

Kansas COVID-19 Vaccination Program – FAQs

Updated: March 16, 2021

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Public responses

Vaccine Access

1. Why don't we have enough vaccines currently?

Vaccine supply has been limited by manufacturing capacity but as of March 2021, three manufacturers, Pfizer, Moderna, and Johnson & Johnson, have received Emergency Use Authorization for their vaccines and are producing doses at full capacity. States should expect supply increase quickly in the coming months. The Biden Administration has announced that the United States will have enough vaccine doses manufactured for all adults who want it by the end of May, however that does not mean that all adults will be vaccinated by then because distribution and administration to the full population will take additional time.

2. Is Kansas getting its "fair share"?

Currently, Kansas is allocated approximately 1% of the total national available vaccine each week, which is based on percent of national population. National sources such as the [CDC COVID Data Tracker](#) provide a regularly updated view of the doses being distributed across all states & territories.

3. Will the vaccine be available to every Kansan who wants it? When?

Yes, the vaccine will be available to every Kansan who is able to receive it based on the current phase and the current Emergency Use Authorization (currently there is no vaccine authorized for use by people under the age of 16). While the timeline cannot be guaranteed due to uncertainty in the expected availability of vaccine doses, President Biden has stated that there will be enough vaccine by the end of May for everyone who wants to get vaccinated and who is able to get vaccinated under the EUA.

4. How do I get the vaccine?

There are three steps to getting the vaccine:

1. *Determine whether you are included in the current vaccination phase.* You can also identify which vaccination phase you qualify for here: [Vaccine Prioritization Plan](#). When the state recommends moving to a subsequent phase, announcements will be made through multiple channels ([KS COVID Vaccine website](#), [Governor's press releases](#), local media). Please note that because of ongoing supply shortages, Local Health Departments will make a determination on prioritized populations within the Statewide Phase, so it is important to also check with your Local Health Department about their planned implementation of the current Phase.
2. *Find a place that is offering vaccinations to the public.* The federal government recently released [Vaccine Finder](#), a map-based tool that can help you locate a vaccination site near you. Kansas also developed [Find my Vaccine](#), a similar map-based tool that helps you locate vaccine providers in Kansas. As of early March 2021, both websites are available but Find My Vaccine will be phased out as more Kansas providers are brought onto Vaccine Finder. Individuals who don't have access to

internet can call 211 and request assistance scheduling an appointment with a local provider.

3. *Schedule your appointment.* Providers who are offering vaccines to the public will manage scheduling locally. Some providers will have an option to schedule an appointment for a specific day and time by phone or online, while others may coordinate vaccination clinics and advise you to come during a certain time window.

5. How will I have to prove that I meet the requirements of the phase?

Providers may implement some form of patient sub-group verification (e.g., self-reported surveys or screening online or on-site). Please check your provider's screening requirements before going to your appointment. If you foresee any challenges to providing this type of identification, please contact the provider, your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov).

6. How can someone without a computer or internet access find a provider?

Kansans without access to internet access can contact their Local Health Department ([directory by county](#)), call 211, or call the KDHE COVID-19 Hotline (866-534-3463 / 866-KDHEINF) for help finding a provider once they are eligible for vaccination.

7. How many counties have set up a way to for Kansans to register for the vaccine when their phase opens up or be notified when they are eligible to receive it?

The Kansas Department of Health and Environment (KDHE) does not have information on how many counties are setting up sign-ups for their community. Please contact your Local Health Department ([directory by county](#)) or visit their website to find out what options are available in your county.

8. Who will be giving the vaccine? Can we just go to our local pharmacy to get it?

Not all healthcare providers are participating in vaccine administration but there are many different types of providers administering the vaccine now, and more will be added with increased vaccine supply, including:

- Public health clinics / your local public health department
- Federally Qualified Health Centers (FQHC)
- Pharmacies
- Doctor's offices
- Safety net clinics
- Hospitals
- Other health centers

To find a vaccine provider, visit [Vaccine Finder](#), [Find My Vaccine](#), or call 211 and ask for assistance. These resources will be updated regularly as more providers are enrolled. If you are currently eligible and need help finding a provider, you can also contact your Local Health Department (LHD) ([directory by county](#)).

9. Is the state or KDHE hoarding vaccine?

No, the state and KDHE are not hoarding vaccine doses. The state manages the allocation and order process and then the doses are delivered directly to Local Health Departments and other providers. KDHE keeps an allocation of vaccine to administer to special populations including K-12 teachers and staff.

