



COVID-19 Vaccine Questions and Answers for Parents

May 13, 2021

In the five months since COVID-19 vaccines have become available, more than 4 million Michigan residents have been vaccinated — accounting for more than half of Michiganders 16 years of age and older, thanks to the extraordinary efforts of public health officials and providers. As of May 13, 2021, all Michigan residents 12 years of age and older are eligible to receive COVID-19 vaccines following U.S. Food and Drug Administration emergency use authorization and Centers for Disease Control and Prevention approval of the Pfizer BioNTech coronavirus vaccine for adolescents 12 through 15 years of age.

Many parents have eagerly awaited the chance to vaccinate their children, since Pfizer announced results from its trial in adolescents showing the vaccine is as effective in that age group as it is in adults. Getting adolescents vaccinated means faster return to social activities and can provide parents and caregivers peace of mind knowing their family is protected. Further, vaccinating children is key to raising the level of immunity in the population and limiting the spread of COVID. Many parents may have questions about vaccine safety and wonder if vaccination is the right choice for their child. While caution is understandable, it's important that all eligible individuals be vaccinated against COVID-19.

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Is there a COVID-19 vaccine for children?

On May 13, 2021, members of the Advisory Committee on Immunization Practices (ACIP), voted yes, unanimously, on recommending Pfizer BioNTech COVID-19 vaccine for adolescents 12-15 years of age under the U.S. Food and Drug Administration (FDA) emergency use authorization. Currently, the Pfizer-BioNTech vaccine is the only COVID-19 vaccine that has been authorized for use in children 12 years and older. Vaccine programs are rolling out at high schools, community clinics and pharmacies. This eligibility expansion provides the opportunity to further protect your child from COVID-19 and help get life back to normal.

The currently authorized COVID-19 vaccines have gone through clinical trials and scientific review just like any other vaccine — including those your teenager has likely already received — and no standards of quality or safety were sacrificed.

Vaccination gets our kids back to the programs, activities, and social interactions they need for appropriate academic, social-emotional and physical development. The sooner all eligible Michiganders are vaccinated, the sooner we can get our state — and our kids' lives — back to normal.

Source:

[Children's Hospital of Philadelphia: Should My Child Get the COVID-19 Vaccine?](#)

Was there enough representation of the population to determine safety and efficacy?

There were a smaller number of participants in this trial, but thousands of adolescents received the COVID-19 vaccines during clinical trials and tens of millions of adults in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.

It is important to note that although the trial enrolled a relatively narrow range of ages (12-15 years and 16-25 years), there were 1,131 participants aged 12-15 years who received the Pfizer BioNTech vaccine and there were 1,867 participants aged 16-25 years that received the vaccine. The earlier published clinical trial supporting EUA for 16 years and above was larger (18, 860 vaccine recipients) it was also across a much broader age range (16-89 years).

The good news is that through the trial it was noted that adolescents showed similar side effect patterns to adults and that those aged 12-15 years had immune responses that were higher as compared to those aged 16-25 years, and the vaccine efficacy estimate was 100% for symptomatic lab-confirmed COVID-19.

What is the protocol for coadministration of COVID vaccines with flu and other adolescent vaccines?

COVID-19 vaccines may be administered the same day as other vaccines – there is no longer a waiting period. Your child’s doctor may recommend getting multiple vaccines in one appointment. Be sure to have a discussion with your child's doctor to discuss what vaccines your child may need.

If it's true that COVID doesn't affect kids as much, why is a vaccine necessary?

Though most children with COVID-19 have mild or no symptoms, some children can get severely ill and require hospitalization, and there is no way to tell in advance if your child will get a severe or mild case. There have also been rare, tragic cases of children dying from COVID-19 and its effects, including multisystem inflammatory syndrome in children, or MIS-C. Visit [Michigan.gov/MISCChildren](https://www.michigan.gov/MISCChildren) to learn more about this post-COVID syndrome. In addition, children and adolescents can pass the virus on to others who may be at a higher risk for complications if infected.

Getting adolescents vaccinated means their faster return to social activities and can provide parents and caregivers peace of mind knowing their family is protected. Further, vaccinating children is key to raising the level of immunity in the population and limiting the spread of COVID in our communities.

Can teens get the vaccine without parent permission?

Teens, 12 through 17 years of age, need parental consent to be vaccinated.

Why isn't this age group going to be included in the Vacc to Normal plan percentages?

The metrics for the Vacc to Normal plan were determined before Pfizer was authorized for youth aged 12 – 15 years. The data that supports the plan is provided by the CDC and includes all Michigan residents aged 16 years and older who have been vaccinated, even if they were vaccinated in a different state. Since this data set does not include individuals 12-15 years of age, they are not included in the MI Vacc to Normal metrics.

