

**COVID-19
RESPONSE
VACCINES**

FAQ: UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME

VERSION: 21 June 2022

EXTERNAL: UN.ORG

FAQ [English](#)

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GENERAL INFORMATION & ELIGIBILITY

1. WHO IS INCLUDED IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

The UN System-wide COVID-19 Vaccination Programme intends to support the following categories of individuals - who are serving and/or residing in the duty stations in which the UN System-wide COVID-19 Vaccination Programme will be carried out:

- a. UN System personnel:
 - i. Staff members,
 - ii. UN Volunteers,
 - iii. Interns,
 - iv. Consultants and Individual Contractors, and
 - v. Other personnel holding a direct UN contract.
- b. Eligible family members: spouses/partners and dependent children recognized under the staff regulations and rules of the respective UN system organizations, who are authorized to reside at the duty station with the staff member or who reside at a location where the UN is running a vaccination campaign.
- c. Accompanying eligible family members of non-staff personnel as defined by the UN system organizations' staff regulations and rules and policies, who are authorized to reside at the duty station with such personnel or who reside at a location where the UN is running a vaccination campaign.
- d. Military and police personnel deployed by the United Nations and accompanying eligible dependents, as well as AMISOM troops and personnel.
- e. UN System retirees in receipt of a pension benefit from the United Nations Joint Staff Pension Fund (UNJSPF) or from the IMF Staff Retirement Plan (SRP), or the World Bank SRP who have established their normal place of residence in a country where the UN System-wide COVID-19 Vaccination Programme is carried out. One spouse of eligible



Retirees living in the same household is also eligible.

f. All personnel of international non-governmental organizations (INGOs) that are engaged by UN system organizations in the implementation of their respective mandates, and the accompanying dependents of those INGO's international personnel, provided the INGO has been sponsored by a participating UN organization and the individual's eligibility has been validated.

g. Personnel of key institutional contractors providing support in the countries concerned provided the contractor has been sponsored by a participating UN organization and the individual's eligibility has been validated.

h. All personnel of national non-governmental organizations (NGOs) that are engaged by UN system organizations in the implementation of their respective mandates, provided they are sponsored and validated by a participating UN organization.

i. Inclusion of additional categories of frontline personnel remains under discussion and active consideration.

Please see [UN System-wide COVID-19 Vaccination Programme Eligibility document](#) for details

2. WHICH VACCINE IS THE UN ADMINISTERING AS PART OF THE UN SYSTEM-WIDE COVID-19 PROGRAMME?

All vaccines administered through the Programme have been approved under emergency use listing procedures (EUL) by the World Health Organization, after a rigorous assessment of efficacy and safety.

In particular, the UN has acquired doses of:

- COVISHIELD, the version of AstraZeneca/Oxford COVID-19 vaccine manufactured by the Serum Institute of India, approved under emergency use listing procedures (EUL) by the WHO.
- JANSSEN Ad26.CoV2.S vaccine against COVID-19 manufactured by Janssen (Johnson & Johnson), approved under emergency use listing procedures (EUL) by the WHO.
- MODERNA (mRNA-1273) vaccine, also known under the trade name of “Spikevax” in some countries manufactured by Moderna, approved under emergency use listing procedures (EUL) by the WHO. Currently not available. Expected supply in Q3 2022.
- BBIBP-CorV (SINOPHARM) manufactured by the Sinopharm/ China National Pharmaceutical Group, approved under emergency use listing procedures (EUL) by the WHO.

ASTRAZENECA

- See COVISHIELD COVID-19 Vaccine Fact Sheet (external site) [here](#).

JANSSEN/ JOHNSON & JOHNSON

- See JANSSEN COVID-19 Vaccine Fact Sheet for **recipients and caregivers** [here](#).
- See JANSSEN COVID-19 Vaccine Fact Sheet for healthcare providers administering vaccine (vaccination providers) [here](#).



- See from the WHO ‘The J&J COVID-19 vaccine: What you need to know’ [here](#).

MODERNA

- See MODERNA COVID-19 Vaccine Fact Sheet for healthcare providers administering vaccine (vaccination providers) (external site) [here](#).
- See from the WHO ‘The MODERNA COVID-19 (mRNA-1273) vaccine – what you need to know’ [here](#).

SINOPHARM

- BBIBP-CorV (SINOPHARM) (no fact sheet as of yet) but see from the WHO ‘The Sinopharm COVID-19 vaccine: What you need to know’ (external site) [here](#).

Please note that the above vaccines can only be used within the UN System-wide COVID-19 Vaccination Programme to vaccinate eligible individuals under the Programme and cannot be donated. Please see the [Programme Eligibility document](#) for reference.

3. WHAT IS THE DIFFERENCE BETWEEN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME AND COVAX?

The UN System-Wide COVID-19 Vaccination Programme is focused on those individuals listed under section 2, above, who are serving and/or residing in the duty stations where there are no national/ host country COVID-19 vaccination programmes and where they may not have access to the COVID-19 vaccine. Together with other existing mechanisms, the roll-out of this Programme will provide a significant boost to the ability of UN personnel to stay and deliver and reduce the burden on the national/host country. Vaccinating our personnel allows us to effectively deliver on our mandates, to support the people and communities we serve, and to contribute to our on-going work to recover better together from the pandemic. The UN System-wide COVID-19 Vaccination Programme is a separate effort from the on-going COVAX effort which is making vaccines available to populations within countries. Every effort is being made to align the efforts of the UN System-wide COVID-19 Vaccination Programme with the COVAX to ensure equitable access to vaccines worldwide.

