Information for protecting our communities and keeping everyone healthy

Better For It

단결은힘
Unity is Strength

American Lung Association
Better For It

An informational guide for understanding immunization and COVID-19 vaccination.

**HOW TO USE THIS GUIDE**

National vaccination initiatives in the United States support the critical work of achieving health equity for Asian and Pacific Islanders (API), including Koreans, and other people of color. This guide includes information to address concerns and answer questions about general immunization and the COVID-19 vaccine.

Most of this information is from the Centers for Disease Control and Prevention (CDC), the United States Food and Drug Administration (FDA), and other credible sources. This guide also features trusted Korean leaders.

**USE THIS GUIDE:**

- to supplement your own research on the vaccines.
- to start a dialogue with your family, friends, physician, traditional healer, and community members.
- to share accurate information on social media; and
- to learn about the contributions of scientists and public health advocates.

The most influential voices are often closest to us. Use this guide to help unify your community as you seek out the best information for making personal and community health decisions. Finally, if you have more questions or need help finding a vaccine near you, please call 1-800-232-0233. Help is available in Korean and other languages.³¹

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WHY COVID-19 VACCINATION IS IMPORTANT

The novel coronavirus initially started out as a single strain affecting people across the globe, but other strains have emerged, such as the Delta variant. Masking up and social distancing helps, but vaccination is the best way to protect yourself and those around you, especially adults 65 and older. Vaccination drastically reduces the chances you will catch or spread COVID-19 and prevents severe illness and death.

The United States is home to the largest Korean immigrant population in the world. According to the Pew Research Center, the Korean population in the United States was estimated to be approximately 1.9 million people, with 59% foreign born. Our population has been gradually increasing with 55% growth from 2000-2019. Our population nearly doubled in 2010 and currently comprises 8% of the Asian population in the United States.

English proficiency among the Korean adult population in the United States is 62% and only 50% among foreign-born. This can be a barrier to accessing telehealth appointments, testing sites, vaccination sites and government relief. In addition, we have experienced racial discrimination, often causing depression and other mental health issues.

CURRENT ASIAN VACCINATION DATA:

- As of June 28, 2021, CDC reported that race/ethnicity was reported for 57% of all people in the United States who had received at least one dose of the vaccine.
- 39 out of 50 states report vaccination data by ethnicity to the federal government.
- At least half of the Asian population has received one or more doses in 29 out of the 39 states.
- As of June 28, 2021, the overall Asian vaccination rate across the 39 states was at 62%. The overall white vaccination rate was 47%.
- The Asian population had lower vaccination rates than White people in six states (Colorado, Virginia, Utah, North Dakota, Pennsylvania, and South Dakota).

WHY VACCINATION IS IMPORTANT:

- During the pandemic, Asian Americans, including Korean Americans, had disproportionately high mortality rates due to poverty, lack of health insurance, high percentage of multigenerational households, and limited English proficiency. In fact, at the beginning of the pandemic, the fatality rate of Asian health care workers with COVID-19 was three times higher than white health care workers.
- Our community has experienced tremendous health disparities for diseases such as cancer, especially stomach and liver, tuberculosis, and viral hepatitis (hepatitis B). These health disparities put our community at high risk for developing health complications from COVID-19.
Dr. Jerome Kim, Director General of International Vaccine Institute (IVI), spoke about COVID vaccination at the Korea Society on May 19, 2021. As a global vaccine expert, he highlighted that authorized COVID-19 vaccines decrease the risk of hospitalization and death.

He spoke on the safety and efficacy of the COVID-19 vaccines:

- “We have to balance the safety against efficacy, against the ability of the vaccine to prevent disease, to prevent serious infection, hospitalization, and death. When you look at the overall balance of safety, it’s very much in favor of vaccination.”

He confirmed the approved vaccines are effective:

- “Pfizer, 95%, Moderna, 94.5%,” and stated that, “70% is a good vaccine.” He added that, “In the United States, the Johnson and Johnson vaccine was 85%...but the important part was the Johnson and Johnson vaccine protected against severe infection and hospitalization.”

