

Q1. When will the vaccine be available in Alaska?

A1. The first doses of the COVID-19 vaccine are expected to arrive between 28-31 December. Vaccination is expected to start in the week of 4 January for healthcare workers and first responders. Follow-on vaccine shipments are expected in early 2021.

Q2. If I already had COVID-19, should I still get a vaccine?

A2. Yes. Vaccination is recommended because the duration of immunity following COVID-19 infection is unknown and the vaccines that are currently approved create an antibody response that is significantly greater than the antibody response from getting the disease naturally.

Q3. Will we still need to wear masks and practice physical distancing once a vaccine is available?

A3. Yes. The intent of the vaccine is to prevent the spread of COVID-19. We will still need to wear appropriate face coverings and practice physical distancing in order to limit the spread of the virus. Additionally, initially, we will not have enough vaccine to vaccinate everyone who wants the vaccine and COVID-19 pandemic risks will continue. We will continue to recommend wearing masks and practicing physical distancing, for everyone, until the pandemic risk of COVID-19 is substantially reduced. We know that the vaccine is effective in preventing symptomatic illness caused by a COVID-19 infection, but for asymptomatic illness, we are waiting on more data.

Q4: What happens if you decline the shot? Does it affect your priority?

A4. No, you maintain your priority if you later decide to take the shot. If you initially decide not to take the vaccine, you can later change your mind and receive the vaccine if and when further doses are available.

Q5. If I take the vaccine, will I still be required to ROM and comply with other COVID-19 mitigation measures?

A5. Yes, it is important that initially, everyone continues to comply with all COVID-19 mitigation / preventive measures even after receiving the vaccine. The more efficient we are at distributing the vaccine and the more people who accept it- the faster we'll be able to 'return to normal'. The experts predict we'll need about 70% of the population vaccinated in order to have 'herd immunity'. The closer we get to 100%, the safer we all will be!

Q6. Will recipients of the vaccine receive a card or something as proof of receipt of the vaccine?

A6. It will be included in your shot records, MEDPROS, MHS GENESIS electronic health record, and you will receive a card specifying the vaccine you received.

Q7. Is the COVID-19 vaccine one or two shots?

A7. The COVID vaccine is a two shot regimen. The second Pfizer dose can be given 21 days or later after the first shot, while the second dose of the Moderna can be given 28 days or later after the first shot. The maximum time you can wait before getting the second dose of either is still being worked with suggestions of no more than 60 days to even possibly a year. The initial shot by itself can provide significant benefit and protection, while the second shot provides even greater protection. Based on what we know about other vaccines, it will likely also lead to longer lasting immunity.

Q8. What is the maker of the vaccine that Alaska will receive?

A8. JBER expects to receive the Moderna vaccine initially. Ft. Wainwright expects to receive the Moderna vaccine initially.

Q9. Can I get the Moderna vaccine if my first shot was made by Pfizer?

A9. No. Individuals will receive both doses of the same manufacturer only.

Q10. Who will be the first to get the vaccine?

A10. Vaccination distribution prioritization will focus on those providing urgent medical care, first responders, maintaining essential installation functions, IRF and deploying forces, and those at highest risk for developing severe illness from COVID-19. Once we have completed immunizing the personnel in one priority group, we will move onto the next priority group. After the above priority groups are immunized, then we will immunize 'healthy populations' as soon as ample vaccine is available.

Q12. As a Service Member, how will I find out when I can get the vaccine?

A12. Your unit will inform you.

Q13. Will DoD require all Service Members to receive the vaccine?

A13. No. The vaccine will be offered on a voluntary basis. Priority populations are highly encouraged to receive the vaccine. When formally licensed by the FDA, a vaccine may become mandatory for military personnel as is the case for the influenza vaccine.

Q14. If I am feeling adverse effects from the vaccine who do I contact?

A14. You can contact your medical provider. For severe symptoms, contact your Primary Care Provider or go to the emergency room.

Q15. If you are feeling under the weather after the shot, should you be concerned about being around family members?

