



COVID-19 Vaccine Frequently Asked Questions June 2, 2023

New/Updated Information is highlighted in yellow.

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Terms to Remember

Variants: The virus has changed over time. Variants are different versions of the virus.

Monovalent COVID-19 vaccines: Vaccinations designed to protect against the original virus that causes COVID-19.

Bivalent COVID-19 vaccines: Vaccinations that protect against both the original virus that causes COVID-19 AND the Omicron variant, including its subvariants.

Primary Series: The first COVID-19 vaccines received.

Up to Date: Adults and children aged 6 years and older are up to date with COVID-19 vaccines if they got a bivalent COVID-19 vaccine. See page 8 for additional details.

Adverse Event: Any undesirable experience associated with the use of a medical product.

Antibodies: Proteins that the human body makes to fight off organisms like bacteria and viruses, including the virus that causes COVID-19.

Monoclonal Antibodies: Laboratory-made proteins that mimic the immune system's ability to fight off viruses like COVID-19.

Public Health Emergency (PHE): An event or imminent threat of an illness or health condition, either natural or manmade, that poses a substantial health risk to the public.

Cost Sharing: When people pay for a portion of health care costs such as deductibles, co-insurance, and co-payments.

Children's Health Insurance Program (CHIP): Government-funded health insurance for children of uninsured families that do not qualify for Medicaid.

Telehealth/telemedicine: Health care services provided remotely (via computer or phone) in place of an in-person office visit.

Advisory Committee on Immunization Practices (ACIP): A group of medical and public health experts that develop recommendations on the use of vaccines in the civilian population of the United States.

Vaccines for Children (VFC): A federally funded and state-operated program that provides vaccines at no cost to children who might otherwise not be vaccinated because of inability to pay.

Long COVID: Can include a wide range of ongoing health problems; these conditions can last weeks, months, or years and are found more often in people who had severe COVID-19 illness, but anyone who has been infected with the virus that causes COVID-19 can experience Post-COVID Conditions. Other names for long covid include Post-COVID Conditions, long-haul COVID, post-acute COVID-19, long-term effects of COVID, and chronic COVID. The term post-acute sequelae of SARS CoV-2 infection (PASC) is also used to refer to a subset of Long COVID.

Commercialization- the transition of COVID-19 medical countermeasures, including vaccines, treatments, and test kits previously purchased by the U.S. Government (USG), to established pathways of procurement, distribution, and payment by both public and private payers.

The Public Health Emergency (PHE) Declaration

In response to the public health crisis created by the rapid spread of COVID-19, the federal government declared a PHE on January 31, 2020. Although COVID-19 remains a public health priority, the federal government ended the PHE effective May 11, 2023. Since 2020, widespread prevention and control measures like vaccinations have helped in transitioning away from the emergency or crisis phase to a new era in the pandemic. Ending the COVID-19 PHE does not mean the virus has been eliminated. The CDC remains dedicated to preventing severe illness and death from COVID-19, particularly for high-risk populations.

What changes to COVID-19 services and treatment occurred now that the public health emergency ended on May 11, 2023?

Now that the emergency declaration has ended and the federal supply of COVID-19 tests, treatments and vaccines is running out, coverage for the costs of these services and supplies will vary depending upon the type of insurance people have (e.g., private insurance, Medicare, Medicaid, underinsured/uninsured). It is important to note that the CDC is working with other government agencies to maintain equitable access to COVID-19 vaccines, testing and treatment.

COVID-19 Vaccines

- **Medicare and Medicaid** - will continue to cover these costs without co-pays or cost sharing even after the government supply runs out.
- **Private Insurance** - will continue to cover COVID-19 vaccines, including boosters without co-insurance or a co-pay. Once the federal supply runs out, there may be exceptions with out-of-network providers or grandfathered plans.
- **Underinsured/uninsured** - can obtain COVID-19 vaccines for free from any provider participating in the CDC COVID-19 Vaccination Program. Uninsured adults (section 317 immunization program) will receive ACIP recommended vaccines at no cost; a limited supply of vaccines would be available through this program. Some community health care centers may provide COVID-19 vaccines on a sliding scale basis; otherwise, people will pay full cost. For more information on how to find vaccines that are near you, visit [COVID-19 Vaccines \(nj.gov\)](https://www.nj.gov/health/immunization/immunizationprograms/vaccineprograms/). **VFC** - when the federal supply of COVID-19 vaccines runs out, uninsured children should be able to access COVID-19 vaccines through the VFC Program. For more information, visit [VFC: Vaccines for Children Program | CDC](https://www.cdc.gov/vaccines/imz/downloads/pdf/19-covid-19-vfc-program.pdf).