He explained how effective the COVID-19 vaccine can be during a PSA:

- “Until everyone is vaccinated, we're still going to be threatened by COVID-19... Vaccine hesitancy means that we will take longer to get to herd protection. ...We have to vaccinate as many people as possible, as quickly as possible in order to control the outbreaks, to keep the mutants from developing. So, it’s a race between our ability to vaccinate and distance and keep masks on and the development of new mutants.”
“Viruses don’t mutate if they can’t replicate, and you can prevent them from replicating by vaccinating enough people so that the virus has nowhere to go.”

“I feel extreme confidence in the safety and the efficacy of this vaccine, and I want to encourage everyone who has the opportunity to get vaccinated so that we can have a veil of protection that will end this pandemic.”
Many Asian cultures have similar worldviews on collectivity, family cohesion and responsibility, respect for authority, and interdependence of families and individuals. Korean culture is largely based on Confucianism, which emphasizes interpersonal harmony among society and that it is just as important as the individual happiness of one member. In 2016, 29% of Asian Americans lived in multi-generational family households, a higher percentage than Black, Latino, and white Americans.

In the United States, churches and places of worship have become a central hub for our immigrant community. Korean Americans have found that a tight-knit religious community is a place of comfort and healing. So, it is our responsibility to protect our family, community, and elders because they provide wisdom and spirituality; people 65 and older are one of the most vulnerable populations for severe complications of COVID-19.

We are still learning how long immunity from severe COVID-19 illness protects you, so even if you already had COVID-19 and recovered, you should still be vaccinated. This is especially important, since 20% of the Korean population in the United States live in multigenerational households, where two or more adult generations or grandparents and grandchildren live together. In addition, 46% of the foreign-born Korean population is over the age of 50.
VACCINE CONFIDENCE

As of July 13, 2021, over 334 million doses of COVID-19 vaccine have been administered and 67.7% of the adult population in the United States has had at least one dose.²

According to a study published in July 2021 by The Commonwealth Fund and the Yale School of Public Health, Covid-19 vaccines have saved about 279,000 lives and have prevented 1.25 million hospitalizations in the United States.⁵²

Researchers first compiled COVID-19 trends such as hospitalizations and deaths throughout the United States from October 1, 2020, to July 1, 2021. They then compared the data to a model that analyzed trends assuming vaccines were unavailable.

Researchers also considered “prevalence and transmissibility of new variants, vaccine efficacy rates, mobility patterns driving daily contacts and age-specific risks of severe health outcomes due to Covid-19.” If vaccination progressed at half the rate during this period, about 120,000 more people may have died and more than 450,000 more would have been hospitalized.⁵²

Lead author Alison Galvani, the Burnett and Stender Families Professor of Epidemiology and the director of the Center for Infectious Disease Modeling and Analysis at the Yale School of Public Health explained, “The vaccines have been strikingly successful in reducing the spread of the virus and saving hundreds of thousands of lives in the United States alone. Yet until a greater majority of Americans are vaccinated, many more people could still die from this virus. The danger is not over. Now is not the time to let down our guard.”⁶²

In the 2021 COMPASS study conducted by University of California San Francisco, 1,646 participants who live in the United States responded to an online survey. In the study, 47.2% of Korean respondents have at least one concern about the vaccines, stemming from worries about side effects, safety, efficacy, perceived lack of testing, and more.⁷⁴

This toolkit was created to help clarify confusion about COVID-19 vaccines.
HOW THE BODY FIGHTS DISEASE AND HOW VACCINES WORK

Our immune system defends us against disease and infection. Whenever we are infected with germs like the novel coronavirus, our body’s immune system will use white blood cells and antibodies to protect us.26

How Vaccines Work26
Several types of vaccines have been developed over time. Vaccines for smallpox, mumps, measles, rubella (MMR), and chickenpox (varicella) are similar to the natural infection that they help prevent. These vaccines create a strong and long-lasting immune response. When exposed to the novel coronavirus, our immune system produces antibodies. A vaccine helps our body learn to recognize and fight germs.

Familiar Vaccines26
Our families and community may have already received some of the commonly accepted vaccines in the United States. Vaccination is the best health prevention measure against infectious disease.

- Seasonal Flu
- Pneumonia
- Measles, Mumps & Rubella (MMR)
- Tetanus

- Smallpox
- Polio
- Tuberculosis (TB)
- Whooping Cough
- Rabies

- Chickenpox
- Hepatitis A & B
- Meningitis
- Human papillomavirus (HPV)
COVID-19 VACCINES

The chart on the following page describes three types of vaccines that are either being researched or distributed throughout the United States. Currently, the Pfizer vaccine is approved by the FDA and all three vaccines are recommended by the FDA: Pfizer-BioNTech (Comirnaty), Moderna, and Johnson & Johnson. These three vaccines do not contain live or weakened virus and they do not interact with our body’s DNA (genetic material). Also, the vaccines do not contain preservatives, eggs, or latex. The inactive ingredients are oil, sugar, and salt.