4. CAN I MIX VACCINE DOSES FROM DIFFERENT MANUFACTURERS?

Yes.

While homologous (i.e., same vaccine) schedules are considered standard practice based on substantial safety, immunogenicity, and efficacy data available for each WHO EUL COVID-19 vaccine, WHO supports a flexible approach to homologous versus heterologous (different vaccine) vaccination schedules and considers two heterologous doses of any EUL COVID-19 vaccine to be a complete primary series. With regard to any subsequent doses such as additional dose for immunocompromised individuals or booster doses:

- Depending on product availability, individuals receiving WHO EUL inactivated vaccines (such as Sinopharm) for initial doses may consider receiving WHO EUL vectored (such as J&J or Covishield) or mRNA vaccines (such as Pfizer or Moderna) for subsequent doses.
- Depending on product availability, individuals receiving WHO EUL vectored vaccines for initial doses may consider using WHO EUL mRNA vaccines for subsequent doses.
- Depending on product availability, individuals receiving WHO EUL mRNA vaccines for initial doses may consider using WHO EUL vectored vaccines for subsequent doses.

See reference [here](#).



Please note that the above information is dynamic and subject to change.

5. WHAT IS THE DIFFERENCE BETWEEN AN ADDITIONAL DOSE AND A BOOSTER DOSE OF VACCINE?

Additional doses of a vaccine may be needed as part of an extended primary series for target populations where the immune response rate following the standard primary series is deemed insufficient. The objective of an additional dose in the primary series is to enhance the immune response to establish a sufficient level of effectiveness against disease. In particular, immunocompromised individuals often fail to mount a protective immune response after a standard primary series, but also older adults may respond poorly to a standard primary series with some vaccines. Such individuals may thus need to receive a third dose of AZ, Sinopharm, Sinovac, Pfizer or Moderna as part of their primary immunization series. See WHO's statement [here](#).

Booster doses are administered to a vaccinated population that has completed a primary vaccination series when, with time, the immunity and clinical protection has fallen below a rate deemed sufficient in that population. The objective of a booster dose is to restore vaccine effectiveness from that deemed no longer sufficient.

6. DO I NEED AN ADDITIONAL DOSE OR A BOOSTER DOSE?

ADDITIONAL doses: YES, for the following categories of individuals:

- if you belong to certain at-risk groups. WHO recommends that all immunocompromised individuals receive an additional dose of vaccine to complete an extended primary vaccination series with a [WHO EUL approved COVID-19 vaccine](#) since these individuals are less likely to respond adequately to vaccination following a standard primary vaccine series and are at high risk of severe COVID-19 disease. This concerns in particular: active cancer, organ or stem cell transplants, immunodeficiency, HIV/AIDS (with CD4<200cell/ μ), and active immunosuppressive therapy. This additional dose should be given at 1-3 months after the 2nd dose with preferably the same vaccine. Using a different EUL vaccine can be considered in situation of scarce supply and difficult access.
- for recipients of the-Sinovac-CoronaVac and Sinopharm vaccines, where vaccine effectiveness has shown to be lower in older age groups, WHO recommends that any individual aged 60 in countries that have achieved high 2-dose vaccination coverage in priority-use groups, should receive a 3rd dose, in an interval of 3 to 6 months between 2nd and 3rd dose.
- for recipients of a first dose of Janssen/Johnson & Johnson: WHO recommends, in situations where supply is not limited, to complement the primary vaccination schedule with a 2nd dose given at 2-6 months after the 1st dose.

References:

- [WHO Interim recommendations Sinovac-CoronaVac](#)
- [WHO SAGE on Immunization](#)
- [WHO Interim recommendations Janssen/ Johnson & Johnson](#)



BOOSTER doses: YES.

There is evidence that the protection obtained from COVID-19 vaccines wanes around 4-6 months after the primary series of vaccination has been completed. A booster dose should be taken to strengthen protection against serious disease. Per WHO, booster doses should be considered for all COVID-19 vaccines having received EUL as per WHO's product specific interim recommendations. This thus applies to all vaccines currently available with the UN program.

There is to date NOT ENOUGH solid evidence to recommend a second booster dose for the general population while it may be indicated for certain at-risk populations such as elderly or immunocompromised individuals, noting however that duration of protection after this additional dose is not known.

This evolving evidence is being closely monitored and guidance will be promptly adapted as new information is being shared.

Reference: [WHO](#)

7. IS COVID-19 VACCINATION MANDATORY FOR UN PERSONNEL?

COVID-19 vaccination is not mandatory for UN Secretariat personnel and their dependents, but it is strongly recommended. Other UN system organizations or independently administered Funds and Programmes may have in place vaccine mandates for all or specific groups of personnel, however. They are advised by the respective organization-specific requirements, instructions and guidance as may be applicable.

The UN recommends UN personnel, and their dependents receive a COVID-19 vaccine that has been approved by WHO and/or by two Stringent Regulatory Authorities (SRAs) for emergency use. Any immunization procedure, regardless of whether it has been approved by WHO and/or by two Stringent Regulatory Authorities (SRAs), should always be based on the recipient's informed consent.