The current national vaccine distribution program and the transition to commercialization will not end now that the PHE has ended. The CDC and the HHS will continue to work together to ensure the public, especially high-risk populations, have access to COVID-19 vaccinations.

Treatments

- **Medicare beneficiaries** - may face cost-sharing for certain COVID drug treatments, now that the PHE has ended, including monoclonal antibody treatment and medicine, like Lagevrio™ and Paxlovid.
- **Medicaid and CHIP programs** - will continue to cover all drug treatments with no-cost sharing through September 2024. After that date, these treatments will continue to be covered; however, states may place limits on how much can be distributed along with minimal cost-sharing.
- **Private insurance** - will continue to pay for treatments but there may be cost sharing or copays for all medicine and treatments related to COVID-19.
- **Underinsured/uninsured** - may need to pay full price for treatments and medicine once the federal supply runs out.
- **Oral treatments** - that are part of the federal supply (e.g., Lagevrio, Paxlovid) will continue to be free to the public until the federal supply runs out, at which time co-pays or cost sharing may begin for Medicare beneficiaries and those with private insurance.

At Home COVID-19 Tests, PCR and Rapid Lab Tests ordered by a health care provider

- **Medicare** - recipients will have coverage for provider-ordered lab tests but may have a cost sharing responsibility for testing-related services. Coverage for at-home testing will no longer be provided.
- **Medicaid programs** - will cover the costs of all testing without cost sharing until September 30, 2024, after which coverage may vary by state.
- **Private insurance** - at home testing and provider-ordered lab testing will not be covered unless the private insurer decides to maintain coverage for testing.
- **Temporary state Medicaid coverage** - will no longer be available to people and coverage for testing will no longer be offered now that the PHE has ended.
- **Uninsured or underinsured** - once the federal supply runs out, at-home tests will not be covered; the federal government may supply at-home tests through the mail while supplies last. The Increasing Community Access to Testing (ICATT) for COVID-19 program may also have less COVID-19 testing locations available. For more information, visit [Increasing Community Access to Testing \(ICATT\) for COVID-19 \(cdc.gov\)](#), [How To Get Tested For COVID-19 In New Jersey \(nj.gov\)](#) and [COVID-19 Testing: What You Need to Know | CDC](#).

For more information about COVID-19 testing coverage visit, [Coverage for COVID-19 Tests \(cms.gov\)](#) and [Cobertura Para Pruebas COVID-19 \(cms.gov\)](#)

Telehealth/telemedicine Visits

- Now the PHE has ended, Medicare and Medicaid recipients will continue to receive telehealth services; coverage by private insurance plans will vary.

- Other factors that may affect availability include health care provider licensing requirements, Health Insurance Portability and Accountability Act guidelines (HIPAA) and patients being treated with controlled substances (e.g., morphine, codeine, etc.).

Now that the public health emergency ended, does this mean that COVID-19 is gone?

The end of the emergency declaration does not mean that COVID-19 is gone. The CDC continues to advise that everyone stay up to date with their COVID-19 vaccines, stay home if you think you are sick, wear a mask when hospital admission levels for COVID-19 are **high or medium** in your area, and continue to use at-home testing if you are sick or may have been exposed. These precautions are the best practices for protecting everyone as the pandemic continues to evolve. For more information, visit [Department of Health | Communicable Disease Service | COVID-19 Weekly Surveillance Reports \(nj.gov\)](#) and [How to Protect Yourself and Others | CDC](#).

For more information about the end of the PHE, visit [End of the Federal COVID-19 Public Health Emergency \(PHE\) Declaration | CDC COVID Data Tracker: Home](#) and [CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS](#).

General Vaccine Information

Is a COVID-19 vaccine necessary?

COVID-19 can be a minor illness in some or lead to severe disease or even death in previously healthy people. This means everyone should take the virus seriously. It is believed that the more people who get vaccinated, the less sickness will be in our communities.

Many treatments and medications are being studied, but there is no cure. Prevention is key. Vaccination is an important step in helping to prevent this illness and its potentially devastating consequences.

COVID-19 vaccine recommendations are based on three things:

- Your age.
- The vaccine you first received, and;
- The length of time that has passed since your last dose.
- People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

What vaccines are approved or authorized for use?

The following are the COVID-19 vaccines available in the United States:

- Pfizer and Moderna: **The FDA authorizes the use of the bivalent Pfizer- and Moderna COVID-19 vaccines; the monovalent vaccines are no longer authorized for use in the United States.**
- Novavax

Note that all Johnson & Johnson/Janssen COVID-19 vaccines are expired as of May 6, 2023, and are no longer used in the U.S.

