, including those who weren’t hospitalized.

Some people have reported feeling better for days or even weeks then relapsing. For others, it’s a case of just not feeling like themselves.

Visit survivorcorps.com for more information on long COVID.

**Slide 17 – Heart Complications from COVID-19 Infection**

Heart complications are more likely to occur from a COVID-19 infection than an mRNA COVID-19 vaccine.

A new study on vaccine safety specifically comparing risk of myocarditis after vaccine vs. infection showed that among young males, the risk of heart complications (e.g., myocarditis, pericarditis) was around 2 to 6 times higher after a COVID-19 infection than the second dose of the vaccine. For men ages 18 to 29, the risk was 7 to 8 times greater. Among all other groups, the risk of cardiac complications was 2.2-115.2 times more likely from an infection than after a vaccine. No cases of heart complications were found in children 5-11 after a second dose of the vaccine.

The CDC’s recommendation to wait 8 weeks between a first and second dose of an mRNA COVID-19 vaccine reduces the risk even further.
Slide 18 – COVID-19 Vaccines

No notes.

Slide 19 – About COVID-19 Vaccines

What are Vaccines?

• Vaccination is a simple, safe, and effective way of protecting you against harmful diseases before you come into contact with them. Vaccines use your body’s natural defenses to build protection against specific infections and make your immune system stronger. Vaccines protect us against viruses and diseases such as Chickenpox and Measles.

• All available vaccines are extremely effective at lowering the chance of hospitalization and death caused by COVID-19 with no serious safety concerns.

• Available COVID vaccines in the US are authorized for people ages 6 months and older.

• The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

[More detail]

The vaccines were built on decades of previous work on similar vaccines. The vaccines were tested at different times and in different places. When and where the vaccines were tested makes it hard to compare the results. Comparing their success rates is like comparing apples to oranges. The bottom line is that all available vaccines are extremely effective at preventing hospitalization and death caused by COVID-19.

***(In case of questions about J&J and Guillain-Barré Syndrome (GBS)):

The Food and Drug Administration says that there have been very rare cases of Guillain-Barré Syndrome (GBS) after receiving the Johnson & Johnson COVID-19 vaccine. Most cases have been reported about two weeks after vaccination and mostly in males, many aged 50 and older.
• GBS is a neurological disorder usually triggered by a respiratory or gastrointestinal infection that most people fully recover from. The body’s immune system damages nerve cells, causing muscle weakness and sometimes paralysis in severe cases.

• Of the 12.8 million doses of the Johnson & Johnson COVID-19 vaccine administered in the U.S. (roughly 8% of all COVID-19 vaccines), around 100 preliminary cases (less than .0008%) of GBS have been possibly linked to the Johnson & Johnson vaccine in the U.S.

• Over 90% of North Carolinians vaccinated have received either the mRNA-based Pfizer or Moderna COVID-19 vaccines. Pfizer and Moderna are different from the Johnson & Johnson vaccine and have not seen the same increased risk of GBS.

• With COVID-19 cases rising, the best way to protect your health is to get a COVID-19 vaccine. Unvaccinated people run the highest risk of severe illness, hospitalization, long-term COVID-19 symptoms, and death.

• Thorough clinical trials with thousands of participants have proven that the vaccines are safe and effective for anyone 6 months and older.

• The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

• The Johnson & Johnson vaccine remains the only one-dose option approved for those 18 years and older.

• If you have received the J&J vaccine, you are still protected, and severe adverse effects are extremely rare.

***[In case of questions about J&J blood clots or updated CDC guidance]:

Research has found more cases of a rare condition with blood clotting and low platelets associated with the Johnson & Johnson COVID-19 vaccine. This rare condition is called thrombosis with thrombocytopenia (TTS). TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. The CDC continues to remind people that receiving any vaccine, including the Johnson & Johnson vaccine, is better than not being vaccinated.

The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

People with a history of TTS should not get the Johnson & Johnson vaccine. All of the vaccines continue to be carefully monitored for safety.

Ingredients List
The three COVID-19 vaccines currently available in the United States do not contain eggs, preservatives, fetal tissue, stem cells, mercury or latex.

- **Pfizer:** mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

- **Moderna:** Messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

- **J&J:** Recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, sodium chloride.

**Slide 20 – COVID-19 Vaccine History**

COVID-19 vaccines are built on decades of research on vaccines for similar viruses, so scientists had a head start in making the COVID-19 vaccine. Large investments of dollars and time from scientists made sure the vaccines were created without skipping any steps.

Many different public organizations and private companies have worked together to make COVID-19 vaccines available to the public.

**Slide 21 – Why You Should Get Your COVID-19 Vaccine**

- Tested, safe and effective, COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love.

- Rigorous clinical trials with thousands of people ages 6 months and older have proven that COVID-19 vaccines are safe and effective. And more than 250 million Americans have been safely vaccinated.

- Scientists had a head start, and thousands of volunteers helped with clinical trials.

- All of the vaccines are tested, safe and effective and lower the chances of getting COVID-19, hospitalization and death.

- You cannot get COVID-19 from the vaccine.

- The vaccines are free to all regardless of your insurance or immigration status.
• After you are up to date with your vaccine, you can get back to activities like gathering with other vaccinated friends and family without masks.

• You have a spot to take your shot.