A15. You should not be concerned about any adverse effects from the shot putting your family at risk. Current data show that up to 88% of vaccine recipients have mild side effects like pain at the injection site from the COVID vaccine. Other less-common side effects can include redness at the injection site, feeling tired, feeling generally ill and fever. It is recommended that those who have a fever stay home from work and away from their family members as much as possible. That is not because of any risk from the shot, but rather, because it is possible that someone with a fever might have a different infection, completely unrelated to receiving the shot, that simply occurred at the same time as vaccine receipt. For most people, side effects from the shot last 1-3 days, anything longer than that could be caused by something different than the shot.

Q16. Where should Military Family members be vaccinated?

A16. To the greatest extent possible, Soldiers and Family Members, should get their vaccine at their provider as soon as available according to the priority list

Q17. Will enrolled retirees and their families get the vaccine?

A17. Yes, according to the DoD Population Schema, or priority list, retirees and their families who receive care at a military hospital will, but only after sufficient supplies are available and after medical staff, first responders, Service Members and high risk patients have received their vaccines. We would prefer enrolled retirees and their families to get the COVID-19 vaccine at their assign clinic, but they may get the vaccine sooner they elect to go to a Tricare network provider or pharmacy.

Q18. How long will protection last following vaccination?

A19. We do not know how long protection will last following vaccination but it will be critically important to measure long-term protection (this will occur for at least two years) in the phase 3 trials and in other groups prioritized for early vaccination. We are still learning about the duration of protection following infection with COVID-19 and it is too early to tell how long protection will last.

Q20. Should children get the vaccine?

A20. The current vaccine trials have not studied the safety and efficacy for children under the age of 16 and manufactures are not currently asking the FDA for authorization to vaccinate children. COVID-19 vaccines will not be available to children until the safety and effectiveness of these vaccines has been fully studied in children. The good news is that children tend to not get as sick or be as symptomatic as adults who have COVID-19, which likely factors into this decision making process at the national level.

Q21. If I am pregnant, can I get the vaccine?

A21. The Society for Maternal Fetal Medicine advocates for pregnant women receiving the vaccine. Because data on vaccine in pregnancy is limited, pregnant women may want to consult with their OB provider or Primary Care Provider. We are committed to assuring that pregnant women are provided full access to the vaccine. They will be able to choose if they would like to receive it or not.

Q22. What is an Emergency Use Authorization?

A22. Drugs and vaccines have to be approved or authorized by the U.S. Food and Drug Administration (FDA) to ensure that only safe and effective products are available to the American public. In situations when there is good scientific evidence that a product is safe and is likely to treat or prevent disease, the FDA may authorize its emergency use under specific circumstances. Safety and effectiveness of the vaccine are still carefully evaluated. However, the current FDA approval process is very long (up to years long), so the EUA process provides for an interim approval, on a much shorter timeline.

Q24. Why is the plan phase driven and not population or hot spot focused?

A24. The distribution process is phase driven to safely protect the DoD from COVID-19 as quickly as possible and uses the same principles that are being applied by the CDC and other nations. In the initial phase, a limited number of sites were selected to receive vaccine. Initial sites also allow DoD to validate

distribution, administration processes, and structures and inform senior leader decisions to increase distribution and administration as vaccine manufacturing and CDC allocation permits. The phase driven approach is founded on basic medical ethics principles.

Q25. What has DoD done to ensure the vaccines they are distributing are safe?

A25. The DOD will only distribute vaccines that have been through all three Phases of vaccine trials and that have undergone sufficient review by the FDA. Vaccines and therapeutics to prevent and treat diseases are developed in stages. In Phase 1 Trials researchers test an experimental drug or treatment in a small group of people for the first time. In Phase 2 Trials the experimental drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety. In Phase 3 Trials the experimental study drug or treatment is given to very large groups of people. Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the experimental drug or treatment to be used safely. Manufacturers are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution.

Q26. Can someone get COVID-19 from the vaccine?

A26. No, it is not possible to get COVID-19 from vaccines. Vaccines against COVID-19 use inactivated virus, parts of the virus, or a gene segment from the virus. None of these can cause COVID-19.

Q27. Should I get the vaccine for influenza (flu shot)?

A27. Yes, it is very important to get the influenza vaccine, particularly this season when both influenza viruses and COVID-19 will infect people. Typically every year during the winter months, influenza causes many hospitalizations and deaths- especially in the very young and very old.

Q28. Can I receive the flu shot around the same time I receive the COVID shot?

A28. There is no concern with receiving the COVID vaccine 14 days before or after the flu shot.

