



**COVID-19 Vaccine
Health Care Provider Frequently Asked Questions
March 25, 2024**

New/updated information is highlighted in yellow.

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Vaccine Administration

What are the latest CDC recommendations regarding the updated 2023-2024 COVID-19 vaccine for adults who are 65 years of age and older?

Effective February 28, 2024, the CDC recommended that adults ages 65 years and older receive an additional updated 2023-2024 COVID-19 vaccine dose. For more information, visit [Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendices, References, and Previous Updates | CDC](#).

What is the latest CDC guidance regarding the administration of the Moderna 2023-2024 updated COVID-19 vaccine for children ages 6 months – 11 years of age?

Health care providers who administer the Moderna COVID-19 Vaccine (2023-2024 formula) to individuals ages 6 months through 11 years should ensure the correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered to the recipient. Discard vial and excess volume after extracting a single dose.

What has changed with the 2023-2024 COVID-19 Pfizer vaccine for 12 y+?

CDC will be replacing the current Pfizer 12y+ vaccine with Pfizer's new refrigerated 12y+ vaccine (NDC 00069-2377-10), a new presentation in a carton of 10 manufacturer-filled syringes (MFS). We anticipate that the new presentation will ship as new orders are placed.

- **Of note:** Pfizer will continue to allow providers to privately order the original manufacturer-filled syringes for ages 12+. Therefore, providers may have **BOTH** presentations – manufacturer-filled syringes (MFS) with a 10-week beyond-use date (BUD) and MFS that can be used through the expiration date- in their storage units. **Please educate staff on the different storage requirements and strategies to prevent potential errors.**

For details, visit [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#) and [COVID-19 Vaccination Clinical and Professional Resources | CDC](#).

What is the recommended vaccine schedule for the updated 2023-2024 COVID-19 vaccine among the general population and the immunocompromised?

Vaccine recommendations are based on age, time since the last dose, and in some cases, the first vaccine received. For specific dosing, visit the following:

- [The recommended schedule for those who are moderately or severely immunocompromised.](#)
- [The recommended vaccine schedule for those who are NOT moderately or severely immunocompromised.](#)
- For more information, visit [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#) and [Clinical Guidance for COVID-19 Vaccination | CDC](#).

Does the CDC recommend pre-vaccination counseling and a post-vaccination observation period?

Yes. Providers should counsel COVID-19 vaccine recipients, parents, or guardians about

expected local and systemic reactions. [Syncope \(fainting\)](#) might occur in association with any injectable vaccine, especially in adolescents.

In accordance with [General Best Practice Guidelines for Immunization](#), vaccination providers, particularly when vaccinating adolescents, should consider observing vaccine recipients for 15 minutes after vaccination. For more information, visit [Contraindications and precautions, Novavax COVID-19 Vaccine Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events \(cdc.gov\)](#), and [Clinical Guidance for COVID-19 Vaccination | CDC](#).

Is there updated clinical guidance from the CDC on what to do if an error occurs while administering COVID-19 vaccinations?

Yes, effective January 18, 2024 CDC guidance for administration errors and deviations were updated and can be found in [Appendix B](#), which is contained within the CDC's Interim Clinical Considerations for COVID-19 vaccines.

Where can I find Vaccine Information Statements (VIS) in both Spanish and English?

CDC maintains a current English language VIS for each vaccine. VISs have been translated into about 40 languages and can be found on the website of the CDC's partner, the [Immunization Action Coalition](#). Not every VIS has been translated into every language.

Does it matter if a child receives Moderna or Pfizer? What about vaccinating children transitioning from a younger to an older age group?

No. Both vaccines are safe and effective. If the child is 6 months to 4 years of age, two doses of Moderna are recommended to complete the primary series, and three doses of Pfizer are recommended. These are the number of doses that are studied by the manufacturer, authorized by the FDA, and recommended by the CDC. People can choose whether they want the Pfizer or Moderna vaccines. For information regarding interchangeability and age transitions, visit [Clinical Guidance for COVID-19 Vaccination | CDC](#). Encourage parents to visit [6 Things to Know about COVID-19 Vaccination for Children | CDC](#).