PFIZER-BIONTECH AND MODERNA

- Both vaccines are made with messenger RNA (mRNA) instead of weakened or inactivated virus. The mRNA provides our immune system cells with a map or instructions on how to make a “spike protein.” This harmless protein is found on the surface of COVID-19 viruses, but it does not cause disease. In short, the vaccine teaches our immune system to make the “spike protein,” which in turn triggers the response to produce antibodies against the COVID-19 virus.

- These vaccines require two shots: the first shot starts to build protection, and the second shot that is given 3–4 weeks later provides full immunity.

JOHNSON & JOHNSON

- This vaccine uses a harmless modified version of a different virus, also known as a viral vector. A small piece of the genetic instructions with coronavirus genes for the SARS-CoV-2 spike protein is added to the vector. After vaccination, the modified virus enters a person’s cells which read and follow the genetic instructions needed to make the spike protein on their own surface. The immune system takes notice of these foreign proteins and makes antibodies against them that will protect you if they are exposed to SARS-CoV-2 in the future.

- This vaccine requires one shot.

All three vaccines are safe and available for the public. You can find a vaccine location anywhere in the U.S. through the Centers for Disease Control and Prevention’s VaccineFinder, a free, online service where users can search for pharmacies and providers that offer vaccination for COVID-19.
<table>
<thead>
<tr>
<th>Types of vaccines</th>
<th>DNA and RNA</th>
<th>Subunit</th>
<th>Viral vector</th>
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</thead>
<tbody>
<tr>
<td><strong>How it works</strong></td>
<td>This vaccine uses DNA or RNA molecules to teach the immune system to target key viral proteins.</td>
<td>This vaccine uses a piece of virus’ surface to focus your immune system on a single target.</td>
<td>This approach takes a harmless virus and uses it to deliver viral genes to build immunity.</td>
</tr>
<tr>
<td><strong>Advantages</strong></td>
<td>Easy and to quick design.</td>
<td>Focuses the immune response on the most important part of the virus for protection and cannot cause infection.</td>
<td>Live viruses tend to elicit stronger immune responses than dead viruses or subunit vaccines.</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td>Never been done before. There are no licensed DNA or RNA vaccines currently in use.</td>
<td>May not stimulate a strong response, other chemicals may need to be added to boost long-term immunity.</td>
<td>Important to pick a viral vector that is truly safe. An immune response to the viral vector could make the vaccine less effective.</td>
</tr>
<tr>
<td><strong>Existing examples</strong></td>
<td>None</td>
<td>Pertussis Hepatitis B Human papillomavirus (HPV)</td>
<td>Ebola Veterinary medicine</td>
</tr>
<tr>
<td><strong>Group testing this approach for COVID-19</strong></td>
<td>Moderna (RNA) Inovio (DNA) Pfizer (RNA)</td>
<td>Novavax AdaptVac</td>
<td>University of Oxford &amp; AstraZeneca CanSino Biologics Johnson &amp; Johnson</td>
</tr>
</tbody>
</table>

Some people have concerns about how quickly the COVID-19 vaccine was developed. Before COVID-19, the fastest vaccine authorized in the United States was for mumps, which took four years. While the COVID-19 EUA timeline has caused vaccine hesitancy, each step has been scientific and ethical. Here are reasons why the COVID-19 were developed and authorized so rapidly.

**STRONG HEAD START**

Because COVID-19 is a member of the coronavirus family, scientists benefited from existing data and years of research into SARS (2002) and MERS (2012). Additionally, using mRNA technology, which has been studied for decades, expedited vaccine development since it does not involve a live virus and is easier to manufacture.

**GLOBAL COOPERATION**

After Chinese researchers shared the viral genome sequence with 20 international institutions in January of 2020, researchers, scientists, and governments started vaccine development. At the same time, the World Health Organization combined the work of 300 scientists to assess the virus. Using mRNA technology, scientists were able to start testing within months.