For current information on the types and use of COVID-19 vaccines available, visit [CDC COVID-19 vaccines](#).

What do I need to know about Long COVID?

- People not vaccinated against COVID-19 and who become infected may have a higher risk of developing Post-COVID Conditions compared to people previously vaccinated.
- CDC and partners are working to understand more about who experiences Post-COVID Conditions and why, including whether groups disproportionately impacted by COVID-19 are at higher risk. If you are concerned about Long COVID, speak with your health care provider and visit [Long COVID or Post-COVID Conditions | CDC](#).

What is an Emergency Use Authorization (EUA)?

The U.S. Food and Drug Administration (FDA) may issue an EUA to help make medical products available as quickly as possible by allowing unapproved medical products to reach patients in need when there are no adequate FDA-approved and available alternatives. The known and potential benefits of the product must outweigh the known and potential risks of the product to grant an EUA. Learn more about the EUA process by watching the following video: [the EUA Process](#).

What is the difference between EUA and full approval?

In an emergency when lives are at risk, like a pandemic, it may not be possible to have all the evidence that the FDA would usually have before approving a vaccine or drug. If there's evidence that strongly suggests that patients have benefited from a treatment, the agency can issue an EUA to make it available. For the COVID-19 vaccines, FDA required two months of safety and efficacy data before granting the EUA. That included clinical trials with tens of thousands of people and rigorous testing and review, and all the vaccines continue to be closely monitored. Compared to EUAs, FDA approval of vaccines requires even more data on safety, manufacturing, and effectiveness over longer periods of time and includes real-world data.

Can children six months and older receive the COVID-19 vaccine?

Yes. COVID-19 vaccines are recommended for everyone 6 months and older. Parents are encouraged to schedule an appointment to get their child vaccinated.

Are the COVID-19 vaccines given to children the same as the vaccines given to adults?

COVID-19 vaccines for children have the same active ingredients as the vaccines given to adults. However, some children receive a smaller, age-appropriate dose that is the right size for them. The smaller doses were rigorously tested and found to create the needed immune response for each age group. Your child should get the vaccine made for their age group.

Why should children receive the COVID-19 vaccine?

- Just like adults, children can become severely ill from COVID-19, be hospitalized, and even die. Children can experience short- and long-term health complications that can affect their mental and physical health and quality of life.
- There is no way to predict if a child will develop a severe or mild case of COVID-19. Even healthy children without underlying medical conditions can get severe COVID-19 or suffer from long-term health complications.
- Vaccinating this younger age group helps lessen the strain on families by providing greater confidence with children participating in childcare, school, and other activities.
- COVID-19 vaccination reduces the strain on the health care system.
- Children who have previously had COVID-19 should still get vaccinated, as vaccination offers added protection.

Parents/guardians can get their children vaccinated by calling their health care provider to make an appointment, by visiting covid19.nj.gov/finder, or contacting the COVID-19 Vaccine Call Center at 855-568-0545. **Effective June 1, 2023, the NEW call center hours are Monday through Friday, 9 a.m. until 5p.m. . The call center will be closed for all federal holidays.**

Did the ACIP require the COVID-19 vaccine for children?

The ACIP meets every year to review the vaccination schedule and make updates. This year, they recommended to include COVID-19 vaccine on the routine childhood vaccination schedule. The recommended immunization schedule is not a vaccine mandate. States and local jurisdictions make their own rules about which vaccines are required for school attendance. For more information visit, [ACIP Vaccine Recommendations and Schedules | CDC](#).

Is COVID-19 vaccine required for school attendance in New Jersey?

Currently, COVID-19 vaccination is not a requirement for school attendance in New Jersey. However, NJDOH strongly recommends that everyone should be up to date with age-appropriate vaccinations, per CDC's ACIP recommendations. Individuals and families should discuss their concerns with their health care providers. It is important to remember that the recommended immunization schedule is not a vaccine mandate; states and local jurisdictions make their own rules about which vaccines are required for school attendance.

What is the benefit of adding COVID-19 to the vaccines available through the VFC program?

Providing COVID-19 vaccines through the VFC Program ensures equitable access to the vaccines as we transition COVID-19 vaccines to the commercial market. For more information about the federal VFC Program, visit www.cdc.gov/vaccines/programs/vfc/parents/index.html.

For more information visit, [COVID-19 vaccines for children](#).

Is there a cost for COVID-19 vaccines?

