COVID-19 Government Resources & Frequently Asked Questions

Government Resources:

FDA Website – Learn about COVID-19 Vaccines and Boosters

- Frequently Asked Question (Videos)
    - Why should I get a COVID-19 booster?
    - How long do boosters take to offer a benefit?
    - Do you need a booster if you've already had COVID-19?
    - What if someone has not been vaccinated?
    - I had COVID. Why do I need to get vaccinated or boosted?
    - Do the COVID vaccines cause long-term health problems?
    - What are the ingredients in the COVID vaccines?
    - Are there people who are eligible but shouldn't get a COVID vaccine?
- COVID-19 Vaccine Safety and Diversity (Video)
- Vaccine Development 101
- The Path for Vaccines from Research to FDA Approval
- COVID-19 Vaccine Safety Surveillance

CDC COVID-19 Website – Guidance on everything related to COVID-19

- COVID-19 Symptoms
    - Check Your Symptoms
    - Steps to Take if You Feel Sick
- Quarantine and Isolation
    - When to Quarantine and Isolate
    - Caring for Someone Sick at Home
- Testing & Masks
    - Use of Masks to Slow the Spread
    - Self-Testing
- COVID-19 Vaccines and Booster Shots
    - Get Vaccinated – Find COVID-19 Vaccines and Boosters Near You
    - Stay Up-to-Date With Your Vaccines
    - Myths and Facts
    - For Children
    - Possible Side Effects
    - Get Your Vaccination Card
- COVID-19 Cases & Data
- Traveling During COVID-19: Domestic and International
- About COVID-19
    - Protect Yourself
        - Types of Masks and Respirators
        - How to Wear an N95 Respirator
    - Variants of the Virus
    - Health Equity

- Latest Updates

WI DHS COVID-19 Website – Guidance from the Wisconsin Department of Health Services

- Stay Up-to-Date With Your Vaccines
  - Find a COVID-19 Vaccine
  - Learn How to Get Vaccinated
- Stop the Spread of COVID-19
  - Staying Safe in Your Community – Guidance and Resources
  - Prevent COVID-19
  - Travel – What You Need to Know Frequently Asked Questions
  - Guidance for the Workplace
  - Keeping Wisconsin Kids Healthy
- About COVID-19 (Coronavirus Disease)
  - COVID-19 Data for Wisconsin
    - Latest Statistics
  - Testing
    - When to Get a Test
    - How to Get a Test
    - What to Expect
  - What You Need to Know
    - Symptoms of COVID-19
    - Next Steps After You are Exposed or Diagnosed

Frequently Asked Questions

Q: How is COVID-19 spread?

A: COVID-19 is primarily spread through respiratory droplets and secretions. People in close contact (<6 feet) are at greater risk of being infected by someone carrying the virus. Crowded indoor settings like airports, concerts, conventions, and sporting events are more likely to spread COVID-19. Even large gatherings such as church services or parties can easily spread COVID-19. The virus can also be contracted from surfaces contaminated with body fluids or respiratory secretions. That's why frequent hand washing is advised along with not touching your hands to your face (especially eyes, nose, or mouth). Learn more about the virus on the CDC COVID-19 Website, WI DHS COVID-19 Website, and the FDA Website.

Q: What is the best way to protect myself against contracting COVID-19?

A: Here are Dr. Anderson's recommendations for protecting against COVID-19:

1. **Get vaccinated and boosted**
2. **Wear a high-quality mask** like a KN95 or N95
3. **Avoid larger indoor gatherings if you are at high risk**
4. **Wash your hands frequently**
5. **Avoid touching your face (eyes, nose, mouth)**

Q: Why is Omicron such a big deal?

A: The Omicron B.1.1.529 variant has many mutations, some of which are quite concerning. Clinical evidence has shown that Omicron is more transmissible (highly contagious) and able to reinfect compared to other variants of concern (VOCs). As of January 12, 2022, the CDC estimated the Omicron variant accounted for 98.3 percent of all COVID-19 cases in the United States. Sub-variants of Omicron continue to emerge, which has the potential to further its spread. Please see the CDC COVID-19 Website for the most recent information about variants of the virus.

Q: Isn't the spread of COVID-19 limited to big cities like Milwaukee and Green Bay?

A: Not necessarily. The Wisconsin Department of Health Services (DHS) reported on March 7, 2022, that COVID-19 transmission levels in Green Bay and Milwaukee are consistent with surrounding counties. Thanks to the high levels of vaccination and population immunity, the risk of severe hospitalizations and deaths due to COVID-19 is greatly reduced. Please go to the WI DHS COVID-19 Website for the most up-to-date information about the spread of COVID-19 in Wisconsin.