**In case questions are asked about insurance based on recent updates:**

COVID-19 vaccines and boosters are free to everyone. You don’t need to have health insurance. If you have health insurance, it will pay for 100% of the vaccine or booster. If you don’t have health insurance, you won’t be charged for the vaccine or booster.

You may have heard that the federal government is no longer reimbursing vaccine providers for COVID-19 vaccine-related costs for people who don’t have insurance. While this is true, vaccine providers cannot pass these costs on to you. COVID-19 vaccines and boosters will still be free for all those wanting to receive them.

You cannot be denied a vaccine because you can’t pay or don’t have health insurance. If you get a bill following your COVID-19 vaccine or booster, you should first speak with the person or facility that sent it. If they don’t cancel it, call the NC COVID-19 Vaccine Help Center at 888-675-4567.

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**Slide 22 – How Vaccines Work to Protect You**

Here is how the COVID-19 vaccines work:

Vaccines imitate COVID without giving it to you. After you get the vaccine, the vaccine gives your body instructions to make a protein that safely teaches your body to make an antibody to fight the real COVID-19. Your body naturally breaks down or destroys the protein from the vaccine. With these antibodies, you can fight off the real virus if it tries to attack you.

*If asked if there is a tracker in the vaccine*

There is no tracker in the vaccine.

*If asked whether you can get the vaccine even if you’ve had COVID before*

Yes. The vaccine works to protect you against a future infection. You don’t need a COVID-19 test before vaccination. It is safe to get vaccinated with any FDA-authorized COVID-19 vaccine if you have been infected in the past.

*If asked how long the vaccine will protect you from COVID-19*

Data so far shows that there are still very high protection levels for at least 6 months after the vaccine. Because of the high level of protection at 6 months, the protection will likely last longer. We’ll know even more about how long the immunity from the vaccines lasts as people have been vaccinated for a longer period of time.
**Slide 23 – Why You Need a Booster Shot**

It is important to stay up to date on your vaccines by getting a booster shot when you are able. During the recent Omicron surge, those who were boosted were 21 times less likely to die from COVID-19 compared to those who were unvaccinated. They were also seven times less likely to be hospitalized. People who got the Johnson & Johnson vaccine should get the Pfizer or Moderna booster if they can.

**Slide 24 – When to Get Your First Booster**

To strengthen and extend protections against COVID-19, boosters are now available to all North Carolinians 5 and older. **If you are eligible, you should get a booster now.**

**You should get a booster if:**

- You are 5 or older, and you received your second dose of the Pfizer vaccine at least FIVE months ago, or
- You are 18 or older, and you received your second dose of the Moderna vaccine at least FIVE months ago, or you received your Johnson & Johnson vaccine at least TWO months ago.

Children and teens 6 months through 17 years who get the Moderna vaccine are not currently eligible for a booster.

Get a booster anywhere COVID-19 vaccines are available. Booster doses are free for everyone. No insurance or doctor's note is needed.

People ages 5 to 17 years old should only get the Pfizer booster if they got Pfizer for their initial series, and parental consent is required. Adults 18 and older should get the Pfizer or Moderna vaccine for their booster. The Johnson & Johnson vaccine and booster is only available to adults who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated or boosted if they are unable to get the Johnson & Johnson vaccine. A booster is needed sooner if you have a compromised immune system.

NCDHHS encourages you to speak with a doctor, nurse or pharmacist if you have questions about which booster is right for you.

Additionally, people who are up to date with their vaccines and who received their first COVID-19 vaccines outside of the U.S. or in clinical trials with a brand not currently authorized by the FDA can now receive a Pfizer booster shot when they are eligible.

You'll need to know the dates of your vaccination and confirm what brand you got originally. Your paper vaccination card is helpful but may not be necessary. At-home vaccination and free transportation may be available.
If you have questions about getting your booster shot, call the NC COVID-19 Vaccine Help Center at 888-675-4567 or visit MySpot.nc.gov.

**Slide 25 – When to Get Your Second Booster**

Some people should now get a second booster of either the Pfizer or Moderna vaccine. These people include:

- Adults ages 50 years or older who got their first booster (of Pfizer, Moderna or Johnson & Johnson) at least four months ago.
- People ages 12 and older with **compromised immune systems** who got their first booster shot at least four months ago. Any teens 12-17 years who get the Moderna vaccine are not currently recommended to receive a booster.

The following people should get a second booster because they are at higher risk of getting very sick:

Adults 18 through 49 years who received two shots of the Johnson & Johnson vaccine at least four months ago can get a second booster dose of either Moderna or Pfizer, but the second booster dose is not required to be considered up to date.

People who choose to get a second booster now might still need more boosters later this year. However, it may be helpful to get it now if you are (or if someone you live with is):

- Moderately or severely immunocompromised
- More likely to get very sick from COVID-19
- More likely to be exposed to COVID-19 through your job, where you live, or other factors (such as frequent travel or large gatherings)
- In an area with medium to high COVID-19 community levels
- Living with someone who is not vaccinated

You may consider waiting to get a second booster if you:

- Had COVID-19 in the past three months
- Feel that getting a second booster now would make you not want to get another booster later

A second booster may be more important in the fall of 2022. It may also be important if a new vaccine for a future COVID-19 variant becomes available.

People who have a compromised immune system have a weakened immune system due to several types of conditions and/or treatments. Some people inherit problems with their immune system and others use certain types of medicines over a long period of time that weaken their immune system. For example, people who have compromised immune systems could include individuals who are on chemotherapy; have had a solid organ transplant and are
taking medicine to suppress the immune system; or have a primary immunodeficiency syndrome, such as DiGeorge syndrome.