Currently, COVID-19 vaccines are available for everyone at no cost. Vaccines were paid for with taxpayer dollars and will be given to all people living in the United States, regardless of insurance or immigration status. **Please see the PHE on page 3 regarding possible future changes.**

I lost my COVID-19 vaccination card. How can I get a copy to show proof I received the vaccine?

If you lost your COVID-19 vaccination card, you may ask the vaccination site to provide you with another COVID-19 card; however, not all sites provide this service and some locations have closed. Another option is to ask your health care provider to print your official immunization record. Please ask your health care provider to include the COVID-19 vaccine lot number in case you will need that information in the future. The official record will list all vaccines that you have received and the date you received those vaccines.

Another option is for individuals to download the Docket mobile app (COVID-19 vaccines only), which is available in the [App store](#) or on [Google Play](#) in English or Spanish depending on smartphone settings, or submit a request to the New Jersey Immunization Information System (NJIS). For specific instructions visit [How do I get a copy of my new COVID-19 vaccination card?](#)

Has there been a change with the NJIS opt-in process?

Yes, Governor Murphy signed Executive Order (EO 207) to change NJIS from an opt-in to an opt-out system. If someone chooses to receive the COVID-19 vaccine, their doses will be automatically entered into NJIS. For more information, visit [The NJISS Opt-In Process](#). Providers are required to enter all administered COVID-19 doses into NJIS.

Number of Doses —For Most People (General Population)

Have there been any changes with COVID-19 vaccine recommendations and products?

What has changed:

- Monovalent (original) COVID-19 mRNA vaccines are no longer recommended for use in the United States.
- CDC continues to recommend that everyone ages 6 years and older receive a bivalent mRNA COVID-19 vaccine.
- Adults 65 and older can get one additional bivalent mRNA COVID-19 vaccine if it has been at least four months since their last bivalent dose.
- People with weakened immune systems can have a second dose of a bivalent vaccine if it has been at least two months since their last bivalent dose.

What has not changed:

- Individuals ages 6 years and older who have already received a bivalent mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.

- The CDC continues to recommend multi-dose series for young children (as young as 6 months), and these recommendations vary by age, vaccine type, and which COVID-19 vaccines they previously received. [Visit the CDC's website for details](#) about vaccine recommendations for young children.

Consult with your health care provider to see if your child is up to date with their COVID-19 vaccinations, to talk about what vaccines they are eligible for, and if it's time for a bivalent dose.

Why did the CDC make these changes?

Older adults and people with compromised immune systems are at higher risk for severe COVID-19, and data show that the effectiveness of COVID-19 vaccines wanes over time. An additional dose of the vaccine offers this group extra protection from getting seriously ill with COVID-19. Be sure to speak with your doctor to see if you are up to date with your COVID-19 vaccinations and the specific vaccines that are recommended for you.

For all age groups, current data reveals that vaccination continues to be the best protection against severe illness, hospitalization, and death caused by COVID-19.

Immunocompromised (Weakened Immune Systems)

Why are vaccines important for those with weakened immune systems?

If you are moderately or severely immunocompromised (have a weakened immune system), you are at increased risk of severe COVID-19 illness and death. Additionally, your immune response to COVID-19 vaccination may not be as strong as in people who are not immunocompromised. People with weakened immune systems might be eligible for additional doses of COVID-19 vaccines.

Have there been updates with COVID-19 vaccine recommendations and products?

Yes, the CDC and the FDA have authorized the use of bivalent COVID-19 vaccines for people who are moderately or severely immunocompromised.

What is the current CDC COVID-19 vaccine schedule for moderately or severely immunocompromised people?

6 months and older (and are unvaccinated)

- Can receive three bivalent mRNA doses.

6 months and older (and have already received only monovalent doses)

- Can receive one or two bivalent mRNA vaccine doses, depending on age and vaccine product (Pfizer or Moderna).

People who have had a bivalent mRNA vaccine dose(s) and are moderately or severely immunocompromised

- Are eligible for additional bivalent mRNA dose(s) if it has been at least two months since receiving their last bivalent mRNA dose.

People who are moderately or severely immunocompromised need to speak with their health care provider regarding the type and timing of their next COVID-19 bivalent mRNA vaccine and to see if they are up to date with their COVID-19 vaccines.

More information is available on the CDC's [COVID-19 Vaccines for Moderately to Severely Immunocompromised People webpage](#).

Is the Novavax vaccine still an alternative to mRNA COVID-19 vaccines? Who is eligible to receive it?