Q: What is the impact of COVID-19 on the healthcare system?

A: If COVID-19 cases continue to grow, already strained health care systems will be overwhelmed. Hospital capacity issues lead to dangerous situations where patients with medical emergencies may not be able to receive immediate or adequate care. Timely transfers of patients to facilities with more advanced levels of care are also impacted because of lack of open intensive care unit (ICU) beds. Please refer to the WI DHS COVID-19 Website for current data about the impact of COVID-19 in Wisconsin.

Q: What is the impact of Omicron on children?

A: The Omicron variant is not always mild in children. We are seeing worsening respiratory illness in young children. This includes tracheobronchitis and bronchiolitis reminiscent of croup. Parents often think of "croupy cough" as a lower airway disease, but it's not. With Omicron, the upper airways are impacted. This can be a problem for young children whose airways are smaller. Younger children who are unvaccinated are most at risk for developing COVID-induced upper airway inflammation. In rare cases, complete airway obstruction can occur. This may require urgent, definitive airway management. Some children require hospital admission, supplemental oxygen, and even ventilatory support. Learn about keeping kids healthy on the WI DHS COVID-19 Website.

Q: Can I still get COVID-19 if I am fully vaccinated?

A: Omicron's ability to evade immune response is a game-changer. Breakthrough infections are occurring in significant numbers with Omicron. Even some people who received their vaccine boosters are being impacted. Most breakthrough infections lead to milder disease. However, even mild COVID-19 infections can cause long recovery times and slow return to optimal functional capacity.

Q: Will the booster be required for me to be considered fully vaccinated?

A: Currently, people are considered fully vaccinated two weeks after:

- Two doses of the Pfizer® and Moderna® vaccines -or-
- One dose of Johnson & Johnson's Janssen® vaccine.

However, the definition of fully vaccinated could change. "Optimal vaccination" (i.e., providing the greatest protection) does include booster immunizations in most age groups. Please see the CDC COVID-19 Website for more information about COVID-19 Vaccines and Boosters.

Q: How much risk is there if I don't get fully vaccinated?

A: Vaccinations provide the greatest protection against COVID-19 and its most serious symptoms. According to Wisconsin DHS data (from December 2021), **people not fully vaccinated are**:

- **Diagnosed** with COVID-19 at a **rate 3x higher** than fully vaccinated people
- **Hospitalized** with COVID-19 at a rate **10x higher** than fully vaccinated people
- **Dying** from COVID-19 at a rate **14x higher** than people who were fully vaccinated

Q: If I'm already fully vaccinated, why do I need to get a booster?

A: Although COVID-19 vaccines remain effective in preventing severe disease, recent data suggest vaccine effectiveness decreases over time – even in young people and people with no pre-existing medical conditions. Immune compromised and older individuals (especially those over age 65) have the greatest need for a booster to prevent infection or severe illness.

The Omicron variant can evade the immune system better than *any* other previous strain. Data from clinical trials show that a booster dose increased the immune response in trial participants who finished a Pfizer-BioNTech® or Moderna® primary series 6 months earlier or who received a J&J/Janssen® single-dose vaccine 2 months earlier. With an increased immune response, people should have better protection against getting infected with COVID-19. For Pfizer-BioNTech® and J&J/Janssen®, clinical trials also showed that a booster shot helped prevent severe disease. Please visit the FDA Website and CDC COVID-19 Website for more information.

Q: Can pregnant or lactating females receive COVID-19 Vaccines?

A: Yes, to both. COVID-19 vaccination is recommended for all people who are pregnant or lactating. Approval by a healthcare professional is not required before receiving the vaccination, according to the CDC. However, if you are concerned about the use of a COVID-19 vaccine while pregnant or lactating, a discussion with your clinical provider team may help in deciding.

Increased risks for severe illness exist for pregnant and recently pregnant people (for at least 42 days following the end of pregnancy) with COVID-19, when compared with non-pregnant people. Pregnant people with COVID-19 are also at increased risk for preterm birth, stillbirth, and other pregnancy complications. For these reasons, COVID-19 vaccination is recommended for all people who are pregnant. Please visit the FDA Website and CDC COVID-19 Website for more information.

Q: Who *should not* get the COVID-19 vaccines?