**Slide 26 – The Booster That Is Right for You**

**NOTE:** Children 6 months to 17 years who get the Moderna vaccine are not currently recommended to receive a booster.

**Slide 27 – If You Are 5+ Years and Moderately or Severely Immunocompromised**

The CDC recommends that people ages 6 months and up who have moderately or severely compromised immune systems get an additional dose, which is different than a booster, of either the Pfizer or Moderna vaccine. The schedule for this additional dose depends on the age of the person and vaccine received for previous doses.

Also, children 5 to 17 years who have a moderately or severely compromised immune system should get a booster three months after their additional dose of Pfizer. Children and teens who are 5 to 17 years old should only get a Pfizer booster after receiving the Pfizer vaccine for their initial series. Anyone 6 months to 17 years who gets the Moderna vaccine is not currently recommended to receive a booster. Adults 18 and older who have moderately or severely compromised immune systems should get the Pfizer booster three months after their additional dose or the Moderna booster four months after their additional dose.

The Johnson & Johnson vaccine and booster is only available to adults who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated or boosted if they are unable to get the Johnson & Johnson vaccine.

People ages 12 and older who have moderately or severely compromised immune systems should also get a second booster shot four months after their first booster. Children ages 12-17 should only get the Pfizer vaccine for the second booster as well if they have received Pfizer for their initial series. Talk with a health care provider if you have questions about whether a second booster is right for your child.

**Slide 28 – If You Are 6 Months to 5 Years and Moderately or Severely Immunocompromised**

The CDC recommends that people ages 6 months and up who have moderately or severely compromised immune systems get an additional dose of either the Pfizer or Moderna vaccine.
**Slide 29 – Current Guidance**

Once you’re up to date with your vaccine, you can get back to many activities you enjoyed before the pandemic, but for some activities you should still wear a mask. If you are up to date with your vaccines, you should:

- Wear a mask if you are at high risk for severe illness, are at a high-risk setting, are in an area with high levels of the virus, have been exposed to the virus or have COVID-19, or just want an added layer of protection.
- Wear a mask in all health care or long-term care settings. Surgical masks, like a KN95 or an N95, offer the best protection.
- Get tested if you have any symptoms of COVID-19.

Receiving the COVID-19 shot is everyone’s best protection from getting and spreading COVID-19. For more information about what to do after being vaccinated, see NCDHHS’s guidance.

**Slide 30 – Getting Your COVID-19 Shot**

*No notes.*

**Slide 31 – Find Your Spot**

There are two ways that NCDHHS can help you find a vaccine appointment!

1) One of the easiest places to start when looking for a vaccine location/provider is our website: my spot dot nc dot gov. Here, you can find a vaccine provider AND learn more about the vaccines – and all of the information is also available in Spanish.

2) You can also call the COVID-19 Vaccine Help Center. They can help you find vaccine locations near you and provide contact information for those locations.

It is important to make sure the vaccine provider you choose has the correct vaccine dose available for your child based on his or her age. If you have children who are ages 3 to 11 years, they can get a vaccine anywhere that has the smaller dose that is appropriate for their age available. This includes their pediatrician or doctor’s office, local pharmacies and grocery stores. Babies and toddlers ages 6 months to 2 years cannot be vaccinated by a pharmacist. They can get their vaccine only at a doctor’s office or local health center where the correct dose for their age is available.

All children are encouraged to get the vaccine from their pediatrician or medical provider, as the vaccine may be given with other routine childhood vaccines or regular checkups that help to keep them healthy. Parents and guardians of children who do not have an established
medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.

**Slide 32 – What you will get at your vaccine appointment**

What you will get at your vaccine appointment.

- A **fact sheet** that tells you more about the specific COVID-19 vaccine you receive.
- A **vaccination card** that tells you what COVID-19 vaccine you received, the date you received it, and where you received it. Make a back-up of the vaccination card (like taking a photo of it on your phone).
- Ask your vaccine provider about getting started with **v-safe**, a free, smartphone-based tool that uses text messages and online surveys to provide check-ins after you receive your vaccine.

**If questions are asked about cost/insurance due to recent HRSA changes**

COVID-19 vaccines and boosters are free to everyone. You don’t need to have health insurance. If you have health insurance, it will pay for 100% of the vaccine or booster. If you don’t have health insurance, you won’t be charged for the vaccine or booster.

You may have heard that the federal government is no longer reimbursing vaccine providers for COVID-19 vaccine-related costs for people who don’t have insurance. While this is true, vaccine providers cannot pass these costs on to you. COVID-19 vaccines will still be free for all those wanting to receive it. You cannot be denied vaccination due to inability to pay or lack of health insurance. If you get a bill following your COVID-19 vaccine or booster, you should first speak with the person or facility that sent it. If they don’t cancel it, call the NC COVID-19 Vaccine Help Center at 888-675-4567.

**Slide 33 – Temporary Reactions After Your Vaccine**

Like many other vaccines, you could have temporary reactions like a sore arm, fever, headache, or feeling tired and achy for a day or two. This could be similar to what you might have experienced after a shingles vaccine. These reactions are temporary (which means they’ll go away in a day or two), they are not dangerous, and they are actually a good sign that the vaccine is working in your body the way it’s supposed to.