Novavax remains an alternative to mRNA COVID-19 vaccines for people who cannot or will not receive an mRNA vaccine with the following recommendations:

- People ages 12 years and older who previously received one or two monovalent Novavax primary series dose(s) are recommended to receive one bivalent mRNA vaccine dose.
- The monovalent Novavax COVID-19 Vaccine remains authorized for use as a two-dose primary series and as a booster dose in certain limited situations.

Is Pfizer vaccine increasing the risk of adults 65 and older having ischemic stroke (blood clots or particles blocking blood flow to parts of the brain)?

The FDA and CDC use multiple safety monitoring databases to detect any possible COVID-19 vaccine side effects. Only **one** of these monitoring databases, the Vaccine Safety Datalink (VSD), picked up a “signal” or notification, indicating a possible risk of ischemic stroke in adults 65 and older who received the Pfizer bivalent booster within 21 days following vaccination. The same signal or notification was not detected with the Moderna bivalent booster or any of the other COVID-19 monovalent primary series or monovalent booster vaccines. Given all the evidence, it is very unlikely that the signal in VSD represents a true risk to people who receive the vaccine.

CDC and FDA will continue to investigate this occurrence; however, there are no changes in COVID-19 vaccine recommendations. **Staying up to date with vaccines is the most effective tool we have for reducing death, hospitalization, and severe illness from COVID-19.**

For more information, visit the CDC's [preliminary safety signal for people 65 and older](#).

Can the COVID-19 vaccines cause people to die suddenly?

There is no evidence supporting the claim that people vaccinated against COVID-19 are more likely to die compared to unvaccinated people. In fact, the evidence indicates otherwise. The CDC takes the reports of sudden deaths seriously. Health care providers are required to report any death after COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS), **even if it is unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.** For more information please visit, [Selected Adverse Events Reported after COVID-19 Vaccination | CDC](#).

When trying to identify legitimate reports of vaccine safety or adverse events, it is important to check that the source is credible. While the Internet is a useful tool for researching health-related issues, it should not replace a discussion with a health care professional. For more information, visit [CDC finding credible vaccine information](#) website.

COVID-19 vaccines are safe, effective, and supported by the FDA's rigorous scientific standards as well as evaluation during clinical trials where tens of thousands of people participated. Some people will have side effects which often are mild; severe side effects are rare.

What are the side effects of COVID-19 vaccine?

Some people may have no side effects. If side effects do occur, they are typically mild and go away in one to two days — like soreness in the arm, fatigue, headaches, or a slight fever. Severe allergic reactions after getting a COVID-19 vaccine are rare. If you are allergic to polyethylene glycol (PEG), you should not get Pfizer-BioNTech or Moderna COVID-19 vaccine. If you are allergic to polysorbate, you should not get Novavax or J&J/Janssen COVID-19 vaccine. Talk to your doctor about your options.

What about heart problems?

The risk of having a serious reaction to the COVID-19 vaccine is very low. Rare cases of [myocarditis](#) (inflammation of the heart muscle) and [pericarditis](#) (inflammation of the outer lining of the heart) have been reported. New studies have shown the rare risk of myocarditis and pericarditis associated with mRNA COVID-19 vaccination—mostly among males between the ages of 12 and 39 years—may be further reduced with a longer time between the first and second dose.

Getting the COVID-19 vaccine is much safer than getting sick with COVID-19 illness. For more information, visit [Ensuring COVID-19 Safety](#).

Are COVID-19 vaccines safe even though they were developed rapidly?

The vaccines were able to be developed rapidly because of the following:

- Vaccines have already been created for coronaviruses similar to SARS-CoV-2 (the virus that causes COVID-19), so a lot of the work was already done.
- All vaccines have gone through the same steps to show safety and effectiveness.
- Many steps occurred at the same time (e.g., vaccines were being made while testing was taking place). No steps were skipped.
- Collaboration between medical experts and researchers, along with plentiful funding helped to bring vaccines to the public sooner.

COVID-19 vaccines are **safe and effective**. Millions of people in the United States have received COVID-19 vaccines since they were authorized for emergency use by FDA. These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history.

For more information and to view a video about vaccine safety, visit [Safety of COVID-19 Vaccines](#).

Where can I learn more about vaccine safety and how to report a side effect?

There are different systems in place to monitor vaccine safety, including the [Vaccine Adverse Event Reporting System](#) and the smart phone app, v-safe. Your doctor will provide you with information to register for v-safe. Additional information is available at [V-safe After Vaccination Health Checker for COVID-19 Vaccine](#).

Will the COVID-19 vaccine affect the menstrual cycle (period)?

