



# COVID Vaccine FAQs



→ 96 TW

Question:	Answer:
<b>Can pregnant or lactating women get the vaccine? Or women who one day want to be pregnant?</b>	Yes, the American College of Obstetricians and Gynecologists recommends that COVID-19 vaccines should not be withheld from pregnant/lactating individuals. Available data suggest that symptomatic pregnant patients with COVID-19 are at an increased risk of more severe illness compared with non-pregnant peers. Pregnant women should consult their PCM regarding any vaccine concerns.
<b>Are human embryos cells or stem cells in the vaccine?</b>	No, there are not human embryo, stem cells, or living virus components in the vaccine administered at Eglin. The mRNA COVID-19 vaccines produced by Pfizer and Moderna do not require the use of any fetal cell cultures in order to manufacture (produce) the vaccine. More information can be found here: <a href="https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19%20Vaccine%20Fetal%20Cell%20Handout.pdf">https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19%20Vaccine%20Fetal%20Cell%20Handout.pdf</a>
<b>If I have side effects from the vaccine, should I go to work?</b>	No, people with new symptoms should stay at home, contact their supervision, and notify their primary care manager. Overall, most people experience a sore arm for 1-2 days and sometimes fatigue, body aches, or a headache.
<b>If I have been fully vaccinated, can I stop wearing my mask?</b>	No, until transmission in our community has been contained, we will need to adhere to all health protection measures.
<b>Was the vaccine rushed?</b>	No, the vaccine was not rushed. In fact, mRNA vaccine technology has been researched since the 1990s and was ready to go when the pandemic hit. Because mRNA vaccines can be produced more quickly than other types of vaccines, they were the first to start clinical trials and get approved. The government did not design the vaccine.
<b>If I already had COVID-19 and recovered, do I still need to get vaccinated?</b>	According to the CDC, there is no recommended minimum interval between infection and vaccination. Current evidence suggests that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.

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