*[In case of questions about allergic reactions]:*

If people have allergies to ingredients in the two-dose vaccines, then they won’t get that vaccine. Anyone who has had a serious allergic reaction to any vaccine or medicine that is
injected should talk about the risks and benefits of the vaccine with their doctor. People with allergies to foods, animals, environmental allergens (such as pollen), latex, or medications taken by mouth, or who have family members with past severe allergic reactions can be vaccinated with any of the COVID-19 vaccines currently authorized. So, if you have a peanut allergy, you shouldn’t worry about getting vaccinated.

**[In case of questions about fainting with J&J]:**

In addition, some people experience lightheadedness, nausea or fainting (symptoms of vasovagal syncope) after a vaccination. The CDC recommends the following prevention measures:

- Have a beverage or snack before getting your vaccine
- Sit or lie down after you receive your vaccine
- Breathe slowly and deeply before getting the vaccine and think of something relaxing

**[In case of questions about J&J blood clots or updated guidance]:**

Research has found more cases of a rare condition with blood clotting and low platelets associated with the Johnson & Johnson COVID-19 vaccine. This rare condition is called thrombosis with thrombocytopenia (TTS). TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. The CDC continues to remind people that receiving any vaccine, including the Johnson & Johnson vaccine, is better than not being vaccinated.

The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

People with a history of TTS should not get the Johnson & Johnson vaccine. All of the vaccines continue to be carefully monitored for safety.

**[In case of questions about J&J and Guillain-Barré Syndrome (GBS)]:**

- The Food and Drug Administration says that there have been very rare cases of Guillain-Barré Syndrome (GBS) after receiving the Johnson & Johnson COVID-19 vaccine. Most cases have been reported about two weeks after vaccination and mostly in males, many aged 50 and older.
- GBS is a neurological disorder usually triggered by a respiratory or gastrointestinal infection that most people fully recover from. The body’s immune system damages nerve cells, causing muscle weakness and sometimes paralysis in severe cases.
- Of the 12.8 million doses of the Johnson & Johnson COVID-19 vaccine administered in the U.S. (roughly 8% of all COVID-19 vaccines), around 100 preliminary cases (less than .0008%) of GBS have been possibly linked to the Johnson & Johnson vaccine in the U.S.
• Over 90% of North Carolinians vaccinated have received either the mRNA-based Pfizer or Moderna COVID-19 vaccines. Pfizer and Moderna are different from the Johnson & Johnson vaccine and have not seen the same increased risk of GBS.

• The best way to protect your health is to get a COVID-19 vaccine. Unvaccinated people run the highest risk of severe illness, hospitalization, long-term COVID-19 symptoms, and death.

• Thorough clinical trials with thousands of participants have proven that the vaccines are safe and effective for anyone 6 months and older.

• The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

• The Johnson & Johnson vaccine remains the only one-dose option approved for those 18 years and older.

• If you have received the J&J vaccine, you are still protected and severe adverse effects are extremely rare.

Slide 34 – COVID-19 Vaccines for Children and Teens

No notes.

Slide 35 – Kids Have a Spot to Take Their Shot

Children can get the virus just like everyone else. COVID-19 cases in children can result in hospitalization, death, MIS-C (inflammation in different parts of the body), and long-term problems where symptoms can last for months.

Children ages 6 months to 11 years can get a safe and effective COVID-19 vaccine. The Food and Drug Administration (FDA) has authorized lower doses of the Pfizer COVID-19 vaccine for children 6 months to 11 years, with those who are 6 months to 4 years for Pfizer and 6 months to 5 years for Moderna receiving a smaller dose than those who are older. The Centers for Disease Control and Prevention recommend all children 6 months and older get the vaccine to protect against serious illness and help keep them healthy.

Recent research shows that vaccination lowers the chance of having these severe and long-term effects from COVID-19 infection. Research has also shown that two shots of the smaller dose Pfizer vaccine lower the risk of MIS-C by 91%. Additionally, 95% of kids hospitalized with MIS-C are unvaccinated, and some require life support. They can also have lasting damage to the heart, kidneys, or other organs.
There were no safety concerns or serious side effects noted in the clinical trials. Temporary side effects for kids 6 months to 11 years are similar to older kids and adults and may include a sore arm, headache and being tired or achy for a day or so.

Everyone ages 6 months and older should receive a free Pfizer or Moderna COVID-19 vaccine. Children ages 5 and up should get a Pfizer booster as well if they received Pfizer for their initial series. Children and teens 6 months through 17 years who get the Moderna vaccine are not currently recommended to receive a booster. The vaccines are available even if a child does not have health insurance and regardless of their immigration status.

**Slide 36 – Vaccines for Kids Under 6**

Children ages 6 months to 11 years can now get a safe and effective COVID-19 vaccine. The Centers for Disease Control and Prevention recommend all children 6 months to 11 years get the vaccine to protect against serious illness and help keep them healthy.

For Pfizer, these authorizations were based on clinical trials, including a study with 1,678 children ages 6 months through 4 years. Moderna’s clinical trials included more than 6,600 children ages 6 months through 5 years. Now parents and caregivers have a choice for vaccinating their young kids.

**Slide 37 – Where To Get Vaccines for Kids Under 6**

Children 6 months to 11 years can now get a smaller dose of the COVID-19 vaccine that is appropriate for their age. Children who are 6 months to 4 years who get the Pfizer vaccine and 6 months to 5 years who get the Moderna vaccine receive a smaller dose than those who are older.