Results from recent research studies show that people who menstruate **may observe small, temporary changes in menstruation** after COVID-19 vaccination, including:

- Longer duration of menstrual periods
- Shorter intervals between periods
- Heavier bleeding than usual.

Despite these temporary changes in menstruation, there is no evidence that COVID-19 vaccines cause fertility problems.

Should people who are pregnant or breastfeeding receive the COVID-19 vaccine?

Yes. A recent, large-scale study showed that pregnant individuals with COVID-19 who were not vaccinated for COVID-19, were at a much higher risk for developing serious illness and complications than pregnant women who were vaccinated for COVID-19. COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Getting a COVID-19 vaccine can protect you and your unborn child from severe illness and pregnancy complications from COVID-19. For more information, visit [Pregnant and Recently Pregnant People | CDC](#) and [COVID-19 Vaccines While Pregnant or Breastfeeding](#).

For more information about COVID-19 vaccine and common myths, visit [Myths and Facts about COVID-19, CDC](#).

Vaccine Availability

How can I schedule an appointment to get vaccinated?

There are multiple ways to get an appointment including:

1. Use the [NJ Vaccine Appointment Finder](#) to find vaccination locations near you with available appointments.
2. Attend a [pop-up or mobile vaccination event](#) in your community.
3. Register with the [NJ Vaccine Scheduling System](#) to be notified when an appointment is available to you at vaccine locations that use the State's Vaccine Scheduling System. **If you need assistance registering with the NJVSS, please call 855-568-0545.**
4. Seniors 65+ can call the senior-specific hotline at 855-429-1168 to schedule dedicated vaccine appointments

5. Veterans, their spouses, and their caregivers may be eligible for vaccines through the VA. [Learn more here.](#)

Note: Please verify requirements with a vaccination site before visiting or making an appointment. Some require proof of residency within a specific county or municipality. In addition, minors must have the consent of a parent or legal guardian to be vaccinated.

How can you get the COVID-19 vaccine if you are homebound?

If you are unable to leave the home to receive a COVID-19 vaccine or are the health care provider or family caregiver of someone who is homebound, you may request an in-home vaccination appointment by completing a form at covid19.nj.gov/homeboundvax (English) or covid19.nj.gov/homeboundvax-es (Spanish).

For assistance completing the form by phone, please call the **NJ COVID-19 Vaccine Call Center at 1-855-568-0545.**

Can you tell me more about the NJVSS? Is my information private?

The NJ Vaccine Scheduling System (NJVSS) is a secure online website developed by the NJ Department of Health for public health purposes. The NJVSS is a system that allows you to sign-up to make a COVID-19 vaccine appointment.

You will be asked to provide personal information (name, address, gender, race, and email), medical screening and occupation information. This helps to determine your eligibility for the vaccine. NJVSS will send you e-mail reminders about your appointment and reminders about getting the second dose. The NJVSS also lets you make an appointment at a vaccination location most convenient for you.

The information collected on the NJVSS is used for public health purposes only AND to ensure that same person returns for the second dose of the same vaccine. For more information visit, [COVID-19 Information Hub, NJ DOH](#) and [COVID-19 Vaccine Registration, NJ DOH](#).

Who is eligible for COVID-19 vaccination?

Everyone 6 months and older is eligible for a COVID-19 vaccine in New Jersey and encouraged to get vaccinated as soon as possible. Vaccines are available to all New Jerseyans, regardless of [immigration](#) or [insurance](#) status.

Where can I find information on public transportation to vaccine locations?

Through the Department's VAXRIDE initiative, NJ TRANSIT supports New Jerseyans in their efforts to get vaccinated against COVID-19. Visit [Vax Ride NJ, NJ Transit](#) to find vaccination sites that are conveniently served by NJ TRANSIT bus, train, and light rail routes.

In addition, NJ 2-1-1 is offering free rides to and from vaccination sites in partnership with United Way Worldwide and Lyft. Rides are available wherever Lyft operates in New Jersey and

is available to everyone including those with collapsible wheelchairs and walkers. To request a free ride, call 2-1-1 or text 898-211.

What are the recommendations for those people who received COVID-19 vaccine outside of the United States?

The recommendations for people vaccinated outside of the United States depend on the number and type of vaccine(s) received. For more details, visit [Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#).

Talk to your health care provider to see if you are up to date with your COVID-19 vaccines.

Protection from Vaccine/Efficacy

Are COVID-19 vaccines effective?