The UN provides regular information from different sources on the state of progress in the field of research and development of vaccines globally, with a view to assisting UN personnel and their family members when they are in the process of making an informed decision as to whether to participate in a vaccination programme. In addition, the UN seeks to coordinate its system-wide action based on the recommendations of the WHO as lead health agency, while considering applicable national COVID-19 regulations in the different host countries. UN personnel and their family members should consult their healthcare provider or treating physician for additional information.

All UN personnel and dependents participating in national vaccination campaigns, or in the UN System-wide COVID-19 Vaccination Programme, should obtain comprehensive information/briefing from their healthcare provider or treating physician on the type of vaccine being offered, in order to be able to make an informed decision about whether or not to take the vaccine.

- [More WHO information on COVID-19 vaccines](#)

Consistent with the UN standards of conduct and host country agreements, where applicable,



UN personnel are expected to respect and comply with instructions, preventive and protective measures and other anti-COVID-19 policies of the host country.

8. WILL VACCINATIONS BECOME A REQUIREMENT FOR PHYSICAL RETURN TO THE PREMISES IN THE NEXT NORMAL WHEN WE GET TO THAT STAGE?

Whilst the UN Secretariat does not currently intend to make COVID-19 vaccination mandatory, including in the context of a physical return to the premises, receiving such vaccination is strongly recommended. Some UN system organizations or independently administered Funds and Programmes may have in place vaccine mandates for all or specific groups of personnel, however. They are advised by the respective organization-specific requirements, instructions and guidance as may be applicable. While the WHO does not recommend the use of “Vaccine passports” at this time, it appears that many individual countries are considering this strategy and therefore may require vaccination for certain activities/travel.

9. WILL I GET A CERTIFICATE OF VACCINATION?

Upon administration of the requisite vaccine dosage through the UN System-wide COVID-19 Vaccination Programme, a certificate of vaccination is generated through the Programme’s registration platform (the “Platform”). The certificate generated by the Platform uses a standardized format, similar to the one used by the WHO in its “International Certificate of Vaccination or Prophylaxis” (Yellow) vaccination booklet.

In addition to the certificate of vaccination generated through the Platform, the WHO International Certificate of Vaccination or Prophylaxis can also be filled out by the medical personnel of the UN/TCC/PCC clinics and stamped using the clinic’s usual stamp (if available). The vaccine name and lot number should be noted. The medical evaluator and vaccine administrator (if a different person) need to sign the health booklet.

Note: This certificate may not allow the holder of the certificate to avoid travel restrictions put in place by the country(ies) of destination and may not be accepted as evidence of COVID-19 vaccination status in such country(ies). As responses to the pandemic continue to rapidly evolve, it is highly advisable to check the latest travel regulations. As scientific information relative to vaccination against COVID-19 as well as tests for immunity to COVID-19 also continue to evolve, noting the appearance of variants of the 2019-n CoV coronavirus, it is important to stay informed of the applicable public health measures in place in the country of destination.

10. WILL THE VACCINATION CERTIFICATE INCLUDE COVID-19 VACCINATIONS I RECEIVED THROUGH A NATIONAL PROGRAM?

No. The certificate issued from the Platform is issued only to individuals who have received the COVID-19 vaccines administered through the UN system-wide COVID-19 vaccination programme. Individuals that have received both doses from The UN Programme will receive a full certificate. Individuals that have received one dose from The UN Programme will only receive a certificate for that single dose.

A certificate will not be issued by the United Nations for individuals who received their vaccinations through a national or other programme and such individuals should obtain a



certificate or proof of vaccination from the competent medical authority that administered the vaccine.

11. WILL THE VACCINE BE COVERED UNDER UN MEDICAL INSURANCE PLANS?

Yes. Similar to other vaccines, coverage of the vaccine is foreseen under UN medical plans when recommended by the local health authorities and/or the WHO, and when vaccines are not offered free of charge by national governments. All vaccines administered under the UN System-wide COVID-19 Vaccination Programme are administered free of cost to the individual receiving the vaccine.

12. AT WHAT RATE WILL THE VACCINES AND THE (PARA)MEDICAL FEE TO ADMINISTER THE VACCINE, BE COVERED?

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan:

- UNHQ medical plans Aetna PPO, Empire PPO, UN Worldwide Plan or UN MIP
- Geneva-based plan UNSMIS
- Vienna-based plans, insured through Allianz

13. WILL THE MEDICAL PLANS LIMIT REIMBURSEMENT FOR VACCINES UP TO A MAXIMUM AMOUNT?

There is no pre-determined maximum amount. Vaccines will be reimbursed up to the reasonable and customary level for the specific vaccine. Reasonable and customary refers to the prevailing pattern of charges for the vaccine at the duty station where the vaccine is administered as reasonably determined by the third-party administrator.

14. IF A STAFF MEMBER DECIDES TO RECEIVE A VACCINE THROUGH THE PRIVATE SECTOR INSTEAD OF THE HOST COUNTRY OR UN COVID-19 VACCINATION PROGRAMME, WILL THE STAFF MEMBER BE REIMBURSED?

Yes. While the national/host country or the UN System-wide COVID-19 Vaccine Programme are the recommended sources for the vaccine, if staff members are unable to get the vaccine through a government or a UN System-wide COVID-19 Vaccination Programme, staff members will be eligible for reimbursement for vaccination administered by a private provider under their medical insurance plan.

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan.