**UNPRECEDENTED INVESTMENT**

Developing a vaccine under normal circumstances requires researchers to raise millions of dollars. The United States government passed the CARES Act, which invested $10 billion for research and development. This expedited vaccine development by years.

**WORKING IN PARALLEL**

Vaccine development is normally done in a step-by-step order. For the COVID-19 pandemic, the United States worked on many of these steps simultaneously. For example, the manufacturing process began before vaccines were proven to work knowing that the product would have been tossed if ineffective. Likewise, instead of waiting for the final vaccine, the Advisory Committee on Immunization Practices discussed distribution plans well ahead of development.

**EFFICIENT CLINICAL TRIAL PROCESSES**

While experts agree that rigorous safety testing, patient enrollment and clinical trial phases were not fast-tracked, approval was accelerated. The United States Food and Drug Administration shortened its approval timeline from 10 months to 3 weeks and offered emergency use authorization. In addition, because of large testing sites and an organized volunteer network, trial participation quickly reached tens of thousands. Phase 2 and 3 of clinical trials were combined (a common practice), which helped to ethically speed the process along.
ABOUT CLINICAL TRIALS:

PRECLINICAL STAGE:
Scientists test a new vaccine on cells and then on animals to see if the vaccine triggers an immune response.

PHASE 1 SAFETY TRIALS:
Scientists give the vaccine to 30–100 people to test for safety, dosage, and confirm immune response.

PHASE 2 EXPANDED TRIALS:
Scientists give the vaccine to several hundred people who are divided into target populations and demographics to test if the vaccine acts differently in them.

PHASE 3 EFFICACY TRIALS:
Scientists give the vaccine to 20,000 to 30,000 people and wait to see how many become infected compared to participants who receive a placebo. This phase is large enough to reveal evidence of rare side effects.

PHASE 4 POST MARKETING SURVEILLANCE:
Scientists observe the vaccine in the general population with attention to long-term effects.

Human clinical trials are tests done in a clinical research setting to observe the safety and effectiveness of a vaccine. All clinical trials include a series of mandatory phases that must be completed before a vaccine can be approved. Learn how previous trials stack up against the COVID-19 trials in the graphic below.

<table>
<thead>
<tr>
<th>Classical Vaccines</th>
<th>COVID-19 Vaccines</th>
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<tr>
<td><strong>Preclinical Stage</strong>&lt;br&gt;(18–30 months)</td>
<td><strong>Preclinical Stage</strong>&lt;br&gt;(0 months)</td>
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<tr>
<td><strong>Phase I</strong>&lt;br&gt;(dozens of volunteers~30 months)</td>
<td><strong>Phase I</strong>&lt;br&gt;(dozens of volunteers~6 months)</td>
</tr>
<tr>
<td><strong>Phase II</strong>&lt;br&gt;(hundreds of volunteers~32 months)</td>
<td><strong>Phase II</strong>&lt;br&gt;(hundreds of volunteers~6 months)</td>
</tr>
<tr>
<td><strong>Phase III</strong>&lt;br&gt;(thousands of volunteers~30 months)</td>
<td><strong>Phase III</strong>&lt;br&gt;(thousands of volunteers~0 months)</td>
</tr>
<tr>
<td><strong>Approval, Manufacture, Vaccination</strong>&lt;br&gt;(12–24 months)</td>
<td><strong>Approval, Manufacture, Vaccination</strong>&lt;br&gt;(billions of doses/individuals~6 months)</td>
</tr>
</tbody>
</table>
WHERE AND HOW TO GET A COVID-19 VACCINE

1. Visit the website, vaccines.gov/search. To show all three vaccines, type in your 5-digit Zip Code with Search Radius and then click “Search for Vaccines.” Since most of the locations do not accept walk-ins, call the location to make an appointment.

2. Text your ZIP code to 438829.

3. Call 1-800-232-0233 to find locations near you. For the Disability Information and Access Line (DIAL), please call 1-888-677-1199 or email DIAL@na4a.org.

National organizations and companies provide incentives such as free child care and free rides to and from vaccine locations. Visit vaccines.gov/incentives.html for more information on how to qualify.

Getting a COVID-19 vaccine is free.

Here are three ways to find a COVID-19 vaccine.
COMMON SIDE EFFECTS

After getting vaccinated, the most common side effects include:  

- Pain and swelling in the arm you got vaccinated.  
- Fever, chills, tiredness, and headache.