COVID-19 vaccination reduces the risk of COVID-19 and its potentially severe complications. All COVID-19 vaccines currently authorized for use in the United States helped protect people against COVID-19, including severe illness, in clinical trial settings.

In addition to providing protection against COVID-19, there is increasing evidence that COVID-19 vaccines also provide protection against COVID-19 infections without symptoms (asymptomatic infections). COVID-19 vaccination can reduce the spread of disease overall, helping protect people around you.

For more information, visit [COVID-19 Vaccines are Effective, CDC](#).

If I had COVID-19 and recovered, do I need to get the vaccine?

Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19. You may consider delaying your vaccine by 3 months from when your symptoms started or, if you had no symptoms, when you received a positive test.

People who already had COVID-19 and do not get vaccinated after their recovery are more likely to get COVID-19 again than those who get vaccinated after their recovery.

If I am currently sick with COVID-19 illness, can I get the COVID-19 vaccine?

No. Anyone **currently** infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the [criteria](#) to discontinue isolation.

In addition, people who have had a known COVID-19 exposure should not seek vaccination until their quarantine period has ended to avoid potentially exposing healthcare personnel and others during the vaccination visit.

Talk to your doctor if you have more questions about getting a COVID-19 vaccine.

If a person recovered from multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)), can they still get vaccinated?

People who have a history of [MIS-A](#) or [MIS-C](#) may need to wait a while after recovering before they can get vaccinated.

Talk to your doctor if you have questions about getting a COVID-19 vaccine.

Quarantine and Isolation

What is the difference between quarantine and isolation?

Quarantine and isolation are ways to reduce the spread of diseases like COVID-19. Quarantine means keeping someone who may have been exposed to COVID-19 away from others in case they get sick.

Isolation means separating sick people from people who are not sick. You isolate if you are infected, even if you don't have symptoms. For more information, visit [Differences between Isolation and Quarantine, NJDOH](#).

How long should people quarantine and isolate?

The CDC recently updated the recommendations for isolation and quarantine. For specific guidance, visit [CDC isolation and quarantine](#).

For information specific to New Jersey, visit [Communicable Disease Service, NJ DOH](#).

Masking and Vaccine Requirements

When should people wear a face mask?

Masking guidelines are based on hospital admissions for COVID-19 with specific recommendations being made for masking when levels are **low, medium, and high**. To learn about the recommendations, visit the [Department of Health | Communicable Disease Service | COVID-19 Weekly Surveillance Reports \(nj.gov\)](#). It is also important to remember that anyone can make the personal choice to wear a mask.

The Department of Health recommends wearing a face mask whenever you have symptoms of COVID-19, tested positive, were recently exposed to someone with COVID-19, or live in a county with medium or high hospital admission levels for COVID-19.

In addition, businesses may continue to require face coverings for employees, customers, and guests. Businesses are not permitted to restrict the use of face masks by their staff, customers, or visitors.

What are the differences between masks?

While all masks and respirators provide some level of protection, loosely woven cloth products provide the least protection, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection.

Whatever product you choose, it is most important to wear a mask or respirator correctly (fit closely on the face without any gaps along the edges or around the nose) and be comfortable enough (covering your nose and mouth) so that you can keep it on when you need to.

For more information about masks, visit [Use and Care of Masks, CDC](#).

What employees are required to receive the COVID-19 vaccine or weekly testing?

Effective April 3, 2023, Governor Murphy signed an executive order lifting COVID-19 testing requirements for employees of health care and congregate settings. While vaccination requirements were lifted for employees in congregate care settings, health care employees will still be required to provide proof of COVID-19 vaccination in accordance with Executive Order 294 to protect the higher risk populations that they serve. This action is supported by the federal government continuing vaccination requirements for most Medicare and Medicaid-certified providers and suppliers.

For more information, visit [COVID-19 Information Hub](#).

Can an employer access an employee's COVID-19 vaccination records in the New Jersey Immunization Information System (NJIS) to verify their vaccination status?

No, an employer cannot access an employee's vaccination records that are maintained in the NJIS for the purpose of verifying the employee's vaccinations for employment.

An authorized NJIS user's access to information in the NJIS is limited by law, namely N.J.S.A. 26:4-131 et seq. and N.J.A.C. 8:57, subchapter 3. The statutes and rules provide that NJIS users shall only access an individual's vaccination information in the NJIS if they have claimed the individual in NJIS as their patient and/or if the user is currently providing health care services to the individual. The statutes and rules further provide that a childcare center, school, college, or university shall only access an individual's immunization information in the NJIS if they have enrolled or are in the process of enrolling the individual in their institution.