Is it safe for my child to get a COVID-19 vaccine if they want to have a baby one day?

Yes. According to the experts at the [American College of Obstetricians and Gynecologists \(ACOG\)](https://www.acog.org), if you are planning or trying to get pregnant, you can get a COVID-19 vaccine. There is no evidence suggesting that fertility problems are a side effect – in the short or long term – of any of the COVID-19 vaccines available for use in the U.S. Scientists study every vaccine carefully for side effects immediately and for years afterward. Like all vaccines approved/authorized for use in the U.S., the COVID-19 vaccines are being studied carefully now and will continue to be monitored for safety for many years.

Further, you do not need to delay getting pregnant after you get a COVID vaccine.

Some COVID-19 vaccines, such as the mRNA COVID-19 vaccines from Pfizer and Moderna, require two doses for the best protection. If you find out you are pregnant after you have the first dose of COVID vaccine, you should still get the second dose. Contact your doctor if you have any questions or concerns.

My child has a pre-existing condition/health problem. Should they get the COVID-19 vaccine?

In many cases, teens with pre-existing conditions like diabetes, IBD or other autoimmune diseases, or those who are taking medications that compromise their immune system, are at higher risk of complications from COVID-19 infection. The COVID-19 vaccines that have been authorized for use cannot cause COVID-19, even in those with weak immune systems. Therefore, individuals with immune-compromising conditions may get the COVID-19 vaccine, as long as they are not in one of the following categories:

- Have a severe allergy to a vaccine component (i.e., one that causes anaphylaxis or requires medical intervention)
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

Talk with your child's healthcare professional to discuss individual risks and benefits and determine whether your child should receive the vaccine.

Source:

[Vaccine Considerations for People with Underlying Medical Conditions | CDC](#)
[Information about COVID-19 Vaccines for People with Allergies | CDC](#)

Are the symptoms of COVID-19 different in children than in adults?

The symptoms of COVID-19 appear to be similar in children and adults. Children with confirmed COVID-19 have generally presented with mild, cold-like symptoms, such as fever, runny nose and cough. Vomiting and diarrhea have also been reported.

Babies under 1 year old and children with certain underlying conditions may be more likely to have severe illness from COVID-19. Studies are ongoing regarding how the disease impacts everyone, including children.

Health officials are advising parents to watch for symptoms related to a rare but serious inflammatory condition seen in children and linked to COVID-19, called multisystem inflammatory syndrome in children (MIS-C).

Symptoms can be different for every child. Caregivers should watch for fever and any of the following signs: abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, exhaustion and fatigue. Seek emergency care right way for children showing emergency warning signs:

- Trouble breathing or shortness of breath
- Pain or pressure in the chest that doesn't go away

- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

While potentially serious, MIS-C appears to be rare, and most children get better with care.

Sources:

[MDHHS: MIS-C Children](#)

[CDC: COVID-19 Frequently Asked Questions](#)

[CDC: For Parents – MIS-C associated with COVID-19](#)

[CDC: MIS-C and COVID-19](#)

[AAP: MIS-C and COVID-19](#)

Have people fainted after vaccination? Is this expected?

Fainting, also called syncope, can happen after vaccination and can be common among adolescents. Fainting can be triggered by several factors such as lack of sleep, dehydration, length of time between meals, and the medical procedure itself. These three tips can help prevent syncope in children:

- Stay Hydrated
- Eat Regularly
- Sit or Lie down if feeling anxious

If you have concerns about fainting, please discuss this with your provider

Sources:

[Fainting after Vaccination | Vaccine Safety | CDC](#)

[COVID-19 Vaccines for Children and Teens | CDC](#)

How many COVID-19 vaccines are under development?

There are many different kinds of vaccines being explored to combat COVID-19.

The first two vaccines that have been authorized under Emergency Use Authorization (EUA), use a technology called messenger RNA (mRNA) to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies, but not mRNA vaccines. Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected or seriously ill if the real virus enters our bodies.

COVID-19 mRNA vaccines give instructions to our cells to make a harmless piece of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19 disease.

COVID-19 mRNA vaccines are given in the upper arm muscle. The cells use these instructions to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.

Next, the cell displays the protein piece on its surface, similar to how the COVID-19 virus would. Our immune systems recognize that the protein doesn't belong there and begins building an immune response and making antibodies, like what happens in natural infection with COVID-19.