Although these side effects may affect your ability to do daily activities, they should go away within a few days. Talk to your doctor about taking over-the-counter medicine, such as ibuprofen, aspirin, acetaminophen, or antihistamines, for pain relief. It is not recommended you take these medicines before vaccination because it may impact the vaccine’s effectiveness.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider if:

- The redness or tenderness where you got the shot increases after 24 hours.
- If your side effects are worrying you or do not seem to be going away after a few days.
You are fully vaccinated two weeks after your second dose of Pfizer or Moderna vaccines, or two weeks after a single dose of the Johnson & Johnson vaccine. When fully vaccinated, you can resume activities that you did before the pandemic. To maximize protection, wear a mask indoors in public if you are in an area with substantial or high transmission. You will still need to wear a mask as required by laws, rules and regulations.  

COVID-19 vaccination is now available to everyone 12 years of age and older. Although there have been fewer children infected with COVID-19 when compared to adults, children can:

- Be infected with the virus that causes COVID-19.
- Get sick from COVID-19.

**IF YOU ARE FULLY VACCINATED**

You can resume participating in many activities including:

**Outdoor:**
- Walk, run, wheelchair roll, or bike outdoors with members of your household.
- Attend a small, outdoor gathering with fully vaccinated family and friends.
- Attend a small, outdoor gathering with fully vaccinated and unvaccinated people, particularly in areas of substantial to high transmission.
- Dine at an outdoor restaurant with friends from multiple households.
- Attend a crowded, outdoor event, like a live performance, parade, or sports event.

**Indoor:**
- Visit a barber or hair salon.
- Go to an uncrowded, indoor shopping center or museum.
- Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households.
- Go to an indoor movie theater.
- Attend a full-capacity worship service.
- Sing in an indoor chorus.
- Eat at an indoor restaurant or bar.
- Participate in an indoor, high intensity exercise class.

**IF YOU ARE NOT FULLY VACCINATED YET**

You should maintain social distance and wear a mask for all indoor activities around other unvaccinated individuals outside your household. You do not need to wear a mask in outdoor settings but are encouraged to do so in areas with high numbers of COVID-19 cases, crowded outdoor areas or when in close contact with others who are not fully vaccinated.
SOCIAL MEDIA

Social media is a place of inspiration and community but can also be an environment for misinformation. It is our responsibility to report content with false information and facts that misleads our community. Let us unite in strength and inspire each other to make healthcare decisions based on science and the best interest of our families.

USE THESE SOCIAL MEDIA MESSAGES TO ENCOURAGE OUR PEOPLE TO GET VACCINATED.

- I got the shot to help stop COVID-19. Learn how and where to get vaccinated, too. Vaccines.gov
- Have you scheduled your COVID-19 vaccine appointment? Vaccination works better when we do it together. #SleeveUp for a future safe from COVID19. Find your vaccine site at Vaccines.gov
- Get answers to your question or help finding a vaccine near you. Call 1-800-232-0233 for assistance in Korean and other languages.
- Vaccines save lives. Protect yourself and your loved ones by getting the COVID-19 vaccine. Learn more to build your vaccine confidence here: lung.org/covid19
- Spread hope, not COVID-19. #SleeveUp and learn how to get vaccinated today. Find your COVID19 vaccine site: Vaccines.gov
- Are you ready to get back to the people and activities you love? Your vaccination brings us one day closer to controlling the pandemic. Find your COVID-19 vaccination site: Vaccines.gov

OTHER RESOURCES

We Can Do This is an initiative to increase confidence in COVID-19 vaccines and reinforce basic prevention measures: https://wecandothis.hhs.gov

Do COVID-19 vaccinations cost money?\textsuperscript{51}

You will not be charged for any of the vaccines. Providers CANNOT:

- Charge you for the vaccine
- Charge you any administration fees, copays, coinsurance, or the balance of the bill after reimbursement from the government.
- Charge an office visit or other fee to the recipient if the only service provided is a COVID-19 vaccination.
- Require additional services for a person to receive a COVID-19 vaccine; however, additional healthcare services can be provided at the same time and billed as appropriate.

However, COVID-19 vaccination providers can:

- Seek appropriate reimbursement from the recipient’s plan or program (private health insurance, Medicare, Medicaid) for a vaccine administration fee. However, they cannot charge you for the balance of that reimbursement.