If you have children ages 3 to 11 years, they can get a vaccine anywhere that has the smaller dose that is appropriate for their age available. This includes their pediatrician or doctor’s office, local pharmacies and grocery stores. Babies and toddlers ages 6 months to 2 years cannot be vaccinated by a pharmacist. They can get their vaccine only at a doctor’s office or local health center where the correct dose for their age is available.

All children are encouraged to get the vaccine from their pediatrician or medical provider, as the vaccine may be given with other routine childhood vaccines or regular checkups that help to keep them healthy. Parents and guardians of children who do not have an established medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.
On June 17, 2022, the FDA authorized Moderna and Pfizer COVID-19 vaccines for use in children 6 months though 5 years. The Pfizer vaccine was authorized for children ages 6 months through 4 years. The Moderna vaccine was authorized for children 6 months through 5 years. For Pfizer, these authorizations were based on clinical trials, including a study with 1,678 children ages 6 months through 4 years. Moderna’s clinical trials included more than 6,600 children ages 6 months through 5 years. Now parents and caregivers have a choice for vaccinating their young kids.

During Pfizer’s clinical trials, for children 6 months to 1 years old, the vaccine was 4.2% effective after the second dose and 75.5% after the third dose. For children 2 to 5 years old, the vaccine was 32.9% effective after the second dose and 82.3% after the third dose. Current data for Pfizer is based on a small number of COVID-19 cases during the trial for kids under 5. Real-life data as the vaccine is circulated will impact results of effectiveness.

During Moderna’s clinical trials, it found that after the second dose, the vaccine was 50.6% effective for children ages 6 months to 23 months and 36.8% effective for children ages 2 to 5 years.

Clinical trials began in March 2021. Pfizer had 1,678 participants for its clinical trial with children ages 6 months to 4 years and more than 3,000 participants for its trial for children ages 5 to 11 years. For its clinical trials, Moderna had more than 6,600 children ages 6 months through 5 years participate and around 4,000 children ages 6 to 11 years. Additionally, 30,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. Manufacturers continue to collect data on safety and effectiveness.

Tens of millions of children and teens ages 5 through 17 years have now safely received a first dose of the COVID-19 vaccine. Key points:

- Temporary side effects for the COVID-19 vaccine for kids 6 months to 11 years were similar to side effects seen in teens and adults.
- Vaccine safety was studied in approximately 8,278 children ages 6 months to 4 years and 7,000 children ages 5 through 11 who received either the Pfizer or Moderna vaccine, and no serious side effects have been detected in the ongoing studies.
➢ This is comparable to the VariVax vaccine (Chickenpox), in which the vaccine’s safety was studied in approximately 4,240 children, age 1 – 12, in early clinical trials. (Source: https://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf)

➢ Ongoing Safety Monitoring: The FDA and the CDC have several systems in place to continually monitor COVID-19 vaccine safety and allow for the rapid detection and investigation of potential safety problems.

[If asked about effectiveness data for clinical trials for children under 5]
During Pfizer’s clinical trials, for children 6 months to 1 years old, the vaccine was 4.2% effective after the second dose and 75.5% after the third dose. For children 2 to 5 years old, the vaccine was 32.9% effective after the second dose and 82.3% after the third dose. Current data for Pfizer is based on a small number of COVID-19 cases during the trial for kids under 5. Real-life data as the vaccine is circulated will impact results of effectiveness.

During Moderna’s clinical trials, it found that after the second dose, the vaccine was 50.6% effective for children ages 6 months to 23 months and 36.8% effective for children ages 2 to 5 years.

[If asked about demographic information from Pfizer’s 5 – 11 clinical trials]
Trials included volunteers from different races and ethnicities:

- 77% White
- 6% African American/Black
- 8% Asian
- 17% Hispanic/Latinx
- 7% Multiracial
- Other race <1%

[If asked about safety, ongoing monitoring or myocarditis]

Ongoing Safety Monitoring and Myocarditis/Pericarditis: Pfizer and Moderna have updated safety monitoring to include evaluation of myocarditis, pericarditis and other events of interest in children 6 months through 11 years of age. In addition, the FDA and the CDC have several systems in place to continually monitor COVID-19 vaccine safety and allow for the rapid detection and investigation of potential safety problems.

It is mandatory for Pfizer, Moderna and vaccination providers to report any serious adverse events, cases of Multisystem Inflammatory Syndrome and cases of COVID-19 that result in hospitalization or death in vaccinated individuals. It is also mandatory for vaccination providers to report all vaccine administration errors to VAERS for which they become aware and for Pfizer
and Moderna to include a summary and analysis of all identified vaccine administration errors in monthly safety reports to the FDA.

**FDA Evaluation of Available Safety Data**

The available safety data to support the EUAs include more than 15,000 participants ages 6 months through 11 years enrolled in ongoing studies. Safety monitoring and data collection are ongoing.

Commonly reported side effects in the clinical trial included injection site pain (sore arm), redness and swelling, fatigue, headache, muscle and/or joint pain, chills, fever, swollen lymph nodes, nausea and decreased appetite. More children reported side effects after the second dose than after the first dose. Side effects were generally mild to moderate in severity and occurred within two days after vaccination, and most went away within one to two days.