15. WILL A MEDICAL PRESCRIPTION BE REQUIRED IN ORDER FOR THE COST OF RECEIVING THE VACCINE TO BE COVERED UNDER UN MEDICAL PLANS?



No, third-party administrators will not require a prescription to be submitted in order for coverage to apply, but a prescription may be required in order to obtain the vaccine in any given location.

16. ARE COVID-19 VACCINES SAFE?

All vaccines reviewed by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) and subsequently approved by WHO for use have undergone a thorough assessment for quality, safety and efficacy. Reported side effects of COVID-19 vaccines have mostly been mild to moderate and have lasted no longer than a few days. Typical side effects include pain at the injection site, fever, fatigue, headache, muscle pain, chills and diarrhea. Rare serious adverse event can occur but are very rare. The risk of rare adverse events following immunizations should be assessed against the risk of deaths from COVID-19 disease and the potential of the vaccines to prevent infections and reduce deaths due to diseases.

- [More WHO information on the COVID-19 vaccines.](#)

As for other vaccines, the COVID-19 vaccines should be given under health care supervision, with the appropriate medical treatment available in case of allergic reactions. A history of anaphylaxis to any component of the vaccine is a contraindication to vaccination. As a precautionary measure, an observation period of 15 minutes after vaccination should be ensured.

A history of anaphylaxis to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies) is not a contraindication to vaccination. For such persons, a risk assessment should be conducted by a health professional. It is uncertain if there is an increased risk of anaphylaxis, but counselling should be given about the potential risk of anaphylaxis and the risks should be weighed against the benefits of vaccination. Such persons should be observed for 30 minutes after vaccination in health care settings where anaphylaxis can be immediately treated.

Anyone with an acute febrile illness (body temperature over 38.5 °C) should postpone vaccination until they are afebrile. However, the presence of a minor infection, such as a cold, or low-grade fever should not delay vaccination.

For the COVID-19 vaccines that need more than one dose (i.e. Oxford-AstraZeneca vaccine, COVISHIELD, Sinopharm) individuals who experienced a severe allergic reaction (rapid heartbeat, difficulty breathing, swelling of the throat, or a generalized rash or hives) after getting a first dose of COVID-19 vaccine should not receive another dose of that vaccine. Individuals should consult with their physician about safe alternatives and future COVID-19 vaccination plans.

17. IS THE OXFORD-ASTRAZENECA/COVISHIELD VACCINE SAFE?

SAGE has thoroughly assessed the data on quality, safety and efficacy of the vaccine and has recommended its use for people aged 18 and above, including those with known medical conditions associated with increased risk of severe disease, such as hypertension, chronic lung disease, significant cardiac disease, obesity, and diabetes.

On 7 April 2021 WHO Global Advisory Committee on Vaccine Safety (GACVS) reviewed reports of rare cases of blood clots with low platelets following vaccination with the AstraZeneca COVID-19 vaccine (including Covishield). They reported “that whilst concerning,



the events under assessment are very rare, with low numbers reported among the almost 200 million individuals who have received the AstraZeneca COVID-19 vaccine around the world.” See full GAVCVS statement [here](#).

A history of anaphylaxis to any component of the vaccine is a contraindication to vaccination. People who have an anaphylactic reaction following the first dose of this vaccine should not receive a second dose of the same vaccine. People who have had TTS (a very rare syndrome of blood clotting combined with low platelet counts) following the first dose of this vaccine should not receive a second dose of the same vaccine.

People who develop severe symptoms after receiving the vaccine should seek medical attention immediately. By recognizing the signs of blood clots and treating them early, healthcare professionals can help those affected in their recovery and avoid complications.

As part of making an informed decision on whether to receive a vaccine, or the Oxford-AstraZeneca vaccine, in particular, individuals should read the vaccine Oxford-AstraZeneca Fact Sheet, found [here](#) and consult their medical practitioner.

More information can be found [here](#).

18. IS THE JOHNSON & JOHNSON (JANSSEN AD26.COVS.2) VACCINE SAFE?

The Johnson & Johnson (Janssen Ad26.COVS.2) vaccine has been shown to be safe in patients over the age of 18 years, including those with known medical conditions associated with increased risk of severe disease, such as hypertension, chronic lung disease, significant cardiac disease, obesity, and diabetes. SAGE has thoroughly assessed the data on quality, safety and efficacy of the vaccine and has recommended its use for people aged 18+.

This vaccine has also undergone review and received authorization for use by the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA)

A history of anaphylaxis to any component of the vaccine is a contraindication to vaccination. People who have an anaphylactic reaction following the first dose of Ad26.COVS.2 should not receive any further doses of the same vaccine. People who have had TTS following the first dose of this vaccine should not receive a second dose of the same vaccine.

As part of making an informed decision on whether to receive the Janssen vaccine, in particular, individuals should read the vaccine JANSSEN COVID-19 Vaccine Fact Sheet for recipients and caregivers, found [here](#), and consult their medical practitioner. More information can be found [here](#).

19. IS THE SINOPHARM VACCINE (BBIBP-CORV) SAFE?

SAGE has thoroughly assessed the data on quality, safety and efficacy of the vaccine and has recommended its use for people aged 18 and above.

Safety data are limited for persons above 60 years of age (due to the small number of participants in clinical trials) although no differences in safety profile of the vaccine in older adults compared to younger age groups can be anticipated.