10. I hear that COVID-19 vaccines are tricky to distribute. Why?

Yes, the allocation and distribution process for the COVID-19 vaccine is very complex. Some reasons for this include:

- Operational considerations: Limited supply and low predictability in weekly allocation from federal government, need to allocate and administer boost doses within specified timeframe, weekly throughput and temperature storage capacity constraints of enrolled providers, and large minimum order size requirements
- Distributional considerations: Maximizing doses administered while minimizing wastage, targeting priority populations, ensuring fair distribution across counties, and achieving equity in allocation to socially vulnerable groups.

KDHE is continually refining its process to improve the speed and efficiency of vaccine distribution and administration in Kansas.

11. Do I need to get both doses at the same location?

Because federal vaccine distribution ships boost doses for the corresponding prime doses directly to the administering facility, you should receive your boost dose at the same location. However, there may be circumstances that require people to get their boost doses at a different location. If you cannot return to the same provider for your boost dose, you can make an appointment at a participating pharmacy or contact your Local Health Department for assistance finding a provider that can administer your boost dose ([directory by county](#)). Make sure to take your vaccination record with you when you go for your boost dose.

12. If the provider who gave my prime dose cannot/will not give my boost, what should I do?

The provider that administered your prime dose will automatically receive the corresponding boost dose so ideally you will receive both doses from the same provider. If that provider cannot provide your boost dose for some reason, contact your Local Health Department for assistance finding a provider that can administer your boost dose ([directory by county](#)) or check with a participating local pharmacy to see if they can provide the boost dose for you. Make sure to take your vaccination card with you!

13. What is the Federal Retail Pharmacy Program for COVID-19 Vaccination?

The [Federal Retail Pharmacy Program for COVID-19 Vaccination](#) is a collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccination across the United States. This program is one component of the Federal government's strategy to expand access to vaccines for the American public. The program is being implemented incrementally based on the available vaccine supply, with select retail pharmacy locations

providing COVID-19 vaccine to eligible individuals. As vaccine availability increases over time, the program will expand to ultimately include all 40,000+ pharmacies.

Vaccine allocation for this program does not come out of Kansas' allocation but rather provides additional doses on top of the doses provided to the state. The number of doses given to each state through this program will be proportional to population and includes both prime and boost doses. Initial rollout of the program began on February 11, 2021 and will continue to scale up and expand to other pharmacies.

Pharmacies participating in the Retail Program will be required to follow state guidelines for vaccination. Pharmacies will screen for eligibility, age, occupation, medical conditions, etc., but proof of eligibility will not be required and no one will be turned away.

Find My Vaccine Tool

14. If I am not part of the prioritized vaccination groups (Phase 1 and 2), can I still contact the providers in this map about their vaccine availability?

If you are not yet prioritized for vaccination (i.e., included in Phase 1 or Phase 2), we ask that that you please do not contact the providers in the tool. The State of Kansas is still experiencing a very limited supply of COVID-19 vaccines, so providers' vaccine supply and efforts are primarily devoted to prioritized groups. We seek your support in ensuring providers can focus on those who are currently prioritized so that we can move as quickly as possible to subsequent phases.

15. Your tool only reports prime dose vaccine locations but I need a boost dose – how can I find a provider for this?

The tool only indicates prime doses as the process is designed for Kansans to receive their boost dose from the same provider who administered their prime dose. All providers receive a corresponding amount of boost doses for the number of prime doses that they receive. Please contact the vaccine location where you received your prime dose to inquire about scheduling your boost dose appointment.

16. Does this map exhaustively represent all COVID-19 vaccine administration locations currently?

The map depicts all of the vaccine providers who have received prime dose vaccines at least once since the vaccine roll-out began in late 2020; it does not include the many more providers who are enrolled to receive vaccine in the future once supply increases.

For providers that have opted-in to share their address and contact information on Find My Vaccine are depicted with an orange or a blue dot. The grey dots depict providers who have not opted-in to participate in the tool at this time (for example, because they are focused on vaccinating a very specific population such as their own healthcare employees). New opt-in vaccine locations are being added on a weekly basis; please check back at a later date to see further additions and improvements in the tool.

17. How often is Find my Vaccine updated?

We are encouraging COVID-19 vaccine providers with participating administration locations to opt into the tool as soon as possible. New opt-in vaccine locations will be added to the tool at least weekly, as information on which providers have received vaccines for the week is refreshed. Please check back at a later date to see further additions.

18. What are the different types of locations featured on this tool?

Blue dots: If they have received vaccines this week, does this mean they're likely to have vaccines on hand for me?

- Find My Vaccine does not provide real-time reporting on vaccine inventory at different locations, but instead indicates which have received supply of prime doses that week. Providers may not have vaccine available; please contact the location (via the phone number, email, and/or website contact information provided) to verify vaccine availability, as well as location-specific eligibility, hours, and appointment requirements.

Orange dots: If they have not received vaccines this week, does this mean they won't have any on hand for me?