Do COVID-19 vaccines affect fertility?\textsuperscript{34}

There is no evidence that any of the vaccines recommended for use by the FDA can affect fertility. According to Dr. Paul Offit, the director of the Vaccine Education Center at the Children’s Hospital of Philadelphia, a professor in the pediatrics unit at the Perelman School of Medicine at the University of Pennsylvania, and a voting member of the FDA’s Vaccine Advisory Committee:

“These authorized vaccines processed nearby the injection site, which does not affiliate with any abnormal of hormonal or other biological changes that can impact the fertility for both males and females. Likewise, in the phase 3 vaccine trials, pregnancies occurred equally among vaccinated and unvaccinated females. As a result, there is currently no evidence that the COVID vaccine can cause both female and male fertility issues.”

Should you receive a booster vaccine?

At this time, the CDC and the FDA say those who are fully vaccinated don’t need a booster shot. This recommendation could change as more data and information becomes available.
Do COVID-19 vaccines affect pregnancy?35

Pregnant women are at high risk for severe illness, health complications, and hospitalization from COVID-19. Although the existing data is limited, both the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend that pregnant women get vaccinated.

Do COVID-19 vaccines have long-term side effects?46

According to the CDC, long-term negative health outcomes are unlikely following any vaccination. However, delayed side effects may occur.46 This must be weighed against unknown long-term side effects from getting infected with COVID-19.

Will the vaccine give you COVID-19?

No. According Dr. Dean A Blumberg, an associate professor at the University of California, Davis, and the Chief of Pediatric Infectious Diseases at UC Davis Children’s Hospital:

“None of the vaccines being developed use the live virus. There is nothing in the vaccine that could cause COVID-19. In regard to the Moderna and Pfizer vaccine, the mRNA does not stay around long. The body breaks it down and gets rid of it naturally...the vaccines have been scientifically proven to be very safe. No safeguards were sacrificed.”

Can Korean medicine help reduce COVID-19 symptoms?

According to an observational study at the Korea Institute of Oriental Medicine, mild to moderate symptoms improved after patients received Korean medicine.36 COVID-19 patients in South Korea who took prescribed herbs, which could improve their health, reported “high satisfaction.” However, it would take time to establish an evidence-based effectiveness and safety of Korean medicine treatment for various symptoms of COVID-19.37,38,39
UNITY IS OUR STRENGTH
GET VACCINATED

Remember

- If you have additional questions or need help finding a vaccine near you, please call 1-800-232-0233. Help is available in Korean and other languages.31
- Our culture emphasizes interpersonal harmony among society. Thus, it is our responsibility to protect our family, community, and society to stop the pandemic by making an informed decision about getting vaccinated.
- If anyone asks you to pay to get vaccinated, it is a scam. Do not share your personal or financial information if someone calls, texts or emails you promising access to the vaccine in exchange for money.
- All three COVID-19 vaccine available in the United States are effective, and the CDC recommends people to get the vaccine most accessible and available to them.
- Vaccine trials for the Pfizer, Moderna, and Johnson & Johnson vaccines included Asians.40,41,42
- Everyone 12 years and older is eligible for the vaccine regardless of insurance or immigration status.43
- Some people experience side effects which can affect daily activities, but they should go away in a few days.
- Korean medicine can be used as a complimentary therapy to western medicine when treating COVID-19 symptoms.97
- People are considered fully vaccinated:44,45
  - Two weeks after receiving a second dose for the Pfizer or Moderna vaccines, or
  - Two weeks after receiving a single dose for the Johnson & Johnson vaccine.

Continue to follow local public health recommendations until everyone eligible has been vaccinated and protected.
REFERENCES


5. Ibid. (3)

6. Ibid. (6)


8. Ibid. (3)


20. Ibid. (3)

21. Ibid. (2)

22. Ibid. (3)


30. Ibid. (26)


33. Ibid. (32)


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The Better For It Series began as a collaboration between the American Lung Association and the Center for Black Health & Equity. Contributors include Chulwoo Park, DrPH, MSPH, Assistant Professor, Shannon Shimada, PA-C, Research Assistant, Department of Public Health and Recreation, San José State University.

All information in this document is accurate and science based as of its publishing in August 2021. We acknowledge that the public health situation around COVID-19 is fluid and rapidly changing.

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