Q29. Why should we receive the first-available vaccine when there are several other vaccines still in trials?

A29. People who are offered the first-available vaccine are considered to be in groups that are most in need of COVID-19 protection. Vaccinated people will be protecting themselves, as well as their families

and all people with whom they interact. Evaluation of the first-available vaccine will continue, even after its pre-licensure release. The release of other vaccines cannot be fully predicted, so people who are offered the first-available vaccine will be encouraged to receive this vaccine.

Q30. Why did the DoD decide to make the vaccination voluntary rather than mandatory?

A30. When a vaccine product becomes available under pre-licensure status, such as FDA Emergency Use Authorization, recipients have the option to accept or refuse the EUA product. The Department of Defense does not independently have the authority to mandate an EUA vaccine to Service members. However, The President of the United States (POTUS) may, under certain circumstances, waive the option for members of the armed forces to accept or refuse administration of an EUA product. To date, the Department of Defense has not requested a waiver to POTUS for consideration of mandating a COVID-19 vaccine issued under an EUA to Service Members. When formally licensed by the FDA, the COVID vaccine may become mandatory for military personnel, as is the case for the influenza vaccine.

Q31. We understand there are delays in shipment of the DoD influenza vaccine. Can you update us on the status of the remaining influenza vaccine? Does DoD have concerns about COVID-19 vaccine production or delivery due to the impact of high COVID-19 rates on distribution or a shortage of raw materials?

A31. There were delays in the distribution of the seasonal flu vaccine this year as the supplier was experiencing delivery issues related to a COVID-19 outbreak and maintenance issue at its facility. The DoD will continue to monitor the impacts of the COVID-19 pandemic on the production and distribution of COVID-19 vaccine.

Q32. How do we know if the vaccine is safe? How will you monitor and track vaccine side effects?

A32. DoD is confident in the stringent regulatory process and requirements of the FDA. Manufacturers are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution. Per FDA requirements, DoD will be monitoring and tracking vaccine reports of vaccine side effects through various surveillance activities both internal and external to the DoD.

Q33. How will the DoD choose between vaccinating critical and essential personnel vice vulnerable beneficiary populations such as retirees?

A33. Like the nation at large, DOD vaccination efforts will focus on those at highest risk from COVID-19. Those critical/essential personnel who receive the vaccine are those deemed to be highest risk of

exposure to and contracting COVID-19. These decisions are data-driven and informed by the CDC. Healthcare personnel are on the front line of the pandemic and have the highest risk of being exposed to and getting sick from COVID-19. When a healthcare worker gets sick with COVID-19 they are not able to provide patient care for those most in need. Early vaccination of healthcare workers allows for the protection of patients, families, communities and the broader healthcare system.

Q34. Recently, there have been numerous articles on delay of flu vaccine shipments to overseas locations. How will you ensure our troops overseas receive the vaccine?

A34. The delays in flu vaccine shipments are unrelated to activities within DoD. Once flu vaccine was provided to the DoD, it was immediately prepared for shipping overseas.

Q35. How will the vaccine be distributed overseas?

A35. DoD will use a selected number of initial sites overseas to validate distribution, administration, and reporting processes. The DoD will then transition from a controlled geographic distribution process to Service-based distribution after DoD validates distribution and administration processes. This data-driven, phased approach creates a feasible, scalable, safe plan for effective vaccine distribution, administration, and monitoring.

Q36. How will the DoD support Vaccine Dissemination to Reserve and National Guard Soldiers not currently on active duty?

A36. The Selected Reserve have been accounted for in vaccination planning and we are working with the Reserve and National Guard on this effort as well. As more vaccine becomes available and we move into the next operational phase and additional sites will receive the vaccine.

Q37. How will DoD support vaccination in remote locations not located near a military medical treatment facility?

A37. The DoD will ensure vaccine is available for all beneficiaries. Planning is ongoing to ensure the widest distribution to our geographically dispersed population. During initial distribution, vaccine will be primarily directed to locations with high concentration of CDC's phase 1A medical/support personnel and whom have the capability to store vaccine in monitored freezers in accordance with manufacturer's requirements.

Q38. How will you secure the COVID-19 vaccine shipments to ensure they are protected and not diverted or misappropriated?