At the end of the process, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is that those vaccinated gain protection without ever having to risk the serious consequences of getting sick with COVID-19.

In an Adenovirus-based vaccine, like the authorized Johnson & Johnson vaccine, scientists take part of the SARS-CoV-2 virus's code and adds it to a modified adenovirus (the virus that can cause the common cold). This teaches your immune systems to learn to recognize and fight the SARS-CoV-2 virus without causing you to be infected. The vaccine will not give you the COVID-19 virus or cause you to be infectious to others.

Sources:

- [University of Michigan: The Top 5 COVID-19 Vaccine Candidates Explained](#)
- [CDC: Understanding mRNA COVID-19 Vaccines](#)
- [Children's Hospital of Philadelphia: Questions and Answers about COVID-19 Vaccines](#)
- [CDC: Different COVID-19 Vaccines](#)
- [MDHHS: How mRNA vaccines work](#)
- [MDHHS: How Adenovirus-based vaccines work](#)

What are the different phases of clinical trials for vaccines?

The goal of the vaccine-approval process is to end up with a vaccine that is effective (the vaccine works in preventing the illness) and safe (there are no serious side effects or other problems). In the United States, this process has produced safe and effective vaccines for the flu, polio, measles, mumps, pertussis, and more. The process has saved millions of people from getting sick and dying for decades.

The stages of development generally follow this timeline:

- **Exploratory stage:** This is the start of lab research to find something that can treat or prevent a disease. Vaccine development typically begins not at a pharmaceutical company, but in a research laboratory in a university, medical center, or small biotech company. Scientists in these laboratories are most often funded by grants from the government or private foundations.

- **Pre-clinical stage:** Scientists use lab tests and testing in animals, such as mice or monkeys, to learn whether a vaccine might work. Many potential vaccines don't make it past this point. But if the tests are successful and the U.S. Food and Drug Administration (FDA) signs off, it's on to clinical testing.
- **Clinical development:** This is a three-phase process of testing in humans.
 - **Phase I** usually involves fewer than 100 people and seeks to answer two main questions: does the vaccine generate the expected immune response (does it work in creating antibodies to protect someone from the disease) and is the vaccine safe (does the vaccine show any serious side effects)?
 - **Phase II** involves several hundred people, comparing those who did and did not receive vaccine. During this phase, scientists try to determine the proper dose of vaccine to be given, and they continue to study the vaccine's safety. They also determine how to manufacture the vaccine — making sure the process and packaging creates a consistent vaccine, so that each batch produces similar results.
 - **Phase III** involves tens of thousands of study participants who are similar to the population that will receive the vaccine, again comparing those who did and did not receive vaccine. During these studies, as with the previous phases, no one working with the patients, testing the samples collected from patients, or calculating the results, know which participants received the vaccine and which did not (this is called a “double-blind” study). Researchers are also studying how long the vaccine can be used before it expires, taking into consideration how it will be transported and stored.
- **Regulatory review and approval:** Scientists with the FDA and U.S. Centers for Disease Control and Prevention closely review the data from the clinical trials before a vaccine can be licensed and approved.
 - Additionally, the Advisory Committee on Immunization Practices (ACIP) – a group of independent medical and public health experts who review data on new and existing vaccines and diseases – will make recommendations for approval and use within specific age groups.
- **Manufacturing:** The vaccine goes into production. The FDA inspects the factory and approves drug labels.
- **Quality control:** Scientists and government agencies use databases such as the [Vaccine Adverse Event Reporting System](#) (VAERS) and the [Vaccine Safety Datalink Project](#) to monitor vaccine safety.
 - VAERS collects and analyzes reports of adverse events that happen after vaccination. Anyone can submit a report, including parents, patients, and health care professionals. That report is then evaluated by medical experts and examined for trends to identify any vaccine safety issues.
 - The Vaccine Safety Datalink Project, a network of health care organizations across the U.S., analyzes health care information from over 24 million people, which scientists use to actively monitor safety.
 - Vaccine recommendations may change if safety monitoring reveals new information on vaccine risks (like if scientists detect a new serious side effect).

- The approved COVID-19 vaccines will be utilizing these standard safety programs, which are already in place, and will also be utilizing the new quality control program known as [V-Safe](#). This new program is a vaccination health checker which uses smartphone technology to monitor and receive reports about adverse side effects.

Sources:

[CDC: Ensuring the Safety of COVID-19 Vaccines in the United States](#)

[CDC: Ensuring COVID-19 Vaccines Work](#)

[Children's Hospital of Philadelphia: Questions and Answers about COVID-19 Vaccines](#)

[CDC: V-safe After Vaccination Health Checker](#)

How were they able to develop the COVID-19 vaccine so much faster than other vaccines from the past?