No severe hypersensitivity and anaphylaxis reactions caused by the vaccine have been



recorded in clinical trials but were occasionally observed post-introduction. The most frequently reported adverse reactions in clinical trials included injection site pain, headache, fatigue, myalgia, arthralgia, diarrhea, nausea, cough, dyspnea, pruritus and fever (axillary temperature ≥ 37.5 °C). The most common adverse reactions from post-licensure safety monitoring are induration, redness and swelling at injection site, fever. More information can be found [here](#).

20. IS THE MODERNA (MRNA-1273) VACCINE SAFE?

SAGE has thoroughly assessed the data on quality, safety and efficacy of the vaccine and has recommended its use for people aged 12 and above.

This vaccine has also undergone review by the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA) and was found to be safe for use. More information can be found [here](#).

21. WHAT CAN I DO NOW TO HELP PROTECT MYSELF FROM GETTING COVID-19 AS I WAIT FOR MY VACCINATION, OR SINCE A VACCINE IS NOT YET AVAILABLE IN MY COUNTRY?

You should continue covering your mouth and nose with a mask, washing your hands regularly and staying at least 6 feet (or depending on local health authorities' recommendations) away from others and avoid crowded areas with poor ventilation. These steps will help reduce your chance of being exposed to the virus or spreading it to others.

22. HOW DO THE VACCINES WORK?

Vaccines are all designed to teach the body's immune system to safely recognize and block the virus that causes COVID-19.

Several different types of vaccines for COVID-19 have been developed, or are in development, including:

- **inactivated or weakened virus vaccines**, which use a form of the virus that has been inactivated or weakened so it doesn't cause disease, but still generates an immune response
- **protein-based vaccines**, which use harmless fragments of proteins or protein shells that mimic the COVID-19 virus to safely generate an immune response
- **viral vector vaccines**, which use a virus that has been genetically engineered so that it can't cause disease but produces coronavirus proteins to safely generate an immune response
- **RNA and DNA vaccines**, a cutting-edge approach that uses genetically engineered RNA or DNA to generate a protein that itself safely prompts an immune response

For more information about all COVID-19 vaccines in development, see this [WHO publication](#)

23. CAN I GET SICK WITH COVID-19 FROM THE VACCINE?

No, the COVID-19 vaccines do not contain the SARS-CoV-2 virus and cannot give you COVID-19 infection.



However, as with all other vaccines, you may have some side effects, which are normal signs that your body is building immune protection.

Common side effects observed with the COVID-19 vaccines may include:

- On the arm where you receive the vaccine: pain and swelling
- Throughout the rest of your body: fever, fatigue, headache, muscle pain, chills, and diarrhea. These side effects may affect your ability to perform daily activities, but they should typically go away within a few days.

24. IS IT SAFE TO GET A COVID-19 VACCINE IF I HAVE AN UNDERLYING MEDICAL CONDITION?

COVID-19 vaccination is especially important for people with underlying health problems (e.g., heart disease, lung disease, diabetes, hypertension, cancers, poor immunity, and obesity) and pregnant women. Such individuals are more likely to develop a severe form of COVID-19.

You should always consult with your health care provider if you have specific questions about the COVID-19 vaccine and your health. On very rare occasions, allergic reactions can occur. If you have had allergic reactions to any vaccines, drugs, medical products, foods etc. in the past, you should discuss the vaccination with your healthcare provider.

You are encouraged to read the following information on [vaccine safety and common side effects](#).

25. I AM DUE FOR MY ROUTINE PREVENTATIVE TESTS, SHOULD I WAIT UNTIL I GET MY COVID 19 VACCINE? WHAT ABOUT MAMMOGRAM?

It is very important for one's health to maintain the preventative care appointments. Most can safely be done before and after vaccination.

With regard to mammogram, ask your doctor how long you should wait after vaccination to get your mammogram. People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it is possible that this swelling could cause a false reading on a mammogram.

Some experts recommend getting your mammogram before being vaccinated or waiting four to six weeks after getting your vaccine.

26. HOW MANY DOSES OF VACCINES HAVE TO BE TAKEN AND AT WHAT TIME INTERVAL?

This depends on the type of vaccine you are given. With most COVID-19 vaccines, you will need two doses in order for them to work, with a few weeks in between.

Different types of vaccines have different vaccination schedules, and other vaccines that are in the process of approval and/or development may require just a single dose.

The recommended dosage for the Astra Zeneca vaccine/COVISHIELD is two doses given



intramuscularly with an interval of 8 to 12 weeks (see [WHO: The AstraZeneca Vaccine - what you need to know](#)). To avoid vaccine surplus, a second dose could be administered following a shorter time interval than the WHO recommended 8 to 12 weeks but within the manufacturer's recommended time interval of 4 to 6 weeks (see document [Recommendations for Management of Vaccine Surplus with short expiration dates](#).)

The recommended dosage for the Sinopharm vaccine (BBIBP-CorV) is two doses given intramuscularly with an interval of 3 to 4 weeks (see [WHO: The Sinopharm Vaccine - what you need to know](#)). If the second dose is administered less than 3 weeks after the first, the dose does not need to be repeated. If administration of the second dose is delayed beyond 4 weeks, it should be given at the earliest possible opportunity. It is recommended that all vaccinated individuals receive two doses. A third dose may be recommended for certain categories of individuals

The standard recommended dosage for the Johnson & Johnson (Janssen Ad26.CoV2s) vaccine is as a single dose given intramuscularly, however, noting the evidence demonstrating improved protection with a second dose, WHO now recommends that all individuals receive a second dose 2 to 6 months after the first one (see [WHO: The Johnson & Johnson Vaccine - what you need to know](#)). COVID-19 vaccines may be given concomitantly, or any time before or after, other adult vaccines including inactivated influenza vaccines. This recommendation may be amended as data on co-administration with other vaccines becomes available.