Can people receive the flu, RSV, and COVID-19 vaccines at the same time? If patients choose to wait in between vaccines, is there a recommended timeframe?

People may choose to get [flu, COVID-19, and RSV vaccines at the same visit](#) if they are eligible, making it easier to stay up to date with CDC-recommended vaccines, while others may choose to get their recommended vaccines at separate visits. **For those people who get the vaccines at different visits, there is no minimum waiting period between vaccines. Encourage patients to get all recommended vaccines to protect against these and other potentially serious illnesses especially during the fall and winter seasons.** Patients' can visit [Getting Flu, COVID-19, and RSV Vaccines at the Same Time | CDC](#).

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

There are considerations for simultaneous administration of [an orthopoxvirus vaccine](#). For more information, visit [mpox FAQs, NJDOH and Clinical Guidance for COVID-19 Vaccination | CDC](#) For best practices for administering multiple injections, see [Epidemiology and Prevention](#)

[of Vaccine-Preventable Diseases \(Pink Book\)](#). For more information, see [Coadministration of COVID-19 vaccines with other vaccines](#).

What about my homebound patients, how will they get the COVID-19 vaccine?

Health care providers, caregivers or patients may request an in-home vaccination appointment by completing an [online survey](#). The following resources are also available to locate in-home vaccination services:

- **The health care, home care, or hospice provider**
- **Hotline for Medicare recipients at 1-800-633-4227 (TTY 1-877-486-2048)**
- **Dial 2-1-1 to speak with someone or search for online vaccination resources by typing 211 into your internet browser.**
- **Disability Information and Access Line (DIAL) 1-888-677-1199**
- **Services for older adults and their families Eldercare Locator or 1-800-677-1116**

What about equity with the COVID-19 vaccine?

The CDC is committed to COVID-19 vaccine equity, to ensure everyone has fair access to COVID-19 vaccination, but there are many factors that create challenges for racial and ethnic minorities, as well as other at-risk groups. For more information, visit [Health Equity | COVID-19 | CDC](#).

What if my patients have received COVID-19 vaccines 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, **please see Appendix A, [Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendices, References, and Previous Updates | CDC](#)**.

Is a consent form required for the vaccination of minors? The EUA fact sheet for caregivers must be provided to the parents/guardians in advance. Informed consent must be obtained from a parent/guardian for the minor to be vaccinated. Informed consent can be obtained (a) by a parent/guardian signing an informed consent form or (b) if the parent/guardian is physically present and verbally consents to the child receiving the vaccine.

Vaccination sites should follow existing laws regarding consent for minors for medical procedures and each site should consult with their own legal counsel regarding the facility's specific policies and procedures for consent.

Did the Advisory Committee on Immunization Practices (ACIP) require 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. The CDC unveiled the 2023 Recommended Immunization Schedule in the [February 10, 2023, edition of the MMWR](#).

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.
- For more information about the immunization requirements for NJ Schools, visit nj.gov/health/cd/imm_requirements/.

Vaccination remains the [best protection](#) against COVID-19-related hospitalization and death. Vaccination also reduces the chance of people suffering the effects of [Long COVID](#), which can develop during or following acute infection and last for an extended duration.

Vaccine Safety Considerations

What should I tell my patients regarding the safety of COVID-19 vaccines?

- To date, almost [700 million doses](#) of COVID-19 vaccines have been given in the United States, and multiple safety systems continue to show they are safe.
- Side effects after a COVID-19 vaccine are common, however [severe allergic reactions](#) after getting a COVID-19 vaccine are [rare](#).
- There are also specific safety monitoring systems for the general population as well as for [pregnant people, tribal nations, and others](#).
- Also, it is important to note that, the chance of developing cardiac complications after COVID-19 infection is higher than after receiving the vaccine. For research results visit [COVID-19 mRNA bivalent booster vaccine safety--February 24, 2023 \(cdc.gov\)](#).
- **The benefits of COVID-19 vaccination continue to outweigh any known or potential risks.**

What is V-safe and what vaccines are being monitored by V-safe?

