

COVID-19 Vaccine-Related Information & Recommendations for DV Programs

By Joshua A. Barocas, MD, Boston Medical Center
Emily F. Rothman, ScD, Boston University School of Public Health

What changes now that we have a vaccine?

For now, nothing changes. Program participants and staff should continue to operate with the assumption that the virus is circulating, and continue with social distancing, handwashing, and mask-wearing procedures. Until such time as the U.S. Centers for Disease Control and Prevention (CDC) or other public health authority provides further guidance about letting down such vigilance, these procedures should be followed.

When do we get access to the vaccine?

States are rolling out the vaccine in phases with the guidance of the [Advisory Committee on Immunization Practices \(ACIP\)](#). For example, healthcare workers and essential workers taking care of COVID positive patients (e.g., hospital workers) and persons in long term care facilities (e.g., nursing homes) were designated Phase 1. The decision of when domestic violence programs will receive their allocation of vaccines remains at the state level. Coalitions should advocate with their state government and Department of Health to have the program staff be classified as “essential workers” regardless of whether they work in a shelter, transitional housing program or in a community setting, to access the vaccine as soon as possible. For more information on vaccine allocation plans, visit your state Department of Health website.

What are the basics of the available vaccines and who should be vaccinated?

There are currently two vaccines that are approved under Emergency Use Authorization by the FDA. Both—the Pfizer and the Moderna—vaccines are safe and well-tolerated. The Pfizer vaccine is approved for persons 16 and older. The Moderna vaccine can be used in persons 18 and older. These are both being tested in younger ages. There is no upper age limit to who should receive the vaccine. Pregnant and breastfeeding women should speak with their physician about receiving the vaccine. People with anaphylaxis (i.e., a severe allergic reaction) to previous vaccines can still receive the COVID-19 vaccine, but will require monitoring. Both the Pfizer and Moderna vaccines require 2 doses (21 days apart for the Pfizer and 28 days for the Moderna). There is a grace period if the second vaccine does not occur exactly on the specified day.

Employers should *recommend* that all employees be vaccinated. Clients in residential programs should be encouraged to be vaccinated when it is possible, but it should not be used as a screening criterion for intake.

Domestic violence programs should be ready to direct folks to the CDC website, or other reputable sources such as their state Health Department, for accurate information about the

vaccine. Also, if at all possible, make sure that information being given to survivors is accessible. This information is available on the CDC and ACIP websites.

Is it safe to be around people who have been vaccinated?

Data suggest that protection for the recipient begins around day 7 after receiving the first dose. People who are vaccinated can still be contagious if they've recently been exposed to COVID-19, so they should continue to practice social distancing and wearing a mask. However, the vaccine doesn't contain live virus, and getting the vaccine doesn't cause people to be infectious. The second dose is necessary to keep the immunity going for a longer period of time.

What else should staff know about the vaccine?

The vaccines are considered safe. There were no increased adverse events compared to the placebo in clinical trials. It is unknown how long immunity lasts. Training should be provided to program staff about what to expect with the vaccine is rolled out. The ACIP and other organization continually hold informational vaccine webinars. These cover additional questions.

There are a number of other vaccine candidates that are currently under investigation in clinical trials. Programs should continually check with Departments of Health as to which vaccines are available in their area.

Vaccine hesitancy is influenced by multiple factors

There are some people who will delay or refuse a vaccine. Reasons for vaccine hesitancy are complex and sometimes reflect more than just a lack of information about the vaccine. Getting vaccinated is the best strategy for protecting individuals and communities from COVID-19, *and* acknowledgement of the reasons for medical mistrust are important.

When will we go back to normal?

At this point, there is an unknown timeline regarding when life will return to a pre-pandemic normal. Staff and clients should expect to continue to have increased restrictions through much of, if not all, 2021.

January 4, 2021