**EXPLANATORY SHEET**

**Vaccination with an mRNA vaccine against COVID-19: Important information for patients**

This information sheet is intended to supplement the vaccination discussion with a professional. Please read this information sheet carefully before the COVID-19 vaccination and discuss any questions you have with a professional at the vaccination centre.

**General information on the COVID-19 vaccination**
- We recommend vaccination against COVID-19 with an mRNA vaccine for everyone aged 12 and over.
- We recommend vaccination against COVID-19 with the Pfizer/BioNTech vaccine for children aged between five and 11 (see specific explanatory sheet for children).
- Two shots are usually required in the upper arm. You can have the second vaccination around four weeks after the first.
- If you are fully vaccinated with an mRNA vaccine, you have a much lower risk of contracting COVID-19 than if you are not vaccinated. The vaccination does not, however, provide absolute protection. If you do contract COVID-19 despite having been vaccinated, the illness should be less severe, and you should have fewer symptoms.
- A booster vaccination is recommended for persons from 16 years of age from four months after the primary vaccination course (see p.3).
- Once you have been fully vaccinated, the likelihood of becoming infected is greatly reduced, as is the risk of transmitting the virus. However, the vaccination does not provide 100% protection and protection wanes over time. The protection afforded by the vaccine and the speed with which it decreases can vary depending on the virus variant.
- The vaccine does not contain any coronaviruses and cannot trigger COVID-19. It cannot change human DNA.
- Vaccination before or during pregnancy protects the woman and the unborn child.
- In people with an immune deficiency (due to an illness or therapy), the vaccination may be less effective. If you have a weakened immune system, please seek advice from the specialist doctor treating you.
- Young people who are capable of judgement (even if they are under 18) are in principle entitled to decide whether they want to be vaccinated.

**What side effects can the vaccine have?**
- If the vaccine does have side effects, these will normally be mild to moderate and only last a few days. As with other vaccinations, these are generally reactions at the injection site (especially pain, or also redness or swelling) or general symptoms (such as tiredness, headaches, muscle and joint pains, high temperature).
- In some cases (in fewer than 1 in 100 vaccinated people), patients may experience COVID arm, which is redness and swelling in the vaccinated arm that appears around a week after the vaccination. While the reaction is unpleasant, it is harmless. It goes away without treatment in a few days and does not have any longer-term effects.
- Severe allergic reactions to a component of the vaccine (such as to polyethylene glycol/PEG) are very rare (occurring in around 1 in 100,000 vaccinations) and generally occur a few minutes after the vaccination. Initial signs include shortness of breath, a drop in blood pressure or severe reactions at the injection site. Serious allergic reactions of this kind are generally easy to treat.
- In very rare cases, predominantly among young men, inflammation of the heart muscle or the pericardium has been observed shortly after vaccination. The vast majority of these cases were mild and could be treated effectively. Typical symptoms of are chest pain, shortness of breath and palpitations. Among people under age 30 such inflammations were observed more frequently after vaccination with the Moderna vaccine. The recommendation is therefore for the Pfizer/BioNTech vaccine to be favoured for vaccinating those under 30. Inflammation of the heart muscle or pericardium occurs much more frequently after infection with the coronavirus than after vaccination with the Pfizer/BioNTech or Moderna vaccine. The benefits of COVID-19 vaccination clearly outweigh any possible risks, also among people under 30 years of age.
- The risk of suffering serious side effects after the vaccination is much lower than the risk of experiencing serious illness following infection with the coronavirus. This applies to both vaccines and to all age groups for whom vaccination is recommended.
- At present, it is not possible to completely exclude the risk of rare severe side effects or unexpected side effects. Experience acquired with other vaccines has shown that such events would be expected to occur within months of the vaccination. According to current research, the risk of this happening is, however, very low.

The responsible agencies are closely monitoring possible indications. So far, no abnormalities have been found in the vaccination studies that have already been running for over a year involving tens of thousands of people, or in the hundreds of millions of people vaccinated worldwide.

- Other health problems – unrelated to the vaccination – may continue to arise, sometimes directly after a vaccination. This does not mean that they are necessarily a consequence of the vaccination.

**Important:** Please report any unexpected or serious symptoms experienced after the COVID-19 vaccination to a doctor, a pharmacist or the vaccination centre.

**You should not get vaccinated in the following case:**
- If you know that you suffer from hypersensitivity to components of the vaccine – in particular to polyethylene glycol (PEG) or tromethamine (TRIS). Please seek advice from an allergist.

**The vaccination is currently not yet recommended in the following cases:**
- In children under five
  Insufficient data is currently available on the use of the vaccines for this group.

**Caution is advised for the vaccination in the following cases:**
- If you are currently ill and have a high temperature.
  ➔ In this case, you should postpone the vaccination.
- If you have acute allergies or take blood-thinning medication.
  ➔ In both cases, you should inform the professional at the vaccination centre so that they can take special precautions.
- If you had a severe allergic reaction after the first vaccine dose.
  ➔ You should only be vaccinated a second time in exceptional cases. Please talk to your doctor about the next steps.