The recommended schedule for the Moderna (mRNA-1273) vaccine is two doses, given intramuscularly with an interval of 4 up to 8 weeks (see [WHO: The Moderna COVID-19 \(mRNA-1273\) vaccine: what you need to know](#)). If the second dose is inadvertently administered less than 28 days (4 weeks) after the first, the dose does not need to be repeated.

27. CAN I RETURN TO LIFE AS NORMAL AFTER I'VE BEEN VACCINATED?

While evidence shows that a complete vaccination series will protect the individual against severe disease and death, we do not know how much it reduces the risk of transmission in communities, nor how long its protection will hold with time, particularly against new variants. As such, everyone is encouraged to continue staying vigilant and follow local health guidance.

28. IF I HAVE ALREADY HAD COVID-19 AND RECOVERED, DO I STILL NEED TO GET A COVID-19 VACCINE?

Yes. The COVID-19 vaccination should be offered to you regardless of whether you have already had the COVID-19 infection previously. According to the latest evidence, infection induced immunity confers significantly less protection against Omicron than against non-Omicron variants six or more months after a previous infection. There is also evidence that hybrid immunity (immunity acquired through infection and vaccination) provides superior protection against COVID-19 variants, including Omicron, compared with two doses of vaccination, or previous SARS-CoV-2 infection without vaccination.

However, those who are currently infected with COVID-19 should postpone vaccination until after their illness has run its course and after they have met their health authorities' criteria to



discontinue isolation.

Additionally, current evidence suggests that re-infection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired.

Reference: [WHO](#)

29. AFTER I AM VACCINATED, HOW LONG WILL VACCINE IMMUNITY LAST?

Researchers do not yet know yet how long immunity lasts after vaccination. That is why continuation of public health preventive practices, e.g., wearing a mask, washing your hands regularly and physical distancing, will still be important for some time to come.

30. WHY SHOULD A VACCINE BE NEEDED IF WE HAVE OTHER PUBLIC HEALTH MEASURES LIKE PHYSICAL DISTANCING AND WEARING MASKS, TO PREVENT COVID-19 FROM SPREADING?

Stopping a pandemic requires using all tools available, including:

- Acquiring immunity against COVID-19, naturally (by contracting the illness) or through vaccination.
- Avoiding contracting and spreading COVID-19 by respecting preventive measures like covering your mouth and nose with a mask and staying at least 6 feet (or depending on local health authorities' recommendations) away from others.
- Wearing of masks when you are in crowded settings, where you cannot be at least 6 feet from others and in rooms with poor or unknown ventilation.

Together, being vaccinated against COVID-19 along with following WHO's and other public health recommendations will offer the best protection from COVID-19 for yourself and those around you.

31. IF I GET A COVID-19 VACCINE, WILL IT CAUSE A FALSE POSITIVE FOR COVID-19 DIAGNOSTIC TESTING (I.E. PCR OR ANTIGEN TESTS)?

Receiving the COVID-19 vaccine will **not cause** a positive PCR or antigen laboratory test result since these specific tests check for active disease and not whether an individual is immune or not.

However, it should be noted that the antibody test (or "serology test") may be positive in someone who has been vaccinated, since that is a specific test that measures COVID-19 immunity in an individual.

32. CAN I GET THE COVID-19 VACCINATION IF I AM PREGNANT OR BREASTFEEDING?

Vaccination can be offered to breastfeeding women if they are part of a group prioritized for



vaccination. WHO does not recommend discontinuation of breastfeeding after vaccination.

Pregnant women can receive COVID-19 vaccines. COVID-19 vaccines offer strong protection against severe illness from COVID-19. If not already vaccinated, pregnant women should have access to WHO EUL-approved vaccines, because COVID-19 during pregnancy puts them at higher risk of becoming severely ill and of giving birth to preterm babies. Increasing evidence on the safety and effectiveness of COVID-19 vaccination during pregnancy suggests that the benefits of vaccination during pregnancy outweigh potential risks whenever there is ongoing or anticipated community transmission of the virus . Source: [WHO](#).

33. ARE THE CURRENT VACCINES STILL EFFECTIVE AGAINST COVID-19 VARIANTS?

While there is growing evidence that protection conferred by vaccination is lower against new COVID-19 variants, particularly against asymptomatic and mild to moderate infections, WHO recommends vaccination even in areas with circulating variants, as vaccines continue to provide higher levels of protection than SARS-CoV-2 infection against severe disease outcomes, with modest waning in the 6 months following completion of primary vaccine series. Vaccine-induced protection against symptomatic disease, including severe disease, is also enhanced by booster doses.

Reference: [WHO](#)

ABOUT UN SYSTEM-WIDE VACCINATION PROGRAMME COORDINATION

34. HOW IS THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME COORDINATED?

The UN System-wide COVID-19 Vaccination Programme is coordinated by the Vaccine Deployment Working Group, led by the Department of Operational Support at the UN Headquarters in New York. This Working Group incorporates representatives from several UN system entities, leveraging expertise from across the UN System. A Field Communications Working Group coordinates all communication related to the vaccine deployment effort.