- Find My Vaccine does not provide real-time reporting on vaccine inventory at different locations, but instead indicates that received supply of prime doses that week. While these providers may have vaccine available, it is encouraged that providers are administering all the supply they receive as quickly as possible. Please contact the location (via the phone number, email, and/or website contact information provided) to verify vaccine availability, as well as location-specific eligibility, hours, and appointment requirements.

Grey dots: What do the 'grey dots' represent on the map – can I contact these locations?

- No, you may not contact these locations. The grey dots depict providers who have not opted-in to participate in the tool at this time (for example, because they are focused on vaccinating a very specific population such as their own healthcare employees).

19. How do I search for nearby providers in the tool?

There are 3 ways to search in the map:

- By clicking into the map: Click on the map where you are roughly located. You can adjust the radius of your search on the left hand side.
- By allowing tool to use your computer's GPS location: Select the "Use current location" option and allow the tool to access this information. You can adjust the radius of your search on the left hand side.
- By entering ZIP or street address or point of interest: Enter in your ZIP code or street address to find providers in the area. You can adjust the radius of your search on the left hand side.

20. What if I see there are no nearby COVID-19 vaccine providers?

Vaccines are being delivered to all 105 Kansas counties on a weekly basis, but not all providers may be listed on the map at this time. All are welcome to see the weekly vaccine allocations for each county on the [KS COVID-19 Vaccine Dashboard](#).

At this time, this map only depicts providers that have opted-in to be publicly listed on the tool. New opt-in vaccine locations are being added on a weekly basis; please check back at a later date to see further additions. If you do not see an active location in your area -- and you are in Phase 1 or 2 -- ask your [Local Health Department](#) for further information on where or when there may be vaccines available within your area.

21. I found a nearby COVID-19 vaccine provider but have limited transportation options to get there, do you offer any assistance?

First, please contact the location (via the phone number, email, and/or website contact information provided) to verify location-specific eligibility, vaccine availability, hours, and appointment requirements. Once you have confirmed these details, please reach out to your Local Health Department ([directory by county](#)) to see if they have any transportation assistance programs.

Cost

22. What will be the cost of the vaccine?

The COVID-19 vaccine is free to everyone and no insurance is required. Healthcare facilities are permitted to charge an administration fee to administer the vaccine, but no one can be denied a vaccine if they cannot afford the administration fee or do not have insurance. If you are eligible for the vaccine in the current phase but are turned away because of your inability to pay, please contact KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). Alternatively, you may contact the Kansas Insurance Department's Consumer Assistance Division by phone (800-432-2484), by email (kid.webcomplaints@ks.gov), or file a complaint on their website (insurance.kansas.gov).

Prioritization

23. What is the timeline for moving through the phases?

Kansas is administering COVID vaccinations in alignment with the phases outlined in the [Vaccine Prioritization Plan](#). As of March 22, 2021, Kansas will be vaccinating individuals prioritized in Phases 1-4 and plans to begin vaccinating the general public (Phase 5) on May 1 in alignment with President Biden's recent announcement that all adults should be eligible by then. Governor Laura Kelly has set a goal of vaccinating all Kansans who want to be vaccinated this year.

24. Where did the vaccine administration phasing decisions come from? What are the criteria?

The phases are guidelines for population prioritization to ensure that the most at-risk populations receive the vaccine first and that the vaccine is equitably administered, especially with limited vaccine supply. To develop this phasing, the Kansas government segmented and prioritized Kansas' population based on public health risk and criticality to

state infrastructure. Throughout the process, an equity lens was applied to ensure inclusion of socially and medically vulnerable communities. The Governor, KDHE, and Kansas COVID Vaccine Advisory Committee (COVAC) engaged an independent advisory committee to review and co-develop these phases and relied on the expert opinion of the CDC and ACIP recommendations. The COVID-19 environment is dynamic, and thus we will continue to adapt these phases and priority groups as we learn more about the disease situation in Kansas and across the country.

25. How will people know when we have moved into a new phase?

The decision to move to a new phase at the state level will be announced to the public through multiple channels ([KS COVID Vaccine website](#), [Governor's press releases](#), local media). However, your local public health department does have the flexibility to move to the next phase based on vaccine administration, expected patient demand, and available supply. Please consult your local public health department's website or contact them directly ([directory by county](#)).

26. Why is another county moving on to the next phase ahead of my county?

Counties may finish vaccinating the population in a given phase at different times due to differences in population size and logistical differences that impact the pace of vaccination. The phases are guidelines for population prioritization to ensure that the most at-risk populations receive the vaccine first and that the vaccine is equitably administered, especially while vaccine supply is limited. The state government provides guidance on which phase the state is currently in and counties must adhere to that guidance unless the state grants them permission to move forward.