A: Limited circumstances exist where COVID-19 vaccines are not advised. Allergies to vaccine components or certain rare medical conditions are examples of factors that should be taken into consideration. Speak with your health care provider if you believe you could react adversely to the COVID-19 vaccines. Please see the video titled "Are there people who are eligible but shouldn't get a COVID vaccine?" on the FDA Website.

Q: When can infants and very young children get the COVID-19 vaccine?

A: In mid-June 2022, Moderna and Pfizer-BioNTech® received Emergency Use Authorization (EUA) for low-dose vaccines to be used for children as young as 6 months old. The COVID-19 vaccines for children have been rigorously tested and thoroughly reviewed by the FDA and CDC. Thousands of children participated in the clinical trials. Among those who received the vaccine, it was shown to be safe and effective at preventing COVID-19. COVID-19 vaccines are the most closely monitored vaccines in U.S. history. Please visit the FDA Website for the most up-to-date information about vaccines.

Q: Are some children at greater risk of getting COVID-19?

A: Yes. Data from the CDC study indicate that some children may be at a higher risk for a serious case of COVID-19, needing medical care in a hospital, including:

- Those under age 2
- Black and Latino children, who can be affected by health disparities, leaving them disproportionately vulnerable to severe COVID-19 complications
- Children who were born prematurely
- Those living with obesity or chronic lung disease
- Children living with other serious or chronic diseases

Q: What if I am late getting my second COVID-19 vaccine or the booster?

A: Get the vaccine as close to the recommended 3-week or 4-week interval as possible. Even if delayed, shots will provide added protection against COVID-19. If you receive your second COVID-19 vaccine at any time after the recommended date, you do not need to restart the vaccine series. You will be considered fully vaccinated 2 weeks after getting your second shot. Optimal protection occurs after receiving the booster dose. Please visit the FDA Website for the most update information about vaccines.

Q: I've heard that moderately or severely immunocompromised people should receive an extra primary dose of the COVID-19 vaccine. When is someone considered "moderately or severely immunocompromised?"

A: People are considered to be moderately or severely immunocompromised if they:

- Are actively receiving cancer treatment for tumors or cancers of the blood
- Are taking medicine to suppress the immune system
- Are actively receiving treatment with high-dose corticosteroids
- Received an organ transplant
- Received a stem cell transplant within the last 2 years
- Have been diagnosed with moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Have advanced or untreated HIV infection

People who believe they may be immunocompromised should speak with their health care provider(s). They can help you decide whether getting an additional primary immunization is appropriate for your specific medical condition(s).

Q: Can you get a COVID-19 primary vaccination or booster, and a flu shot at the same time?

A: Yes. Getting both the flu and COVID-19 vaccines at the same time is safe. Clinical studies and real-world experience have proven that you can receive both at the same time. Please visit the FDA Website for the most up-to-date information.

Q: Are potential side effects worse from the COVID-19 booster than from the primary vaccine series?

A: Reactions reported after getting a booster shot were similar to those after the two-dose or single-dose primary series. Most side effects were mild to moderate. Fever, headache, fatigue, and pain at the injection site were most commonly reported. Serious side effects are rare, as with the two-dose or single-dose primary series. For more information about vaccine side effects, visit the CDC COVID-19 Website.

Q: If I start the primary COVID-19 vaccine series now, will I still need a booster in the future?

A: According to the research currently available, yes. The guidance is changing as various COVID-19 variants of concern evolve. The CDC is thinking about the future definition of "fully-vaccinated." At some point, a priming dose (or doses) *plus* a booster may be needed to be considered fully vaccinated. For the most up-to-date guidance, please visit the CDC COVID-19 Website.

Q: I have already had COVID-19 and am not vaccinated. Will my natural immunity protect me from getting COVID-19 again, just like with other viral illnesses?

A: Probably not. Studies have determined that immunity from having a COVID-19 infection drops rather quickly. Unvaccinated people may still get very sick and could actually die of a repeat COVID-19 infection. Even people who were quite ill with COVID-19 are at risk for being infected with one of the variants of concern. We saw this happen during the Delta surge in the fall of 2021. Reinfection primarily occurs because new variants are genetically different to prior variants due to mutations. For example, Omicron has over thirty (30) different mutations, which makes Omicron incredibly contagious and very risky for unvaccinated individuals.

Q: Why do some viruses become endemic, and others do not?