- V-safe is a vaccine safety monitoring system that lets people share with CDC how they feel after getting a participating vaccine.
- The respiratory syncytial virus vaccine (RSV).
- **Effective on or about January 31, 2024**, the 2023-2024 updated COVID-19 vaccines are now being monitored by V-Safe.
- For more information, visit [V-safe | 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: [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.
- Since the EUA has been granted, many more people have received the COVID-19 vaccines and the data continues to show that the vaccines are safe and effective. Compared to EUAs, FDA approval of vaccines requires even more data on safety.
- The Moderna (Spikevax) and Pfizer (Comirnaty) vaccines for persons 12 years of age and older have received FDA approval.

When and how should adverse vaccine events be reported?

Adverse events that occur in a recipient following the administration of any licensed or authorized COVID-19 vaccine should be reported to [VAERS](#). For details, visit [Serious adverse events](#). Also, information on how to submit a report to VAERS is available at [vaers.hhs.gov](#) or by calling 1800-822-7967. For more information, visit [safety considerations for Novavax and mRNA vaccines](#).

The Bridge Access Program, Vaccines for (VFC) Children, and the Vaccine Administration System (VAMS)

Will patients have any out-of-pocket costs for the 2023-2024 COVID-19 vaccines?

Most people will not have any out-of-pocket costs. Medicaid, Medicare, and commercial insurance should cover the vaccines without any out-of-pocket costs. Children who are VFC-eligible can receive the vaccine at a VFC provider. Uninsured and underinsured adults can receive vaccines funded through the Bridge program at a local health department, an FQHC, or through a participating pharmacy.

What is the Bridge Access Program for COVID-19, who is covered, and what services are offered?

CDC's [Bridge Access Program](#) provides free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs.

- Currently, the program supports only COVID-19 vaccinations for under and uninsured adults. This program will end by June 30, 2025. COVID-19 vaccines will be given at local pharmacies, federally qualified health centers, local departments of health, and health care provider offices.

- **To find a 317/Bridge Access Provider/vaccines**, patients can visit [COVID-19 \(nj.gov\)](#) or [Vaccines.gov - Find COVID-19 vaccine locations near you.](#)
- **To find an independent pharmacy enrolled through eTruenorth**, patients can visit [COVID-19 Access \(covidaccess.com\).](#)
- **For more provider information**, visit [Provider Education Resources \(cdc.gov\)](#) regarding [educational materials for the Bridge Access Program.](#)

How do I become a provider for the 317 (adult) Program?

Local health departments, federally qualified health centers, and nonprofits who want to offer COVID-19 vaccines to uninsured and underinsured adults should consider enrolling in the 317 program. **Note: At this time, newly enrolled 317 sites will only be able to order and offer COVID-19 and flu vaccines due to the limited availability of other vaccines.**

- 317 providers cannot charge patients any out-of-pocket expenses for the administration of the COVID-19 vaccine.
- For more information on program requirements, visit [Vaccine Preventable Disease Program Provider Enrollment Package Adult](#), and [bridge-access-program-faq.pdf \(cdc.gov\)](#)
- If you have additional questions, please reach out to the VFC program by email at vfc@doh.nj.gov or call 609-826-4862.

What about under and uninsured children, Is the 2023-2024 COVID-19 vaccine available through the Vaccines for Children Program?

Yes. There are over 750 enrolled VFC providers in the State of New Jersey including but not limited to private practices, local departments of health, and Federally Qualified Health Centers (FQHC). Not all VFC providers have a supply of the vaccines. However, it is expected that all VFC providers will carry the vaccine. Children who meet at least one of the following criteria are eligible to receive ACIP-approved vaccines through VFC, including the updated COVID-19 vaccine:

- Uninsured or underinsured.
- Medicaid-enrolled in the Family Care A plan
- American Indian/Alaska Native
- 18 years and younger
- **Patients can visit the following websites:** For more information, visit [For the Public \(nj.gov\)](#). To find vaccines, visit [COVID-19 \(nj.gov\)](#), and for FQHCs visit [Centers for Primary Health Care \(state.nj.us\)](#).