27. Why is my county only offering vaccines to a segment of those eligible in the current phase?

While the state government provides guidance on which phase the state is currently in, Local Health Departments have flexibility to sub-prioritize within each phase. For example, Phase 2 prioritizes people 65 and older but a Local Health Department could decide to first vaccinate those who are 75 and older and then open vaccinations to those aged 65-74. This allows counties to tailor vaccine distribution to meet the needs of their residents while efficiently managing supply and demand.

28. Who is prioritized to be vaccinated in Phase 1?

Phase 1 includes 1) healthcare workers, 2) residents or patients in long-term care facilities (LTCF), senior housing or LTC-supported independent living, and 3) workers critical to pandemic response continuity.

Healthcare workers include but are not limited to:

- Staff in long-term care facilities
- Workers in direct contact with patients, e.g., Medical Doctors (MD), Doctors of Osteopathy (DO), Doctors of Podiatric medicine (DPM), nurses, Emergency Medical

Technicians (EMT), clinical students and trainees (does not include first responders and dispatch who are prioritized in Phase 2)

- Diagnostic labs, phlebotomists, pandemic health workers (e.g., individuals performing COVID tests)
- Mental healthcare providers, pharmacy staff, non-medical staff – if exposed to patients or infectious materials
- Healthcare-associated contractors, including food, waste management, etc.
- Dentists, physical therapists, professionals performing elective procedures
- Home care workers, Centers for Medicare & Medicaid Services (CMS) designated caretakers
- Morticians, forensic and funeral service workers
- Staff in Federally Qualified Health Centers (FQHC), community health centers (CHC), safety-net/free clinics, faith-based outreach clinics (inclusive of state-funded clinics)
- Home health aides, nursing assistants
- Veterinarians

Workers critical to pandemic response continuity are defined at the county level. Please consult your Local Health Department to understand if this applies to you.

If you have questions about your eligibility, please contact your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). For additional information on the phases, please refer to the [Vaccine Prioritization Plan](#).

29. Who is prioritized to be vaccinated in Phase 2?

Phase 2 includes 1) persons aged 65+, 2) high-contact critical workers, and 3) congregate settings.

High-contact critical workers include but are not limited to:

- Firefighters, police officers, first responders, emergency dispatchers, correction officers
- Grocery store workers and food services
- K-12 and childcare workers, including teachers, custodians, drivers, and other staff
- Food processing, including meat processing plants
- Large-scale aviation manufacturing plants
- Transportation workers
- Workers in the following industries, if they regularly need to be in high-risk settings to perform their duties:
 - Retail, warehouses, and sales outlets
 - Agriculture
 - Supply of critical services or materials for the COVID response (e.g. personal protective equipment (PPE))
 - U.S. Postal Service

- Department of Motor Vehicles

Congregate settings include but are not limited to:

- Homeless shelters and other homeless housing settings and dwelling places
- Congregate childcare institutions, adult, and child protective services
- Emergency shelters or safe houses for victims of domestic violence
- Corrections facilities, including jails and juvenile justice facilities
- Behavioral Health institutions (including mental health institutions) and residential treatment centers
- Adult care homes, residents, and staff in home plus facilities not covered in Phase 1
- Senior living homes
- Home care givers (paid or unpaid), personal care aides

If you have questions about your eligibility, please contact your local public health department ([directory by county](#)) or KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). For additional information on the phases, please refer to the [Vaccine Prioritization Plan](#).

30. Who is prioritized to be vaccinated in Phase 3?

Phase 3 includes 1) persons aged 16-64 with severe medical risks and 2) other critical workers not included in Phase 2.

Persons aged 16-64 with severe risk for COVID-19 include but are not limited to individuals with medical conditions such as:

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state from solid organ transplant
- Type 2 diabetes mellitus
- Sickle cell disease
- Pregnant patients

Other critical workers include but are not limited to:

- Agricultural and food workers not included in previous phases
- Workers performing in-person activities indoors, in critical manufacturing, not included in previous phases; this includes aviation, production of critical supplies for the COVID response
- Utility workers
- Social service and government workers not included in previous priority phases
- Logistics workers, such as truck transportation workers, couriers, and others
- Water and wastewater workers

- Shelter and housing (e.g., construction) workers, finance (e.g., bank tellers)
- Information technology and communications workers

31. Who is prioritized to be vaccinated in Phase 4?

Phase 4 includes persons aged 16-64 with other medical risks, including but not limited to:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus
- Obesity and severe obesity

32. Why are universities not included as a Phase 2 population?

Although universities are not specifically included in Kansas Phase 2, local public health departments may determine that it is appropriate to include them under Phase 2. For example, some university faculty or staff that fit under the critical worker criteria (workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals) and who are not able to work remotely, may qualify for Phase 2 as determined by their local public health department.