35. WHAT IS THE GLOBAL VACCINE DEPLOYMENT SUPPORT TEAM (“GVDST”)?

Set up by the Vaccine Deployment Working Group, the GVDST provides hands-on support to the UN country teams and field missions as they carry out the vaccination effort on the ground, from the development of local vaccination plans to the execution phase. GVDST is comprised of representative from the UN Medical Directors (UNMD) network, the Field Communications Working Group as well as DOS IT and logistics teams and are dedicated to assisting in addressing gaps and obstacles identified in specific country vaccination plans. Further information and guidance can be accessed [here](#). You can reach the GVDST at any time through covidvaccines@un.org

36. WHAT IS THE ROLE OF LOCAL VACCINE DEPLOYMENT COORDINATORS (LVDC)?

Local Vaccine Deployment Coordinators are responsible for the roll-out of the UN System-wide COVID-19 Vaccination Programme to eligible recipients within their respective UN country teams and field missions, with guidance and support provided by the Global Vaccine



Deployment Support Team at all stages of the program. Local Vaccine Deployment Coordinators work in collaboration with stakeholders in country to ensure that population data is accurate, eligible individuals register for vaccination, doses are received, handled, and transported safely in country, vaccine administration arrangements are in place, etc. Further information and guidance can be accessed [here](#).

See latest list of LVDCs per duty station [here](#).

37. WHAT IS THE ROLE OF UN COUNTRY TEAMS AND UN FIELD MISSIONS IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

Local Vaccine Deployment (LVD) plans are developed at country level with guidance from the Global Vaccine Deployment Support Team. Generally, Local Vaccine Deployment Coordinators, nominated by senior leadership, will assemble a Local Vaccine Deployment team in charge of developing country specific COVID-19 vaccine deployment plans to implement the UN System-wide COVID-19 Vaccination Programme in that location. The LVD plans are developed in coordination with other UN country team partners. UN system organizations' human resources, legal offices, communications experts as well as medical, logistics, maintenance and security personnel should all be consulted and participate in the formulation of the plan and its subsequent implementation. Such plans should consider a number of criteria, including the size of the population eligible for the vaccine under the UN System-wide COVID-19 Vaccination Programme, the number of duty stations in country as well as the access to local health care services.

In countries with integrated missions, the local vaccine deployment coordinators lead teams of focal points from the different stakeholders (UNCT, Missions, AFPs) to put together a vaccination program that addresses the requirements of both the civilian and uniformed personnel.

The Global Vaccine Deployment Support Team has provided a range of resources for UN Country Teams and Field Missions to assist them in this process. These resources include guidelines, SOPs and checklists that should be used to assess the operational readiness of UNCT and UN Missions to receive and administer the COVID-19 vaccine to UN Personnel. All resources can be accessed [here](#).

38. IF A COUNTRY TEAM/ FIELD MISSION IS NOT INCLUDED IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME, DOES IT REQUIRE A FORMAL LOCAL VACCINE DEPLOYMENT TEAM?

The Local Vaccine Deployment Coordinator should be identified but the formation of an entire team is not necessary unless and until a plan needs to be developed. The Local Vaccine Deployment Coordinator should keep track of vaccinations conducted through national programmes and ensure that issues are flagged, and concerns addressed.

39. WHERE CAN COUNTRY TEAMS OBTAIN GUIDANCE AND SUPPORT FOR THEIR COUNTRY LEVEL COMMUNICATIONS EFFORTS?

The Field Communications Working Group, covering MEDEVAC, First Line of Defense



(FLOD) and Vaccines, meets weekly and ensures that all guidance and information relevant to the UN System-Wide COVID-19 Vaccination Effort is clearly and consistently communicated to all personnel and related audiences across the system. It also works to ensure that all such communications are a cohesive part of the overarching UN COVID-19 Communications Strategy. The working group maintains a repository of content that Country Teams and UN Field Missions can access for their specific comms needs. Operational guidance and resources in several languages can be accessed on the Programme website here: <https://www.un.org/en/coronavirus/vaccination>
For further information, please contact: covidvaccines@un.org

40. HOW ARE SHIPMENTS OF VACCINES UNDER THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME BEING CENTRALLY COORDINATED?

The Global Vaccine Deployment Support team is planning to ship the first doses of vaccines available to those duty stations that are ready to receive vaccines, following the priority list defined by the UN Medical Directors (UNMD) country priority tool. The first shipments will include first doses for as many high-risk individuals as possible across priority countries. While going down the list of priority countries, certain UN duty stations may be placed on “hold” for a number of reasons, such as the confirmed access to vaccine through the national program, the effort to synchronize with the COVAX deployment, the lack of authorization from the host nation to import vaccine and other reasons.

41. HOW ARE PERSONNEL OF INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS ADMINISTERED UNDER THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

For specific guidance related to INGOs, kindly see [here](#).

ABOUT THE REGISTRATION PLATFORM

42. WHAT IS THE PURPOSE OF THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME REGISTRATION PLATFORM?

The Registration Platform provides a one-stop solution for the UN System-wide COVID-19 Vaccination Programme to review eligibility, schedule COVID-19 vaccinations and administer them. Vaccination within the framework of the UN System-wide COVID-19 Vaccination Programme is not possible without being registered in the Registration Platform.