Thanks to unprecedented, worldwide collaboration from scientists, health and government officials, and manufacturers, the medical community was able to focus on the development and production of a safe and effective COVID-19 vaccine. Through this strong collaboration we were able to see the COVID-19 vaccine research grow and expand so that we now have the first three COVID-19 vaccines authorized for use through an Emergency Use Authorization (EUA).

The first two COVID-19 vaccines that have been authorized for EUA, were built using a technology called mRNA, rather than using a weakened or dead virus as traditional vaccines do. Traditional vaccine production involves growing viruses in living cells and purifying the virus. There are challenges associated with this process that takes time. The mRNA vaccine has an advantage in that large amounts of the mRNA can be synthesized very rapidly.

mRNA vaccines teach our cells how to make a piece of a protein that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies. mRNA vaccines are being held to the same rigorous safety and effectiveness standards as all other types of vaccines in the United States.

In an Adenovirus-based vaccine, like the authorized Johnson & Johnson vaccine, scientists take part of the SARS-CoV-2 virus's code and adds it to a modified adenovirus (the virus that can cause the common cold). This teaches your immune systems to learn to recognize and fight the SARS-CoV-2 virus without causing you to be infected. The vaccine will not give you the COVID-19 virus or cause you to be infectious to others.

While COVID-19 vaccines have been developed more quickly than has been done with other vaccines, speed did not decrease safety. In addition to the advantage for mRNA vaccine production, the timeline was shortened without sacrificing quality by:

- Overlapping phase I and phase II clinical trials. Phase I studies include a small number of people and evaluate whether the vaccine causes an immune response and is safe. Scientists could look at data from a group of people as phase II was progressing to make these evaluations.
- While completing large phase III trials, manufacturers began producing the vaccine, so that if it were shown to be safe and effective, they would have large numbers of doses ready. This is not normally done because if the vaccine does not work, the manufacturer will have spent a significant amount of money to produce something that needs to be thrown away.
- While waiting for a vaccine to be ready, many other aspects of vaccine delivery were prepared (e.g., developing plans for how to distribute the first, limited quantities available, ensuring adequate supplies for distributing and administering vaccine.)

Past research on vaccines has identified potential successful approaches which has reduced the development time for a COVID-19 vaccine. These mRNA vaccines are a product of decades of study on RNA therapies and treatment by medical scientists. Beyond vaccines, cancer research has used mRNA to trigger the immune system to target specific cancer cells. mRNA technology has been used successfully for cancer immunotherapy by harnessing the body's immune system to identify and kill cancer cells in the same way the immune system identifies and targets infection from viruses or diseases.

Sources:

[CDC: Understanding mRNA COVID-19 Vaccines](#)

[Children's Hospital of Philadelphia: Questions and Answers about COVID-19 Vaccines](#)

[The Promise of mRNA Vaccines](#)

Can my child receive routine vaccinations during the coronavirus (COVID-19) outbreak?

Routine well-child visits and vaccine visits are essential, even during the COVID-19 pandemic. It's important that your family continue to receive their immunizations on time and according to the [schedule recommended by the U.S. Centers for Disease Control and Prevention \(CDC\)](#). Many of these diseases are serious. At a time when our healthcare system is already overwhelmed, it's critical that we avoid outbreaks of preventable diseases, like measles, pertussis (whooping cough), and mumps.

[Learn more about why it's important to follow the CDC-recommended schedule.](#)

The U.S. currently has three COVID-19 vaccines authorized and recommended for emergency use authorization. The Pfizer-BioNTech COVID-19 vaccine is recommended for use in those 12 years of age and older. The Moderna COVID-19 vaccine and Johnson & Johnson COVID-19 vaccines are recommended for use in those 18 years of age and older.

In addition to mask requirements and phone screenings, many medical offices are taking extra steps to make sure that well visits can happen safely during the COVID-19 outbreak, including:

- Scheduling sick visits and well-child visits during different times of the day
- Asking patients to remain outside until it's time for their appointment to reduce the number of people in waiting rooms
- Offering sick visits and well-child visits in different locations

Prepare for the visit by calling your child's healthcare provider to ask when your child's vaccinations are due and what policies and procedures are in place at the office.

Sources:

[CDC: Routine vaccinations during COVID-19](#)

[CDC: Keep Children Healthy during the COVID-19 Pandemic](#)

How can I best protect my child from COVID-19?