33. Where do K-12 staff and personnel fit in the prioritization list? What is the reasoning?

Teachers fall under Phase 2 – high contact critical workers (see slide 6 of [Vaccine Prioritization Plan](#)). This category is defined as: Workers providing critical services who are at a higher risk of being infected because their jobs require consistent and close contact with a large number of individuals.

34. Are railroad workers eligible to be vaccinated in Phase 2 or Phase 3?

Generally, Railroad Workers are critical but usually not considered high contact so they would be in Phase 3 because of the limited amount of close contact with fellow workers and the public. To clarify further, a passenger train ticket checker or worker on a passenger train would be in Phase 2 because of being critical *and* high contact.

35. When can parents of children with medical risks get vaccinated?

Caretakers for children with medical risks as defined in Phase 3 or 4 can get vaccinated during the phase under which the medical risk is included.

36. When can clergy get vaccinated?

Clergy who visit hospitals are eligible to get vaccinated as part of the healthcare team. Clergy who regularly have contact with members of the congregation are considered Essential Workforce and are eligible to get vaccinated during Phase 2. Clergy who are not regularly in contact with members of the public will be eligible for vaccination during the second round of Essential Workforce prioritization during Phase 3. Clergy are also eligible for vaccination based on their age. Those 65 and older can get vaccinated during the current Phase 2 regardless of the amount of contact they may have with the public.

37. When can summer camp counselors get vaccinated?

Anyone working in a camp setting is eligible to receive COVID-19 vaccine as an Essential Worker with close contact with the public. Because the close contact will be with children who are not yet eligible for vaccination, summer camp counselors and staff should make sure they are fully vaccinated at least 2 weeks prior to starting their job. Fully vaccinated includes receiving 2 doses of Pfizer vaccine spaced 3 weeks apart, 2 doses of Moderna vaccine spaced 4 weeks apart, or 1 dose of Johnson & Johnson vaccine.

38. What is the reasoning behind vaccinating those incarcerated in jails and/or prisons prior to other high-risk populations?

Anyone living or working in a licensed congregate setting is included in Phase 2. This is because the risk of transmission is increased because of proximity, type of contact, duration, and the potential for a high number of contacts. The health of our prisons is directly linked to community health. 39 states total addressed incarcerated people as a priority group for the COVID-19 vaccine.

39. Why are individuals with Type 2 Diabetes prioritized in Phase 3 while those with Type 1 are in Phase 4 of the vaccination plan?

The agency is following [CDC guidance](#). Type 1 is an autoimmune disease where people make antibodies to the islet cells of the pancreas that produce insulin. People need to take insulin to replace the insulin their pancreas doesn't produce. It isn't an immunocompromising condition, however. Type 2 is insulin resistance, due to metabolic factors, which prevent the body from using the insulin it makes. It places people at very high risk for hypertension, heart disease, kidney disease, stroke, and also for severe illness or death from COVID.

40. Where do essential media workers fit into the vaccination plan? For media employees who are not able to work remotely, how would they get vaccinated?

For the press and other media, if they cannot do their job remotely AND can't be socially distanced from large groups, they would fall into Phase 2. For example, the onsite news reporter and cameraman would fit Phase 2 because they interact with various members of the public, sometimes in large groups. If they are working remotely to create graphics or edit stories and/or can socially distance, they will need to see which other definitions they fit into to determine their phase.

Media employees who are prioritized in Phase 2 should follow the same guidance for getting vaccinated as the general public. You may need to show your work badge or other proof of employment to confirm eligibility with your provider.

41. If a specific group or qualifier is not listed on the phases, how do we know where they fit?

For the latest information on vaccination phases and the prioritization plan, please refer to the [Vaccine Prioritization Plan](#). This page will be updated as additional information becomes available. The prioritization plan accounts for all Kansans so if you do not qualify for an earlier phase based on your profession or medical condition, you would qualify for a later phase based on your age.

Clinical & Related Policy

42. If someone is sick, can they still get the vaccine?

Patient care is very nuanced, so it is difficult to provide clinical guidance online. The FDA advises telling your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

For further information, please refer to the [Pfizer EUA Factsheet](#), [Moderna EUA Factsheet](#), [Johnson & Johnson EUA Factsheet](#), and [CDC COVID-19 Vaccination FAQ](#).

43. Is it protocol to vaccinate individuals who have already recovered from COVID-19?

Yes, reinfection is possible so vaccination is recommended even if a person has previously been infected with COVID-19. The CDC advises waiting 90 days after treatment for COVID-19 symptoms with monoclonal antibodies or convalescent plasma. If a person is currently in quarantine due to potential exposure to COVID-19, it is advised to wait 14 days after exposure to get vaccinated to ensure that they do not have COVID-19.