43. HOW DOES THE REGISTRATION PLATFORM WORK?

The Registration Platform is based on commercial software, used by many governments and organizations to manage the administration of vaccine. The Registration Platform has been adjusted to our organization’s needs by IT experts that are part of the UN Global Vaccine Deployment Support Team. They work with individual country teams to prepare the Registration Platform for launch locally. The local vaccine deployment teams are trained to manage the data in the Registration Platform and provide guidance and instructions to the personnel in their duty station. Basic information of all those eligible under the UN COVID-19 Vaccination Programme is either pre-loaded into the Registration Platform by the person’s



organization or entered by the person through self-registration. For pre-loaded records registration links are generated and distributed to personnel via email for the completion of their registration within the Registration Platform. Local Evaluators verify self-registrations to ensure the individual is eligible to be vaccinated as part of the programme. Following registration and evaluation, individuals opting to be vaccinated are scheduled for vaccination. At the time of vaccination, the person's vaccination details are entered in the Platform and a certificate is issued to the person by the Registration Platform via email to provide proof of their vaccination.

44. HOW DO I ACCESS THE REGISTRATION PLATFORM?

There are two ways in which you can register on the Registration Platform:

1. If your data was preloaded by your sponsoring organization, you will receive an independent link by email to review your information and complete your registration; or
2. You will be notified by the Local Vaccination Deployment Team/ Coordinator when self-registration is open for your country/duty station & a link will be provided to you.

45. HOW WILL I KNOW THAT MY REGISTRATION WAS SUCCESSFUL?

After you fill out all the required fields in the registration pages and save your data, your screen will display the message "Your profile was successfully created". This confirms that your registration is complete. Your information and eligibility will then be reviewed by the administration of the local UN vaccination clinic. Upon confirmation of eligibility, you will receive an e-mail notification to confirm your scheduled appointment. Appointments are scheduled based on vaccine availability.

46. WILL UN DEPENDENTS BE ABLE TO REGISTER THROUGH THE REGISTRATION PLATFORM?

UN personnel will be informed when registration opens in different duty stations, and they will be able to initiate the registration of their eligible dependents. More information will be shared directly with eligible registrants. This can only be done if the UN System-Wide COVID-19 Vaccination Programme is running in the country in which the dependents reside. Local Vaccine Deployment Coordinators or Organization Administrators in each duty station will share the link to the Registration Platform when the registration for that specific duty station opens.

47. I HAVE REGISTERED MY DEPENDENTS THAT LIVE IN ANOTHER COUNTRY IN WHICH THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME IS RUNNING. WILL THEY GET A NOTIFICATION INSTANTLY?

Your dependents, residing in a different country in which the UN System-Wide COVID-19 vaccination Programme is being rolled out – will get a notification through the UN country office of the country in which they reside. This may not happen instantly, as the registration process may not yet be open, or they may not yet be eligible to receive the vaccine – in line with the prioritization process. The moment registration opens for their particular population segment, they will receive a notification.



48. IF I REGISTER AND GET A VACCINATION, WHERE WILL MY INFORMATION GO? WILL IT BE KEPT SAFE?

Your personal and health care information will be kept confidential and will not be shared beyond the UN personnel responsible for managing the UN System-wide COVID-19 Vaccination Programme. Personal identifying information such as your name, contact information and address will be treated as confidential. Your medical data will be treated as confidential medical records and will be accessed by medical personnel only. The data will be hosted by a third-party contractor, engaged by the United Nations, and is required under its contractual obligations to maintain the data as confidential.

49. HOW CAN I GET HELP IF I HAVE DIFFICULTIES NAVIGATING THE REGISTRATION PLATFORM?

Please click the “? Help & Answers” link in the top-right corner of the page for support.

50. HOW WILL I KNOW WHEN I HAVE BEEN SCHEDULED TO RECEIVE THE VACCINATION?

The local UN System-wide COVID-19 Vaccination Programme clinic / vaccine scheduler will set up your appointment based on vaccine availability. You will receive a notification by email with the appointed date and time. The options to accept or decline the appointment will be provided to you.

51. HOW DO I UPDATE MY PROFILE?

You can update your profile by logging into the Registration Platform and clicking on the ‘Edit’ link in your Profile page as show below. Please remember to save your changes!

52. I GOT THE REGISTRATION LINK BUT I HAVE ALREADY BEEN VACCINATED ELSEWHERE/ DO NOT WANT TO BE VACCINATED. WHAT SHOULD I DO?

In the situation where you are already fully vaccinated, or you do not want to be vaccinated kindly let us know by initiating the registration process and indicating that you do not wish to receive the vaccine as part of the UN System-Wide COVID-19 Vaccination Programme. This will help us tremendously with the planning for future shipments.

53. CAN I RECEIVE A VACCINE WITHOUT REGISTERING ON THE REGISTRATION PORTAL?

No. Anyone who has not registered through the Registration Platform will not receive the vaccine.

ADDITIONAL RESOURCES:

[The UN Intranet-iSeek: COVID-19 Response page](#)

[World Health Organization](#)

[Centers for Disease Control and Prevention \(USA\) COVAX Explained](#)

[COVAX Explained](#)

[UNICEF COVAX Information Centre](#)

CONTACT FOR STAFF



General questions: covidvaccines@un.org
Registration platform: tier1vacc-support@un.org