A38. Alaska is fully prepared to receive and store the COVID vaccine. We are experienced in the logistics and delivery of controlled substances- this same experience will serve to assure that COVID vaccine is protected and not diverted. Most shipments will be shipped directly from the manufacturer to the vaccination site. Secure handling provisions are in place; COVID-19 vaccines will be stored properly to prevent unauthorized access and/ or threat.

Q39. How did you determine the priorities for receiving the vaccine?

A39. DoD follows the Advisory Committee on Immunization Practices and CDC's recommendations as much as possible. CDC recommendations, in addition to input from Service leaders, USCG, and Joint Staff resulted in the current DoD priorities for vaccination.

Q40. With Pfizer's recent announcement of challenges with the supply chain, what is the DoD doing to ensure the supply chain is ready for the arrival of the vaccine?

A40. The DoD COVID-19 vaccine distribution and administration plan applies the Department's standardized and validated processes for vaccine distribution and administration and adapts those processes to the unique supply chain considerations anticipated for COVID-19 vaccines, including ultra-cold bulk storage. Initial phases of the DoD distribution and administration plan are based on the expected, limited number of initial vaccine doses allocated by HHS and CDC to DoD, and on the Department's need to rapidly validate processes to support increased distribution as vaccine production increases. HHS and CDC vaccine allocation data have informed the deliberate development of DoD's feasible and scalable distribution and administration plan. The DoD immunization vaccination plan will support efficient and effective receipt, storage and vaccination of the eligible DoD population.

Q41. How will the DoD track personnel who receive a COVID-19 vaccine?

A41. Everyone who receives a COVID-19 vaccine will be tracked through existing medical record and readiness reporting systems.

Q42. Why/how was Tripler and other MTFs selected by DoD to receive the first wave of vaccines?

A42. The first vaccination sites were selected by the DoD's COVID-19 Task Force from sites recommended by the military services and U.S. Coast Guard to best support several criteria: anticipated supply chain requirements for initially approved vaccines (i.e. ultra-cold, bulk storage facility); sizeable local population to facilitate rapid vaccine administration to priority personnel across the military

services; and sufficient necessary medical personnel to administer vaccines and actively monitor vaccine recipients after initial and second-dose administration.

Q43. Will the first wave of vaccine be enough to vaccinate all Phase I (Healthcare) personnel?

A43. DoD anticipates receiving vaccine allocations weekly. The first allocation will likely be less than Alaska's total number of emergency essential personnel, to include healthcare workers. Key factors will be how much vaccine we receive and how many of the priority workers 'opt in' to voluntarily receive the vaccine.

Q44. When are you getting the vaccine delivered to the first wave of MTFs? How many doses is the DoD getting in the first wave?

A44. The Department of Defense, in addition to the civilian sector, anticipates the first wave of vaccine 24-48hrs after the FDA issuance of the EUA. Vaccine will be distributed to pre-selected vaccination sites, selected by the DoD's COVID Task Force from sites recommended by the military services and U.S. Coast Guard to best support several criteria: anticipated supply chain requirements for initially approved vaccines (i.e. ultra-cold, bulk storage facility); sizeable local population to facilitate rapid vaccine administration to priority personnel across the military services; and sufficient necessary medical personnel to administer vaccines and actively monitor vaccine recipients after initial and second-dose administration.

Q45. With skilled nursing facilities being a high priority, where will DoD place the Armed Forces Retirement homes since those are not actually skilled nursing facilities but more retirement communities?

A45. Vaccination distribution prioritization will focus on those providing direct medical care, maintaining essential installation functions, deploying forces, and those at highest risk for developing severe illness from COVID-19. Although the Armed Forces Retirement homes are not nursing facilities, the residents are both high risk and living in congregate settings where vaccine spread is a heightened risk. The DoD will provide vaccination to the Armed Forces Retirement home residents during the initial vaccination phase.

Q46. Will DoD provide vaccines for civilian employees and contractor staff working in military hospitals or clinics? How about working on installation or in depots and arsenals?

A46. DoD will offer vaccine to civilian and contractor staff with direct patient care and to those who normally receive non-COVID-19 vaccines for occupational health purposes, as authorized in accordance with DoD regulation. This may include some of those working on installations or depots or arsenals, and

we are continuing to refine these populations in preparation for the additional vaccination efforts following vaccination of healthcare workers.