A: Endemic viruses circulate year-after-year because they are less stable, genetically, than other viruses. This is due to rapid mutations and genetic drift (random increases and decreases of variant forms over time). At this point, the science is signaling that COVID-19 will become endemic like the flu. If this happens, vaccine manufactures will constantly need to update COVID-19 vaccines, just like they do with the flu vaccine. The good news is that the mRNA vaccine platform (used to develop the Pfizer-BioNTech® and Moderna® vaccines) allows for rapid production of new vaccines as clinically significant mutations occur.

Q: If I've had COVID-19, how long after I recover should I wait to be vaccinated?

A: Currently, the CDC recommendation for getting vaccinated after having COVID-19 are:

- As soon as you're out of quarantine from the COVID-19 infection.
    - For the purposes of quarantine, **day one (1) is the first full day after your symptoms developed or your test specimen was collected**. It is best to wait at least ten (10) full days. The CDC has contemplated changing the quarantine period back to at least ten (10) days after reviewing some recent clinical data.
- **Important: if you've received monoclonal antibodies during your infection, you must wait 90 days after recovering from COVID-19 to receive the vaccine.**
    - Monoclonal antibodies are proteins made in a laboratory that mimic your body's immune response. Some people might not need to be hospitalized for COVID-19 but might receive these antibodies from their medical provider(s) as an outpatient infusion to help fight the virus.

For more information, please visit the CDC COVID-19 Website.

Q: Do COVID-19 vaccines really provide better protection against COVID-19 than getting sick with the virus? Isn't natural immunity *always* better?

A: Natural immunity does not provide adequate protection for COVID-19. Getting a COVID-19 vaccine gives most people an elevated level of protection against the virus, including those who already had COVID-19. Vaccination is proven to cause a more predictable immune response than infection with the natural (wild-type) virus that causes COVID-19. One study showed that people who already had COVID-19 and did not get vaccinated after recovery were more than twice as likely to get COVID-19 again compared to those who received full vaccination after recovering from COVID-19. Please visit the CDC COVID-19 Website for more information.

Q: What is Hybrid Immunity?

A: Hybrid immunity is a combination of natural immunity from an infection, plus the additional immunity attributable to being vaccinated. This type of immunity is sometimes referred to as "super immunity." It provides a highly effective defense against serious COVID-19 disease. This is one reason the CDC recommends that people who have had COVID-19 get vaccinated and boosted.

Q: I am young, healthy, and have no pre-existing medical problems. If I get COVID-19, I probably won't need to be hospitalized, right?

A: The issue with COVID-19 is the high degree of variability in how it affects different people, even among younger age groups. We are each genetically unique. Each person's body reacts to viruses in very different ways based on age, gender, race, ethnicity, pre-existing health conditions, immune function, and more.

Q: I have heard of people with "long-haul COVID-19." Do persistent, long-term symptoms occur in children as well as adults?

A: Although post-COVID-19 conditions appear to be less common in children and adolescents than in adults, long-term effects after COVID-19 do occur. Studies have reported long-term symptoms in children with both mild and severe COVID-19, including children who previously had multisystem inflammatory syndrome (MIS-C). The bottom line is that vaccination is the best way to prevent COVID-19, acute complications from COVID (like MIS-C), and "long COVID" symptoms including chronic issues with:

- Tiredness or fatigue
- "Brain fog"
- Headache
- Trouble sleeping
- Trouble concentrating
- Muscle and joint pain
- Cough

Please see FDA Website and CDC COVID-19 Website for more information.

Q: I've heard of cases where people get heart inflammation (myocarditis) from the COVID-19 vaccine. How likely am I to get myocarditis (inflammation of the heart muscle) or pericarditis (swelling of the sack that surrounds the heart) from receiving an mRNA COVID-19 vaccine?

A: This is possible, but extremely rare.

Myocarditis and pericarditis are two kinds of heart inflammation that can cause symptoms like chest pain, a fast heartbeat, and shortness of breath. These kinds of heart inflammation after vaccination are incredibly rare. When they do occur, they mostly happen in male adolescents and young adults, typically within several days after mRNA COVID-19 vaccination. Patients usually recover quickly and respond well to medications and rest.

Unvaccinated children and adults are actually *more likely* to get heart inflammation and get sick with COVID-19 than those who have been vaccinated. And heart inflammation from contracting COVID-19 tends to be worse than any heart inflammation people have had after vaccination. Many people may not be aware that heart inflammation can be a complication from *many* viral illnesses – some quite common like the flu and chickenpox. That's just one of the reasons getting vaccinated helps prevent not only the main symptoms of the disease, but also potential serious complications.