How do I become a provider for the Vaccines for Children (VFC)?

Providers who want to offer COVID-19 vaccine to Medicaid-eligible, uninsured, and underinsured children, along with American Indian/Alaska Native children, should consider enrolling in the VFC program. VFC providers must meet similar requirements to the COVID-19 program such as:

- Having Digital Data Loggers.
- Recording bi-weekly temperatures in NJIIS.

- Properly accounting for doses received and administered.
- Screening for VFC eligibility.
- Stocking and offering all ACIP-recommended vaccines.

For more information on program enrollment for pediatric sites, visit [Vaccines for Children Program Provider Enrollment Package Pediatric](#). For more information about the NJ VFC program, visit [Vaccines for Children \(nj.gov\)](#).

Since the NJVSS was decommissioned on August 31, 2023, can I use the Vaccine Administration System (VAMS) to schedule COVID-19 vaccine appointments for my patients? What else can I use VAMS for?

VAMS capabilities include, clinic appointment management, vaccine recipient screening and data submission to NJIIS.

For more information about VAMS, visit [Vaccine Administration Management System \(VAMS\) \(cdc.gov\)](#) and [VAMS Vaccine Recipient \(Guest\) Registration | CDC](#). Providers can also email questions to NJVaxReporting@doh.nj.gov.

How do vaccines have to be entered into NJIIS that were obtained from the VFC and 317/Bridge programs?

Vaccines obtained from the VFC, and 317 programs are required to be entered into the NJIIS—the official statewide immunization registry. **All health care providers who administer vaccines to children 7 years of age and under are required by law to enter the immunization history into the NJIIS state registry within 30 days of administration** (N.J.A.C. 8:57-3.16). For more information, visit [NJIIS](#). Parents can visit, [NJIIIS_Your_Best_Shot.pdf](#).

What is the Docket App and how does it help my patients?

Docket® connects patients’ directly with immunization registries (including the New Jersey Immunization Information System (NJIIS) to deliver up-to-date personal and family immunization records, including COVID-19. **Availability of vaccination records is dependent upon health care providers submitting that information to NJIIS.** , Advise patients download the latest app update from the [Apple Store](#) or [Google Play Store](#).

For more information, visit, [How to use the docket app](#) . For specific instructions on how to submit a request to NJIIS, and for additional information about Docket, have patients visit [request an immunization record](#).

Now that the vaccines are commercialized, how do I close out from the CDC COVID-19 Vaccination Program?

This [letter](#) explains how to close out from the CDC COVID-19 vaccination program.

Vaccine Storage and Handling

How should the 2023-2024 COVID-19 Pfizer 12y+ vaccine be stored?

This new presentation (A carton of 10 manufacturer-filled syringes) **MUST BE STORED BETWEEN 2°C and 8°C (36°F and 46°F). Do NOT store at ultra-cold or standard freezer temperatures.**

- These manufacturer-filled syringes (MFS) can be used through the expiration date printed on the carton. The 10-week beyond-use date (BUD) for refrigerator storage does not apply.
- **This guidance applies to this presentation ONLY. Pfizer-BioNTech COVID-19 vaccines for children aged 6 months through 4 years of age and 5 years through 11 years of age, which are shipped to providers in CDC's programs directly from Pfizer on dry ice and can be stored at either at ultracold temperatures until expiry or up to 10 weeks at 2-8°C.**
- **Providers who have the original Pfizer 12y+ vaccine on hand can and should continue to use this product until it is consumed, expired, or has been stored at 2-8°C for longer than the allowable 10 weeks. Please be sure that staff understand the storage and handling of each product.**

Should providers invest in ultra-cold storage units at this time?

Providers are not required to purchase ultra-cold storage units. Many COVID-19 vaccines do have allowances for regular freezer or refrigerator storage. Ultra-cold storage is the preferred storage **for the Pfizer** COVID-19 vaccine since it supports the longest shelf life; however, the Pfizer vaccines can be stored in ultra-cold freezers or refrigerators. (Pfizer thermal shippers should no longer be used for vaccine storage). **The Moderna** dark blue caps and single dose syringes should ideally be stored in a regular freezer for the longest shelf-life; however, it may also be stored in a refrigerator. Storing Moderna and Pfizer vaccines in the refrigerator will reduce the shelf life of the product. Be sure to indicate the beyond-use-date on the product when it is thawed and placed in the refrigerator. **Visit [Novavax](#) for storage and handling guidance.**

How is the Department making sure that sites are keeping the vaccines in the proper conditions and not wasting doses?