44. Do I have to quarantine if exposed to COVID after I'm fully vaccinated?

You are considered fully vaccinated two weeks after receiving the Johnson & Johnson vaccine or two weeks after receiving your boost dose of the Pfizer or Moderna vaccines. Fully vaccinated persons should continue to follow [current guidance](#) to protect themselves and others. This includes:

- wearing a mask, staying at least 6 feet apart from others, and avoiding crowds and poorly ventilated spaces whenever you are in public, gathering with unvaccinated people from more than one other household, or visiting with an unvaccinated

person who is at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk

- avoiding medium or large-sized gatherings
- delaying [domestic and international travel](#)
- following guidance at your workplace

As of March 8, 2021, the CDC permits fully vaccinated individuals to:

- gather indoors with other fully vaccinated people without wearing masks
- gather indoors with unvaccinated people from one other household (e.g., visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19

You should still watch out for symptoms of COVID-19, especially if you've been around someone who is sick. If you are fully vaccinated and have been around someone who has COVID-19, you do not need to stay away from others or get tested *unless you have symptoms*. However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.

45. If a person tests positive for COVID after their prime dose, how should their boost dose be handled?

If you get the prime dose and subsequently test positive, this won't necessarily keep you from getting the boost dose but you should monitor your symptoms and isolate accordingly. Cases are isolated during their infectious period, which is the time period where they can spread the disease to others. For COVID-19 disease, the isolation period is a minimum of 10 days. If your symptoms resolve before your boost dose, which will be three or four weeks after the prime dose depending on which vaccine you received, you can get the boost injection. Otherwise, wait until your symptoms resolve and speak with your provider to determine when you should get your boost dose. If you receive an infusion of a monoclonal antibody drug to treat COVID-19 illness, wait 90 days after treatment to get your boost dose.

46. Do I need to wait to get other vaccines if I get a COVID-19 vaccine?

The [CDC advises](#) waiting at least 14 days before getting any other vaccine, including a flu or shingles vaccine, if you get your COVID-19 vaccine first. If you get another vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

If a COVID-19 vaccine is inadvertently given within 14 days of another vaccine, you do not need to restart the COVID-19 vaccine series; you should still complete the series on schedule. When more data are available on the safety and effectiveness of COVID-19 vaccines administered simultaneously with other vaccines, CDC may update this recommendation.

47. What is the recommended interval between doses for Pfizer and Moderna? How much flexibility is there? Is there a point at which someone has to restart the series and get the prime dose again?

The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly. [CDC guidance](#) on the interval between doses is as follows:

- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
- Moderna (100 µg, 0.5 ml): 4 weeks (28 days) apart

Persons should not be scheduled to receive the boost dose earlier than recommended (i.e., 3 weeks for Pfizer or 4 weeks for Moderna). However, boost doses administered within a grace period of 4 days earlier than the recommended date for the boost dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

The boost dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the boost dose of Pfizer and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the prime dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. However, if the boost dose is administered beyond these intervals, there is no need to restart the series.

48. What ingredients in the vaccine are potential allergens?

If you had a severe allergic reaction—also known as anaphylaxis—after getting the first shot of a COVID-19 vaccine, [CDC recommends](#) that you not get a second shot of that vaccine. If the reaction was after an mRNA COVID-19 vaccine (either Pfizer-BioNTech or Moderna), you should not get a second shot of either of these vaccines. Learn which [COVID-19 vaccines need a second shot](#).

If you are [allergic to a vaccine ingredient](#):

- If you have had a severe allergic reaction or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, you should not get either of the currently available mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna).
- If you have had a severe allergic reaction or an immediate allergic reaction to any ingredient in Johnson & Johnson’s Janssen (J&J/Janssen) COVID-19 vaccine, you should not get the J&J/Janssen vaccine.
- If you aren’t able to get one type of COVID-19 vaccine because you are allergic to an ingredient in that vaccine, ask your doctor if you should get a different type of COVID-19 vaccine. Learn about the different types of COVID-19 vaccines.

Vaccine ingredients:

- Pfizer-BioNTech: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-

Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

- Moderna: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.
- Johnson & Johnson: citric acid monohydrate (0.14 mg), trisodium citrate dihydrate (2.02 mg), ethanol (2.04 mg), 2-hydroxypropyl- β -cyclodextrin (HBCD) (25.50 mg), polysorbate-80 (0.16 mg), sodium chloride (2.19 mg). Each dose may also contain residual amounts of host cell proteins (≤ 0.15 mcg) and/or host cell DNA (≤ 3 ng).