The FDA and CDC safety surveillance systems have previously identified increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of tissue surrounding the heart) following vaccination with Pfizer COVID-19 Vaccine, particularly following the second dose, and with the observed risk highest in males 12 through 17 years of age. Therefore, the FDA conducted its own benefit-risk assessment using modelling to predict how many symptomatic COVID-19 cases, hospitalizations, intensive care unit (ICU) admissions and deaths from COVID-19 the vaccine in children 5 through 11 years of age would prevent versus the number of potential myocarditis cases, hospitalizations, ICU admissions and deaths that the vaccine might cause. The FDA’s model predicts that overall, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age.

**[If asked about Emergency Use Authorization]**

**FDA Evaluation of Available Effectiveness Data:** The effectiveness data to support the EUA in children down to 6 months of age is based on ongoing randomized, placebo-controlled studies that have enrolled children ages 6 months through 11 years. Immune responses throughout the studies have shown younger age participants were comparable to the older participants.

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**Slide 40 – Vaccines for Immune Compromised Kids and Teens**

*No notes.*

**Slide 41 – Vaccines for Teens**

On May 10, 2021, the Pfizer vaccine was authorized by the FDA for children ages 12 to 15 years old. On June 23, 2022, the Moderna vaccine was authorized for children 6 to 17 years old. Millions of children and teens in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
**If asked whether people under the age of 18 can get a COVID-19 vaccine without parental consent?**

A new state law requires that a parent or legal guardian provide written consent for anyone under 18 to receive a vaccine that has emergency use authorization from the Food and Drug Administration (FDA). Once a vaccine is fully approved by the FDA written consent is no longer required, however it is expected that for most teens, information about vaccination with parents and guardians and parental/guardian consent will be obtained for COVID-19 vaccination. North Carolina law also gives people under the age of 18 the ability to make certain health decisions, including the choice to get a COVID-19 vaccine, if they show the decisional capacity to do so. Decisional capacity is a person’s ability to understand their health and health care needs and options, and to make decisions about them. As part of normal development most children are able to make these kinds of decisions like an adult at some point before the age of 18. There is no one age at which this always occurs; it varies from child to child. On August 23, 2021, the FDA approved the Pfizer vaccine (now marketed as Comirnaty) for anyone 16 and older. Therefore, written consent from parent or a legal guardian is required for teens ages 12 to 15 year. Approval for this age group is expected at a later date as Pfizer was authorized for teens ages 12 to 15 years, six months after it was authorized for people 16 and older. Written consent is still required for anyone under 18 receiving Moderna as the vaccine for children ages 12 to 17 years is still under EUA.

**If asked why the Pfizer and Moderna vaccines for teens ages 5-15 is still under EUA?**

FDA approval for this age group will come later because Pfizer was not authorized for teens until May 2021, six months after it was granted EUA for people 16 and older, and for younger kids until October 2021. Moderna’s approval will also come later as it was not authorized for children 6 to 17 years old until June 2022.

**Slide 42 – How the Vaccines Protect Your Child**

No notes.

**Slide 43 Temporary Side Effects**

Temporary side effects for the COVID-19 vaccine for kids 6 months to 11 years were similar to side effects seen in people 16 to 25. Your child may temporarily experience a sore arm, headache and being tired or achy for a day or so. These temporary reactions are a good sign that the vaccine is working and should go away within a few days.

COVID-19 vaccines protect your child from serious illness. The risks of serious side effects from the vaccine are far less than the risk of serious illness from COVID-19.
An extremely rare side effect of the vaccine seen in some studies, but not with young children so far, is myocarditis, or heart muscle inflammation. Myocarditis has been seen in some older adolescent and young males with mostly mild cases. People usually recover on their own or need minimal treatment. No cases of myocarditis were seen in children 6 months to 11 years in the clinical trials. According to a recent study, heart complications, like myocarditis, pericarditis and multisystem inflammatory syndrome (MIS-C) are more likely to come from COVID-19 infection than from COVID-19 mRNA vaccines. The study found teen boys ages 12-17 are at 2 to 6x greater risk. (source: https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm?s_cid=mm7114e1_w)

Ongoing safety surveillance will continue to determine if this rare occurrence is a risk to younger children.

If asked on whether a child should stay home from school after getting vaccinated

Every child will be different, but kids may be sore or tired. If you are able to, consider getting your child vaccinated on a day when they could rest.

Slide 44 – Getting Kids & Teens Vaccinated

Visit MySpot.nc.gov or call 1-800-675-4567 to find a vaccination location for children 6 months and older near you.

All children are encouraged to get the vaccine from their pediatrician or medical provider, as the vaccine may be given with other routine childhood vaccines or regular checkups that help to keep them healthy. Parents and guardians of children who do not have an established medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.

Anyone 15 years old or younger needs a parent or guardian’s permission to get COVID-19 vaccines or boosters. People who are 16 or 17 years old do not need permission to get the first two doses of the Pfizer vaccine, but they do need permission to get a booster. People who are 17 or younger do need written consent to get any Moderna vaccine, as it is still under EUA.

Slide 45 – Testing and Treatment

No notes.

Slide 46 – Testing

Individuals who are up to date with their vaccines should get tested if they:
• Are experiencing symptoms of COVID-19. Anyone experiencing symptoms should get tested immediately.

• Have had close contact with someone who has COVID-19, even if they are not experiencing symptoms. You should get tested within 3-5 days after exposure.

• International travelers who are up to date on their vaccines are required to get tested 24 hours before travel by air into the U.S. and should also get tested 3-5 days after their trip.

