



Frequently Asked Questions About the Maryland COVID-19 Vaccination Plan

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Under Governor Larry Hogan’s direction, state agencies continue to develop comprehensive and coordinated prevention and response plans for the coronavirus disease for (COVID-19).

The Maryland Department of Health (MDH) will communicate directly with the public, providing updates as this situation develops and accurate information about how to protect yourself and your family.

The [statewide COVID-19 vaccination plan](#) focuses on two major phases of vaccine availability and distribution. Phase 1 targets those at the highest risk of exposure of developing complications from COVID-19 and those in critical industries. Phase 2 focuses on public vaccinations. The initial draft of the state plan is available [here](#).

What is a COVID-19 vaccine?

COVID-19 vaccine research and development began in March 2020. The U.S. Department of Health and Human Services (HHS) is working with partners to develop vaccine candidates. Thoughtful allocation of COVID-19 vaccines will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society. The Advisory Committee on Immunization Practices (ACIP) and other experts will provide recommendations on priority groups and when groups should be vaccinated. Guidance on determining and providing the vaccine to priority groups will be based on the principles included in the CDC’s *Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic*. It must be determined that the vaccines are safe and effective in diminishing the severity of COVID-19 symptoms to gain an FDA emergency use authorization (EUA) or full licensing.

What is an emergency use authorization and how is it used to respond to COVID-19?

In certain types of emergencies, the FDA can issue an EUA to provide more timely access to

critical medical products that may help during the emergency when there are no adequate, approved, and available alternative options. The EUA process is different from full FDA approval, clearance, or licensing because the EUA standard requires significantly less data than otherwise would be required for approval, clearance, or licensing by the FDA. This enables the FDA to authorize the emergency use of medical products that meet the criteria for issuance within weeks rather than months to years. On February 4, HHS determined that there is a public health emergency involving COVID-19, and subsequently issued declarations justifying the use of EUAs for medical products to prevent, treat, and diagnose COVID-19.

Is a COVID-19 vaccine necessary?

COVID-19 infections can be a minor hindrance or lead to severe disease or even death. While hygiene measures such as social distancing, handwashing, and wearing masks offer some help, the best way to stop this virus is to generate SARS-CoV-2-specific immunity. This specific immunity can be achieved in one of two ways, through illness or vaccination. Since illness could lead to severe disease or death, vaccination is a better alternative as long as safe and effective vaccines can be developed.

How many doses of a COVID-19 vaccine will be needed? Will a booster dose be needed?

The number of doses of a COVID-19 vaccine that will be needed has not yet been determined. The coronavirus vaccines being studied are evaluating one or two doses. When giving two doses, they are usually given one or two months apart. We will need to wait for the results of the clinical trials to have more information about how many doses will be needed.

Since several vaccines are likely to become available over time, it is possible that some vaccines will require one dose while others may require two doses. It is also possible that over time, additional doses of vaccine may be needed to provide continued protection. It will take ongoing evaluation over several months and years to understand how our immune systems respond to this virus and how vaccines that become available assist in that response.

Will a COVID-19 vaccine need to be given annually?

When a vaccine is licensed, we will only have information about the length of immunity for as long as we are out from the trials. For example, if the first people in the study were vaccinated in July 2020 and the vaccine is licensed in December 2020, we will only have information about the immune response up to 5 months after vaccination. The vaccine manufacturer will likely continue to monitor vaccine recipients for several months or more, so that over time, we will continue to get a better picture of the durability of immunity. With this information, we will be better able to understand whether vaccines against COVID-19 will require annual dosing like influenza.

How long before a COVID-19 vaccine takes effect?

Generally, it takes a week or two for immunity to develop following vaccination, but the specific timeline for any coronavirus vaccine will depend to some extent on which type of vaccine is licensed. For example, a live, weakened vaccine requires time to reproduce in the body, whereas an inactivated vaccine is given at a dose that will generate immunity. On the other hand, because the live, weakened vaccine reproduces to generate immunity, it might provide a more robust immune response than an inactivated vaccine.

If you had the virus and recovered will you still be able or need to get the vaccine?

We do not know how long antibodies last after infection or whether they will protect against reinfection. So, while vaccine trials are being completed, it will be important for scientists to continue learning about COVID-19, particularly whether people who got sick with COVID-19 can be re-infected. The current vaccine trials will include immunizing people who have never been infected with COVID-19 as well as those who have been previously infected. We will soon know whether vaccination of those who have been previously infected affords more complete or longer lasting protection than those who were previously infected but haven't been vaccinated.

Will an influenza (flu) vaccine protect me from COVID-19?

Getting a flu vaccine will not protect against COVID-19, however flu vaccination has many other important benefits. Flu vaccines have been shown to reduce the risk of flu illness, hospitalization, and death. Getting a flu vaccine this fall will be more important than ever, not only to reduce your risk from flu but also to help conserve potentially scarce health care resources.

Why is it important to get the flu vaccine during the COVID-19 pandemic?

Efforts to reduce the spread of COVID-19, such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventive medical services, including immunization services. Ensuring that you continue or start getting routine vaccinations during the COVID-19 pandemic is essential for protecting yourself and others from vaccine-preventable diseases and outbreaks, including flu. Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations, which further strain the healthcare system.

For the upcoming flu season, flu vaccination will be very important to reduce flu because it can help reduce the overall impact of respiratory illnesses on the population and thus lessen the resulting burden on the healthcare system during the COVID-19 pandemic. A flu vaccine may also provide several individual health benefits, including keeping you from getting sick with flu, reducing the severity of your illness if you do get the flu and reducing your risk of a flu-associated hospitalization. For more information about seasonal influenza in Maryland, visit <https://phpa.health.maryland.gov/influenza/Pages/home.aspx>.