Full ingredient lists can be found in the Emergency Use Authorization for each vaccine: [Pfizer](#), [Moderna](#), and [Johnson & Johnson](#).

49. How long will the vaccine provide protection against COVID? Will the vaccine need to be repeated like the flu vaccine? If so, how often?

Research is still ongoing and data is not yet available on the duration of protection that the vaccines will provide or if we will need to be vaccinated again in the future.

50. Can you still spread the virus after being fully vaccinated?

Research is still ongoing into this question. It may be possible to spread the virus after being fully vaccinated, so it is important to continue taking appropriate precautions like wearing a mask, practicing social distancing, and avoiding large gatherings after vaccination. We do know that the vaccine is very effective at preventing symptomatic disease in the person who is vaccinated, but more needs to be learned about whether vaccinated people can be asymptomatic carriers of the virus that can still infect others.

51. Which vaccine should I get? Is one better than the others?

You should get whichever vaccine becomes available to you first. All three vaccines currently available in the United States are highly effective and have been extensively tested for safety. Importantly, all three vaccines demonstrated 100% protection against severe outcomes like hospitalization and death.

There are several differences between the vaccines which will impact who can store them correctly and where they are administered. For additional information about the three vaccines currently available for use in the U.S., refer to this [comparison table](#).

52. Does KDHE have any indication on when other vaccines will be approved and ready for distribution?

As of February 27, 2021, Phase 3 clinical trials are in progress or being planned for AstraZeneca's and Novavax's COVID-19 vaccines in the United States. Neither company has submitted paperwork to the Food and Drug Administration (FDA), which is the starting point

to gain Emergency Use Authorization (EUA) in the United States, but AstraZeneca is expected to initiate this process soon.

53. Is Kansas distributing and administering all vaccinations and not holding back quantities for boost doses?

For the Pfizer and Moderna vaccines that require a prime dose followed by a boost dose, the federal government ships prime doses and boost doses separately, timing the shipment of boost doses at the appropriate intervals for each type of vaccine. KDHE is not holding back any doses and guidance to all vaccine providers is to administer doses within the week they are received. Providers should not hold back any doses intended for prime doses for future boost shots as those boost doses will be automatically delivered at the appropriate time.

54. When do we expect vaccines to be available for children and adolescents?

Pfizer's vaccine is authorized for people as young as age 16 and is currently in trial in adolescents ages 12-15. Moderna's vaccine has been authorized for individuals age 18 and older and Moderna is currently running a trial for adolescents ages 12-17. Both manufacturers could seek authorization for adolescents by summer 2021. After recently receiving Emergency Use Authorization for adults over age 18, Johnson & Johnson could start trials in adolescents soon. AstraZeneca's Phase 3 trial in U.S. adults is ongoing, and it may start trials in adolescents soon as well.

The [American Academy of Pediatrics](#) reports that all four companies will likely begin planning for trials in younger children in the coming months, which may involve testing vaccines at lower doses than for adults.

55. Can someone under age 18 can get vaccinated if they have a doctor's note and parental permission?

Even with a doctor's note and/or parental permission, the Moderna and Johnson & Johnson vaccines are not currently authorized for anyone under age 18 and should not be administered outside of the approved age range. The Pfizer vaccine can be administered to individuals aged 16 and older who are eligible to be vaccinated during the current phase of vaccine administration with parental permission.

56. Kansas' Prioritization Plan includes people as young as age 16 but the Moderna vaccine states 18 years as the minimum age - which is correct?

Both are correct – the Moderna and Johnson & Johnson vaccines are approved for individuals aged 18 years and older while the Pfizer vaccine is approved for individuals aged 16 years and older. When Kansas enters Phase 5 of the [Prioritization Plan](#), anyone over age 16 will be eligible for vaccination but only the Pfizer vaccine should be administered to those who are 16 or 17 years old. Clinical trials are underway to test vaccine efficacy for children 12 and older, but there is currently no vaccine authorized for use in children under age 16.

57. Where can I report COVID-19 vaccine side effects?

If you are having life-threatening side effects, contact 911. For other serious, persistent side effects, contact your healthcare provider and the person who administered your vaccine. Your vaccine provider will decide if our side effect should be reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). You can also report side effects to [VAERS](#) or to [V-safe](#).

58. What is the V-safe app?

[V-safe](#) is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through V-safe, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. V-safe will also remind you to get your boost dose if you need one. [Register for V-safe here](#).

59. Is there an alternative to V-safe for those who do not have a smart phone or reliable internet?

Currently, [V-safe](#) can only be accessed with a smartphone that has a touchscreen, can receive text messages, and has access to the Internet. If you cannot participate in V-safe, you can submit reports of adverse events following vaccination to [VAERS](#), a vaccine safety monitoring system managed by CDC and FDA. If you need additional help submitting a report, you may call the VAERS toll-free information line at 1-800-822-7967 or send an email to info@vaers.org.