Because the statutes and rules do not permit an employer to verify an employee's vaccination status in NJIS, employers should have employees submit vaccination documentation for verification. Please see [COVID-19 Vaccination Documentation FAQs](#) for more details on valid vaccine documentation.

All authorized users should review the statute and regulations to ensure use is consistent with existing laws. The NJIS is the official Immunization Registry pursuant to the Statewide Immunization Registry Act – N.J.S.A. 26:4-131 et seq. (P.L. 2004, c. 138), N.J.A.C. 8:57, subchapter 3.

Other Vaccines

Can you receive COVID-19 at the same time as other vaccines?

COVID-19 vaccines and other vaccines may be administered on the same day. Speak with your health care provider to determine what will work best for you.

Will getting the flu vaccine protect me against coronavirus?

No. Influenza viruses and coronaviruses are different. Getting a flu vaccine will not protect against COVID-19; however, the vaccine can reduce flu illnesses, hospitalizations, and can help to conserve potentially scarce health care resources during the pandemic.

It's likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter, making it more important than ever to get a flu vaccine! It is the best way to protect yourself and others – especially those who are particularly vulnerable to both COVID-19 and influenza such as older adults and those with chronic health conditions. For more information about flu, [flu and COVID-19, CDC guidelines](#).

Can you receive the mpox (formerly monkeypox) vaccine and COVID-19 vaccine at the same time?

People who previously received mpox vaccination (either JYNNEOS or ACAM2000), **particularly adolescent or young adult males** (between the ages of 12 and 39), might consider waiting four weeks before receiving a COVID-19 vaccine because of the possible risk for myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the outer lining of the heart) after receipt of ACAM2000 vaccine and COVID-19 vaccines and the unknown risk for myocarditis and pericarditis after JYNNEOS vaccine.

However, if you have previously received the COVID-19 vaccination, you may be given the mpox vaccine at any time after the COVID-19 vaccine.

Be sure to speak with your doctor to see which vaccines are right for you. For more information on mpox, visit [mpox FAQs, NJDOH](#).

Medical Therapies & Testing

Are monoclonal antibodies, like Evusheld, still used to treat people that are at high risk of disease progression from COVID-19?

No, the use of monoclonal antibodies is no longer authorized by the U.S. Food and Drug Association (FDA) as a pre-treatment for preventing COVID-19 in individuals at high risk for developing severe illness from COVID-19. The emergency authorizations were removed as the FDA's data revealed that monoclonal antibodies do not appear to protect high risk individuals from contracting COVID-19 when exposed to the omicron subvariants that are currently circulating in the United States.

Are other COVID-19 treatments still available?

Yes, there are other treatments available that target specific parts of the SARS-CoV-2 virus that can help reduce its multiplication and spread through the patient's body. Speak with your health care provider to discuss which treatments may be right for you. For more information, visit [COVID-19 Treatments and Medications | CDC](#).

Learn more about people who are at increased risk for developing severe complications from COVID-19 illness by visiting the website, [People With Certain Medical Conditions](#).

If I received monoclonal antibodies, when should I get vaccinated?

If you are eligible for COVID-19 vaccinations, you should not have to wait to get vaccinated after receiving monoclonal antibodies. Speak with your health care provider for additional questions or concerns.

Where can people get free COVID-19 testing and treatment?

Free COVID-19 testing, and treatment is available at Community Health Centers, also known as Federally Qualified Health Centers (FQHCs), to all people whether you have health insurance or not and regardless of your immigration status. Find an FQHC near you [with this search tool](#) or [on 211's online list of community clinics](#).

Individuals with urgent symptoms may also continue to access services at acute care hospitals. The COVID-19 testing cost will be waived for uninsured individuals eligible for charity care. Information on the Charity Care Program can be found at: [NJDOH, Charity Care](#).

For additional testing locations and information on COVID-19 testing in New Jersey, visit [COVID-19 Testing, NJDOH](#).

Additional Information

- [COVID-19 Vaccinations, NJ DOH](#)
- [COVID-19 and Reopening Information, NJ DOH](#)
- [COVID-19 Vaccines, NJ DOH](#)
- [Vaccine Appointment Finder, NJ DOH](#)
- COVID-19 Hotline 1-800-962-1253 (*for information only. NOT for scheduling vaccine appointments*)
- Call [855-568-0545](#) for assistance with the NJ Vaccine Scheduling System (NJVSS) and vaccine and testing appointment support. Hours of operation: (10a-6p, M-F; 10a-4p, Sa)
- Call 856-429-1168 to get appointment assistance for seniors 65 and older.