Providers who offer COVID-19 vaccine through the Vaccines for Children (VFC), 317-Funded Adult (317), or State programs, must sign and comply with a CDC provider agreement, which requires health care providers to submit vaccine administration data within 24 hours to the statewide NJIIS. Daily temperature logs are required on-site to ensure vaccine efficacy and are submitted to NJIIS on the 1st and 15th of each month. NJDOH is also required by CDC to conduct site visits to VFC-enrolled providers. **For information regarding storage and handling, safety, and reporting, visit [U.S. COVID-19 Vaccine Product Information | CDC](#).**

How do I transfer vaccines?

For vaccine transfers, temperature excursions, or other questions related to vaccine inventory that have not been answered please email your respective program. For VFC/317 managed COVID-19 vaccines, email VFC@doh.nj.gov for the COVID-19 Program or State Program, email COVID19.Provider@doh.nj.gov. **Please note you must receive NJDOH approval prior to initiating vaccine transfer.**

COVID-19 Data and Surveillance

How are COVID-19 transmission levels being monitored now?

As the pandemic continues to evolve, monitoring the impact of COVID-19 and evaluating prevention measures remains a top priority for public health. For information on New Jersey's metrics, visit [Department of Health | Communicable Disease Service | New Jersey COVID-19 Dashboard \(nj.gov\)](#). For CDC metrics, visit [Data & Surveillance | CDC](#).

Where can I find information about the wastewater surveillance program?

Users can explore national, regional, and state trends of COVID-19 virus detected in wastewater in all 50 states, U.S. territories, and select tribal nations. Site-level data for COVID-19 virus in wastewater continues to be available on [CDC's COVID Data Tracker](#). For more information about New Jersey's program, visit the [Department of Health | Public Health and Environmental Laboratories | Wastewater Surveillance \(nj.gov\)](#).

Quarantine and Isolation

What are the current quarantine and isolation guidelines for health care personnel?

For guidance regarding residents and staff of health care settings, visit [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#).

The Effectiveness of COVID-19 Vaccines

Who is at risk for severe illness from COVID-19 and what suggestions should I give my patients for how to stay safe?

COVID-19 can affect anyone, and the disease can cause symptoms ranging from mild to very severe. **Vaccination, past infection, or timely access to testing and treatment can help protect people from getting very sick from COVID-19.** However, some people are more likely than others to get very sick if they get COVID-19 including people who are older, [pregnant or recently pregnant](#) are [immunocompromised](#), have certain [disabilities](#), or have [underlying health conditions](#). Understanding their COVID-19 risk and the risks that might affect others can help patients make decisions to [protect themselves and others](#).

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

Yes. A 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 people who were vaccinated for COVID-19.

For more information, visit [Pregnant and Recently Pregnant People | CDC](#), [COVID-19 Vaccines While Pregnant or Breastfeeding](#) and [Interim Clinical Considerations for Use of COVID-19 Vaccines, CDC](#)

What risk factors should I consider when trying to determine if my patient is at high risk for severe COVID-19?

Severe outcomes of COVID-19 are defined as hospitalization, admission to the intensive care unit, intubation or mechanical ventilation or death.

To determine if your patient is at high risk for developing severe COVID-19, visit [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC](#).

Should my patients who have already had COVID-19 and recovered, still get vaccinated for COVID-19?

[Evidence](#) indicates that people can get added protection by getting vaccinated after they have been infected with the virus that causes COVID-19.

If my patient is currently sick with COVID-19 illness, can I give them the COVID-19 vaccine?

No. Anyone **currently** infected with COVID-19 should wait to get vaccinated until after their illness has resolved.

Can people who had multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)) get the COVID-19 vaccine?