60. Can a person give blood after receiving a COVID-19 vaccine?

Yes, [according to the FDA](#), individuals who received a nonreplicating, inactivated, or mRNA-based COVID-19 vaccine, like the Pfizer, Moderna or Johnson & Johnson vaccines, can donate blood without a waiting period. However, you should alert the blood donation facility of your COVID vaccination as they may require you to provide specific information before donating. The [American Red Cross requires](#) you to disclose the manufacturer of your COVID vaccine and requests that you show your COVID-19 vaccination card when donating blood.

Long Term Care

61. What is the plan for continued vaccination of residents and staff? Particularly for new residents or staff members who were not a part of our original vaccination schedule but need the vaccine to be admitted into our facility?

COVID-19 vaccine is currently being distributed to Local Health Departments and is beginning to be distributed through retail and other long-term care pharmacies in the coming weeks. Facilities should be able to work with pharmacies or other vaccination partners, including Local Health Departments, to obtain COVID-19 vaccine for new staff, new residents or others that were not included in the vaccine partnership through CVS and Walgreens. If a facility doesn't have a vaccination partner, contact

KDADS.reopening@ks.gov or use the Kansas Department for Aging and Disability Services (KDADS) vaccine survey to request assistance with finding a vaccine partner.

62. What restrictions are in place for long term care (LTC) residents?

The Centers for Medicare and Medicaid Services (CMS) and CDC [revised guidance for visitation in long term care facilities](#) on March 10, 2021. Visitation can be conducted through various means based on a facility's structure and residents' needs, including in resident rooms, visitation spaces, and outdoors. Given the ongoing risk of COVID-19 transmission, CMS continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection control, including maintaining physical distancing and conducting visits outdoors whenever possible. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. Current guidance is outlined below with further information found on [CMS.gov](#).

Indoor Visitation

Facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor, unless certain scenarios arise that would limit visitation for:

- Unvaccinated residents if; 1) the COVID-19 county positivity rate is greater than 10 percent; and 2) less than 70 percent of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Indoor Visitation During an Outbreak

While outbreaks increase the risk of COVID-19 transmission, a facility should not restrict visitation for all residents as long as there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. Facilities should continue to adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate Care Visits

Visits for compassionate care, such as an end-of-life situation or a resident in decline or distress should be allowed at all times for any resident (vaccinated or unvaccinated), regardless of the above scenarios. In addition, facilities and visitors should continue all infection prevention and control practices.

63. How do we get vaccine for residents that received monoclonal antibody treatment during our vaccine clinics with CVS?

For residents that were unable to receive vaccines during the CVS/Walgreens clinics, you can reach out to your Local Health Department, or to your facility's pharmacy to get those residents vaccinated.

64. Our facility received one type of vaccine for prime doses, but then our county switched to the other type of vaccine. How do we receive the boost doses of vaccine for our facility?

Many local pharmacies and health departments have received shipments of both the Pfizer and the Moderna vaccines. Please reach out to your facility's pharmacy for further vaccine support. If your pharmacy and Local Health Department cannot provide you the vaccination support needed, please reach out to KDHE at COVID-19@ks.gov for further support.

65. If a pharmacy won't send vaccinators to a rural LTC facility, how can the residents get the Pfizer vaccine without having to travel together?

First, please contact the location (via the phone number, email, and/or website contact information provided) to verify location-specific eligibility, vaccine availability, hours, and appointment requirements. Once you have confirmed these details, please reach out to your Local Health Department (directory by county) to see if they have any transportation assistance programs. If you still are not able to receive transportation support, please contact KDHE at COVID-19@ks.gov.

Kansas Status

66. Why does the vaccine rollout take so long?

National rollout of the vaccine has been slower than anticipated and the federal government did not initially deliver as many doses across the country as originally stated. There was also a lag in reporting between state and federal systems that made Kansas' early vaccine administration numbers appear lower than they actually were. Current vaccine distribution data shows Kansas performing in line with most of the other states. Vaccine supplies are now increasing rapidly and Kansas is continuously improving the vaccine distribution process and expects to achieve the Governor's goal of vaccinating all Kansans this year. To check the current status of the vaccine program in Kansas, there is a dashboard on the [KS COVID Vaccine website](#).

67. Will KDHE be adding data to a dashboard about vaccine distribution?

Yes, there is a dashboard on the [KS COVID Vaccine website](#) with data on vaccine doses distributed and administered in Kansas. It is updated on Mondays, Wednesdays, and Fridays.