Unvaccinated individuals should get tested if they:

• Are experiencing symptoms of COVID-19. Anyone experiencing symptoms should get tested immediately.

• Have come in contact with someone who has COVID-19, even if they are not experiencing symptoms. If they do not have symptoms, they should wait at least six days after their last known exposure to COVID-19 before they get tested.

• Take part in activities that put them at higher risk for COVID-19 because they cannot physically distance as needed to avoid exposure, such as travel, attending large social or mass gatherings, or being in crowded or poorly ventilated indoor settings.

Slide 47 - COVID-19 Treatments Can Decrease Your Risk of Hospitalization and Death

No notes.

Slide 48 – Treatment: Monoclonal Antibodies (mAbs)

mAbs treatment may help people who:

• Have tested positive for COVID-19 and have symptoms for 10 days or less; and,

• Are at high risk of getting more serious symptoms.

If you have recently tested positive for COVID-19 and have had symptoms for 10 days or less, talk to your health care provider to see if monoclonal antibody therapy is an option for you or find a treatment center near you. Some people may qualify for preventative treatment before showing symptoms. If you have been exposed to COVID-19, talk to your health care provider for more. All high-risk adults and high-risk youth ages 12-17 who weigh at least 88 pounds may be eligible for treatment.

Your body naturally makes antibodies to fight infection. However, your body may not have antibodies designed to recognize a new virus like SARS-CoV-2, the virus that causes COVID-19. The Food and Drug Administration (FDA) has issued Emergency Use Authorization (EUA) to
allow the use of monoclonal antibody therapies for the treatment of mild to moderate COVID-19 in certain high-risk patients.

Monoclonal antibodies, or mAbs, are made in a laboratory to fight a particular infection—in this case, the virus that causes COVID-19—and are given to patients directly with an infusion or a shot. That’s why mAb treatment may help patients who are at high risk for severe symptoms or hospitalization.

Some early evidence suggests that mAb treatment can reduce the amount of the virus, or viral load, that causes COVID-19 in a person's body. Having a lower viral load means you may have milder symptoms, which decreases the likelihood hospitalization.

For more information on Monoclonal Antibody treatment, call the COVID-19 Monoclonal Antibodies Call Center at 1-877-332-6585

**Slide 49 – Treatment: Convenient Oral Antiviral Pills**

Pfizer’s Paxlovid antiviral pill is available for treatment of mild to moderate COVID-19. Paxlovid is available by prescription only and should be given as soon as possible after diagnosis and within five days of symptom onset. Certain high-risk adults and high-risk youth ages 12+ who weigh at least 88 pounds may be eligible for treatment. Talk to your doctor, pharmacist or another health care provider about whether this treatment is right for you.

**Slide 50 – Frequently Asked Questions**

*No notes.*

**Slide 51 – Why should I get the COVID-19 shot if there are treatments?**

Preventing COVID-19 is much safer than treating it. Vaccines may protect you from getting infected. They can also help keep you from getting very sick. Getting vaccinated can also help keep your loved ones safe. This is especially important for those around you who can’t be vaccinated.

Don’t wait to get your vaccine, and get a booster as soon as you are able. Visit [MySpot.nc.gov](http://MySpot.nc.gov) to find a vaccine location near you.

Treatments for COVID-19 are for people who have tested positive for COVID-19 and have symptoms. Treatments can help stop people from getting very sick by helping their body fight the virus. They can also shorten the time that you are sick by slowing the growth of the virus in your body. Treatments do not stop you from catching COVID-19 again later. Treatments do not stop you from spreading COVID-19 to others.
If you test positive and have symptoms, don’t wait to see a health care provider. Treatment needs to be started within the first few days after you are infected for it to work well. Talk to a health care provider about treatments, or visit our website for more information on treatments for COVID-19.

**Slide 52 – Can I get the vaccine if I am pregnant or breastfeeding?**

- Yes. Pregnant and breastfeeding women can receive any of the available COVID-19 vaccines.
- Pregnant women with COVID-19 have a higher risk of being hospitalized and needing care in the ICU as well as may have a higher risk of problems for the baby.
- Pregnant women can talk with their doctors about their vaccine decision. You can also consult [MotherToBaby.org](https://www.mothertobaby.org) or call 1-866-626-6847
- Women who are breastfeeding can also receive any of the available vaccines. The vaccine is not thought to be a risk to a baby who is breastfeeding.

**Slide 53 – Should I be concerned about the impact of the vaccine on my fertility?**

- No. If you are planning to become pregnant, you can receive a COVID-19 vaccine.
- The American College of Obstetricians and Gynecologists recommends vaccination for all eligible people, including those who may want to get pregnant.
- Women in the clinical trials successfully became pregnant following vaccination, and there have been no safety data to suggest that the vaccines impact the ability of a woman to get pregnant.
- Similarly, the Society for Male Reproduction and Urology recommends that men who want to be fathers should be encouraged to get vaccinated. Recent studies have also shown that COVID-19 increases the risk of developing erectile dysfunction (ED) by nearly six times.

**Slide 54 – How do I access my vaccine records or proof of COVID-19 vaccination?**

You may need to show your COVID-19 vaccine information to businesses or venues. The NC COVID-19 Vaccine Portal is a free, fast and secure way for many North Carolinians to present proof of COVID-19 vaccination or print a copy of your COVID-19 vaccine information for other purposes.