When available to them, get them vaccinated with the COVID-19 vaccine. To date, three COVID-19 vaccines are authorized for emergency use. The Pfizer-BioNTech COVID-19 vaccine is the only vaccine authorized for emergency use in those 12 and older. Clinical trials are currently underway for children as young as 6 months old.

Help stop the spread of COVID-19 by teaching your child about COVID-19 health and safety measures.

- Avoid people who are sick (coughing and sneezing).
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if visibly dirty.
- Clean and disinfect high-touch surfaces daily in household common areas (like tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, and sinks).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from a sick person can be washed with other people's items.

It's important to teach your children and teens how to practice social distancing. The key to slowing the spread of COVID-19 is to limit contact as much as possible.

- If children are playing outside their own homes, they should remain 6 feet from anyone who is not in their own household.
- Avoid having your children or teens gather (playgrounds, park equipment, etc.).

- The U.S. Centers for Disease Control and Prevention (CDC) is recommending that children over the age of 2 wear masks when going out in public where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.

For infants, the best way is to limit exposure and avoid unnecessary public contact. If going out is essential and you must bring your baby:

- Keep the outing short and always follow the 6 feet distancing rule.
- Cover the infant carrier (not your baby) with a light blanket. This will help protect your baby, but still gives them the ability to breathe comfortably. Do not leave the blanket on the carrier in the car or at any time when your baby and carrier are not in your direct view. Check on your baby often.
- Do not put a cloth face covering on your baby, or any child under the age of 2.
- Never leave children alone in the car. The temperature in your car can become deadly in a short time.
- Wash your hands (and any children's hands) as soon as you return home.

The U.S. currently has three COVID-19 vaccines authorized for emergency use. The Pfizer-BioNTech COVID-19 vaccine is authorized for use in those 12 years of age and older. The Moderna COVID-19 vaccine and Johnson & Johnson COVID-19 vaccines are authorized for use in those 18 years of age and older.

You can find additional information from the CDC about preventing COVID-19 here:

- [Prevention for 2019 Novel Coronavirus](#)
- [Preventing COVID-19 Spread in Communities](#)
- [How COVID-19 Spreads](#)
- [Children and Coronavirus Disease 2019 \(COVID-19\)](#)

Source:

[CDC: COVID-19 Frequently Asked Questions](#)

Should children wear masks?

The U.S. Centers for Disease Control and Prevention (CDC) recommends that everyone 2 years of age and older wear a cloth face covering that covers their nose and mouth in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.

Cloth face coverings should NOT be put on babies or children younger than 2 years of age because of the danger of suffocation. Children younger than 2 years of age are listed as an exception as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

Wearing cloth face coverings is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand washing, and other everyday preventive actions. Medical face masks and N95 respirators are still reserved for healthcare personnel and other first responders.

[Masks protect both the wearer and others.](#) Masks are a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the nose and mouth. A cloth face mask also offers you some protection too and how well it protects you from breathing the virus in depends on the fabric used and how the mask is made.

For more information about face coverings/masks and how to make your own, visit the [CDC's website](#).

More specifics on face coverings from the Michigan Department of Health and Human Services can be found [here](#).

Until a significant portion of our population is vaccinated, we will all need to continue some preventative measures such as wearing masks, social distancing, and handwashing to reduce the spread of COVID-19 in our communities. Our best protection from COVID-19 is to complete the vaccine series.

Sources:

[CDC: Cloth Face Coverings](#)

[CDC: COVID-19 Frequently Asked Questions](#)

[MDHHS: Face Coverings Frequently Asked Questions](#)

If I have recovered from COVID-19, am I immune to it?

Right now, we do not know how long antibodies last after infection. There is not enough information currently available to say if or for how long after infection someone is protected from COVID-19, which is also known as natural immunity. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Cases of reinfection with COVID-19 have been reported but remain rare. It's important to remember that the virus that causes COVID-19 is very new, and scientists are actively working to study it.

Data from clinical trials indicate that mRNA COVID-19 vaccines are safe in persons with evidence of a prior COVID-19 infection. Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic COVID-19 infection. Viral testing to assess for COVID-19 infection or serologic testing to assess for prior infection solely for the purposes of vaccine decision-making is not recommended.

Vaccination of persons with known current COVID-19 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and [criteria](#) have

been met for them to discontinue isolation. This recommendation applies to persons who develop COVID-19 infection before receiving any vaccine doses as well as those who develop infection after the first dose but before receipt of the second dose. While there is otherwise no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity.

Sources:

[Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)

[CDC: Frequently Asked Questions about COVID-19 Vaccination](#)

[Children's Hospital of Philadelphia: Questions and Answers about COVID-19 Vaccines](#)