For information about COVID-19 vaccination for this population, visit [Consultation for decisions about COVID-19 vaccination](#), [Considerations for timing of COVID-19 vaccination in relation to immunosuppressive therapies](#) and [Use of COVID-19 Vaccines in the US, CDC](#).

What do health care providers need to know about treating people with Long COVID?

Based on current information, many Post-COVID Conditions can be managed by primary care providers, using patient-centered approaches to optimize the quality of life and function of affected patients. For more information visit, [Post-COVID Conditions: Information for Healthcare Providers \(cdc.gov\)](#).

Medical Therapies & Testing

Have Paxlovid and Legevrio been commercialized?

- Effective December 2023, Paxlovid and Legevrio, transitioned to the commercial market but continue to be available for most people at no cost. For more information and FAQs, visit [COVID-19 Therapeutics Transition to Commercial Distribution: Frequently Asked Questions | HHS/ASPR](#).
- Visit the following locator tool websites to find therapeutics and test-to-treat sites: [COVID-19 Therapeutics Locator \(arcgis.com\)](#) and [COVID-19 Test to Treat Locator English](#)

arcgis.com). Please note that the therapeutics locator is intended for provider use. Patients should not contact locations directly unless instructed to do so by their healthcare provider. For more information about prescribing these therapeutics, visit [Interim Clinical Considerations for COVID-19 Treatment in Outpatients | CDC](#).

- For more information on the home test-to treat program for COVID-19 and Flu, have patients visit, [Home \(test2treat.org\)](https://www.test2treat.org).

What is nirsevimab and can it be given simultaneously with the COVID-19 vaccine?

Nirsevimab is a long-acting monoclonal antibody used for treating certain infants and young children to prevent RSV. Following [General Best Practice Guidelines for Immunization](#), simultaneous administration of COVID-19 vaccine and nirsevimab is recommended.

Have there been any changes with the public obtaining free rapid home COVID-19 tests from the Federal Government?

- Yes, ordering free rapid home tests through the US Government has been suspended. All orders placed on or before March 8, 2024, will be delivered. For more information, visit [COVID-19 Testing | COVID.gov](#).
- For details about testing, visit [No-Cost COVID-19 Testing \(cdc.gov\)](#), [COVID-19 Testing: What You Need to Know | CDC](#), [Rapid home tests and their expiration dates and Reading and understanding COVID-19 rapid test Results \(FDA\)](#).
- To access low-cost or no-cost community-based testing sites, advise patients to contact [an HRSA health center](#), [Test to Treat](#) site, or [ICATT location](#) near them.
- 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, [this link](#).
- Remind your patients that, testing and other protective steps like wearing a mask and COVID-19 vaccination are important to stop the spread of COVID-19 infection.

Locating COVID-19 Vaccines and Health Education Materials

Is the New Jersey COVID-19 Call Center Closing?

Yes, as part of the transition to routine, commercial access to COVID-19 vaccines, the New Jersey COVID-19 Vaccine Call Center is closing operations on March 28, 2024.

- Residents can continue to call the national COVID-19 Vaccine Hotline at 1-800-232-0233, where assistance is available in English, Spanish, and other languages.
- Deaf and hard of hearing individuals can call TTY 1-888-720-7489.
- Persons with disabilities can seek COVID-19 vaccination support through the Disability Information and Access Line at 1-888-677-1199.
- During the transition, calls to the New Jersey COVID-19 Vaccine Call Center will be rerouted to the national COVID-19 Vaccine Hotline.
- For Educational and general Information about COVID-19, visit [Department of Health | Communicable Disease Service | COVID-19 Vaccination \(nj.gov\)](#).

- To locate COVID-19 vaccine providers/sites, visit, [COVID-19 Vaccines \(nj.gov\)](https://www.nj.gov/health/eoh/ohrt/covid19/vaccines/) or call the CDC's National COVID-19 Hotline at 1-800-232-0233.
- To locate COVID-19 vaccines that are offered under the 317/Bridge Access and VFC Programs see page 6.
- To reach the CDC clinician on-call center, call 800-CDC-INFO (800-232-4636).