Many North Carolinians can access their COVID-19 vaccine information in the North Carolina COVID-19 Vaccine Portal, including anyone who:
- Received their COVID-19 vaccine in North Carolina at a pharmacy, grocery store, doctor’s office, hospital, health department, or community event, AND
- Provided an email address to a North Carolina vaccine provider

If you don’t have an email address, you can still get your shot, but you will need to hold onto your paper copy.

**Need additional help?**

Contact the COVID-19 Vaccine Help Center at (888) 675-4567 from 7 a.m. to 7 p.m. Monday-Friday and 8 a.m. to 4 p.m. Saturday-Sunday.

**List of Federal Retail Pharmacy Partners:**

- Costco Wholesale Corp.
- CPESN USA, LLC
- CVS Pharmacy, Inc. (including Long’s)
- Good Neighbor Pharmacy and AmerisourceBergen Drug Corporation’s pharmacy services administrative organization (PSAO), Elevate Provider Network
- Health Mart Pharmacies
- LeaderNET and The Medicine Shoppe Pharmacy, Cardinal Health’s PSAOs
- Publix Super Markets, Inc.
- Retail Business Services, LLC (including Food Lion, Giant Food, The Giant Company, Hannaford Bros Co, Stop & Shop)
- The Kroger Co. (including Kroger, Harris Teeter, Fred Meyer, Fry’s, Ralphs, King Soopers, Smiths, City Market, Dillons, Mariano’s, Pick-n-Save, Copps, Metro Market, QFC)
- Topco Associates, LLC (including Acme Fresh Markets, Associated Food Stores, Bashas, Big-Y Pharmacy and Wellness Center, Brookshire’s Pharmacy, Super One Pharmacy, FRESH by Brookshire’s Pharmacy, Coborn’s Pharmacy, Cash Wise Pharmacy, MarketPlace Pharmacy, Giant Eagle, Hartig Drug Company, King Kullen, Food City Pharmacy, Ingles Pharmacy, Raley’s, Bel Air, Nob Hill Pharmacies, Save Mart Pharmacies, Lucky Pharmacies, SpartanNash, Price Chopper, Market 32, Tops Friendly Markets, ShopRite, Wegmans, Weis Markets, Inc.)
- Walgreens (including Duane Reade)
- Walmart, Inc. (including Sam’s Club)

*Slide 55 – Do people who have had COVID-19 still need to be vaccinated?*
• Yes. The vaccine works to protect you against a future infection. You don’t need a COVID-19 test before vaccination.

• It is safe to get vaccinated with any of the authorized vaccines if you have been infected in the past.

• If you were treated for COVID-19 symptoms with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

• People who are actively sick with COVID-19 should wait until they have recovered and can no longer spread the virus before getting their vaccine.

**Slide 56 – Will I be able to choose which vaccine I get?**

• The Centers for Disease Control and Prevention recommends that COVID-19 vaccines made by Moderna and Pfizer are the best choice for most people for preventing severe illness and hospitalization from COVID-19. There is ample supply of both vaccines in North Carolina and across the country.

• The FDA recommends Moderna and Pfizer over the Johnson & Johnson vaccine except in some circumstances. The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can’t access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

• People ages 5 to 17 can only get a Pfizer booster after receiving the Pfizer vaccine for their initial series. Anyone 6 months to 17 years who gets the Moderna vaccine is not currently recommended to receive a booster. The CDC recommends that people who received the Johnson & Johnson vaccine get the Pfizer or Moderna booster if they can. Ask a health care provider if you have questions about which booster is right for you.

• People with a history of thrombosis with thrombocytopenia (TTS), a condition defined as blood clotting with low platelets, should not receive the Johnson & Johnson vaccine.

  o *There are no safety concerns for people who were previously vaccinated and did not experience TTS.*

  o *About 17 million doses of the J&J vaccine have been used in the U.S.*

  o *TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. None of those deaths occurred in North Carolina.*

  o *People who experience TTS will develop severe symptoms within three weeks of receiving their initial Johnson & Johnson vaccine.*
• Data continuously shows that Pfizer and Moderna COVID-19 vaccines and boosters are safe and effective for everyone 18+. Vaccines are also now safe, authorized and recommended for children ages 6 months and up.

• Those who received a Johnson & Johnson vaccine should seek a booster shot of either the Pfizer or Moderna vaccine.

• Vaccination with the Moderna or Pfizer vaccine is the most safe and effective way to prevent severe illness, hospitalization and death from COVID-19.

Slide 57 – Resources

No notes.

Slide 58 – Resources

Additional Resources:

• Vaccine Location Finder: www.MySpot.nc.gov

• At-Home Vaccine Providers: https://covid19.ncdhhs.gov/vaccines/home-vaccine-providers

• NCDHHS Video Library: https://covid19.ncdhhs.gov/video-library

• Teen Vaccine Information: www.TeenVaxFacts.com

• mAbs Treatment: https://covid19.ncdhhs.gov/treatment

• General Information, Guidance and Updates on COVID-19: https://covid19.ncdhhs.gov/

If you have additional questions, comments or feedback you'd like to share or have answered, please email: vaccine101@ncdhhsvaccine.com

***Note for Presenter: Remember to log COVID Essentials presentation at: https://docs.google.com/forms/d/e/1FAIpQLSe9a65X1tA4u0SP5sX00JttvuryoWkreTDQ7jTe mGEnpoR7_w/viewform