**Vaccination before or during pregnancy:**
- Are you trying to get pregnant? If so, you should get vaccinated as soon as possible. After the COVID-19 vaccination you do not have to wait any particular length of time before getting pregnant.
- Are you already pregnant and didn’t get vaccinated before you got pregnant? If so, we recommend the vaccination from 12 weeks of pregnancy (i.e. from the 2nd trimester). In principle, it is also possible to get vaccinated at an earlier stage of pregnancy.
  ➔ If a vaccine is unknowingly administered in the first trimester, this is not a cause for concern. There are no known negative effects on the embryo and no increased risk of miscarriage. Some countries recommend it in the first weeks of pregnancy (UK, United States).

**Vaccination after a confirmed coronavirus infection**
- If you have already tested positive for coronavirus.
  ➔ Vaccination is also recommended in this case to ensure optimal and long-lasting protection.

- If possible, get yourself vaccinated within three months of having been infected. From four weeks after a confirmed coronavirus infection, one dose is usually sufficient. It may be possible to forego the second dose. Exceptions apply for people at especially high risk. Please talk to your doctor. From a medical perspective, vaccination is possible as soon as symptoms have disappeared. If the interval between infection and vaccination is less than four weeks, two doses of vaccine are necessary.

**Important information for after the vaccination**
- Make sure you receive a vaccination certificate and keep it somewhere safe.
- Have you already been given your second vaccination appointment? You should have the second vaccination approximately four weeks after the first one.
  The same vaccine must be used for both vaccinations.
- The full protection of the vaccination will have been built up one to two weeks after the second dose.
- Continue to follow the hygiene and social distancing rules, and wear a mask where this is required.
- Please report any severe or unexpected symptoms experienced after the COVID-19 vaccination to a doctor, pharmacist or the vaccination centre.

**Are you experiencing COVID-19 symptoms despite having been vaccinated? Then get tested. The isolation rules also apply to vaccinated persons.**

**Do you have any questions? You should discuss these with the professional vaccinating you.**

This fact sheet does not replace the vaccination discussion with a professional.
What's the purpose of a booster vaccination?
The mRNA vaccines provide very good protection against severe COVID-19 disease requiring hospitalisation. In people aged 65 and over, however, it is emerging that this vaccine protection can decrease over time. So far, it is unclear whether the protection against severe disease decreases in those aged under 65 and for new virus variants. However, protection from mild cases and transmission of the virus declines over time for everybody. This can occur more or less quickly, depending on the variant. The booster vaccination reminds the immune system of the pathogen. Enhanced vaccine protection is restored and prolonged.

The COVID-19 booster vaccination is recommended for the following people:
For the best possible protection against severe disease requiring hospitalisation, a booster is recommended for everyone age 65 and over, and in particular for:
- Those aged 75 or over;
- Those aged 65 or over with chronic diseases that put them at the highest risk of getting a severe case of COVID-19;
- Residents and people being looked after in nursing homes, care homes and day care facilities for older people.

The booster can help increase protection against infection and mild disease and the consequences (e.g. the long-term effects of COVID-19 and incapacity for work) in people under 65 and temporarily reduce the spread of the virus. For this reason the booster vaccination is also recommended for everyone age 16 to 64, in particular for:
- People aged under 65 with chronic diseases with the highest risk of suffering a severe case of COVID-19;
- Residents and persons under 65 years of age in retirement homes, care homes and day-care facilities for senior citizens;
- Healthcare personnel with direct patient contact and carers for people at especially high risk.

The booster vaccination is also recommended for pregnant women from the third trimester onwards and for breastfeeding women.

Timing of booster vaccination:
A booster is recommended from four months after completing the primary vaccination course. Primary vaccination course means
- two doses of an mRNA vaccine; or
- confirmed coronavirus infection + one dose of an mRNA vaccine at least four weeks apart (irrespective of the order).

If a coronavirus infection was confirmed within four months of completing the primary vaccination course, a booster is recommended four months after this infection. If the completion of the primary vaccination course and infection are more than four months apart, the infection counts as a booster and no further vaccination is generally needed.

Vaccine and dose for booster vaccination:
For the booster vaccination the Pfizer/BioNTech vaccine is approved for anyone aged 16 and over; the Moderna vaccine for anyone aged 18 and over. In principle, the same vaccine should preferably be used for the booster as for the primary vaccination course. The other mRNA vaccine can be used. If different mRNA vaccines were used for the primary vaccination course, either of the vaccines can be administered for the booster.

As for the primary vaccination, the recommendation is for the Pfizer/BioNTech vaccine to be favoured for vaccinating those under 30.

For the Pfizer/BioNTech vaccine, the same dose is administered for the booster as for the primary vaccination course. For the Moderna vaccine, half a dose is administered for the booster.

Recommended off-label use of vaccines
The mRNA vaccines are authorised by Swissmedic for a booster from six months after the primary vaccination course. However, the FCV and the FOPH recommend the booster vaccination from as early as four months after the primary vaccination course. A booster between four and six months after the initial immunisation is therefore a recommended ‘off-label’ use of vaccines, i.e. use of a vaccine outside of its authorised indication. Off-label use is generally permitted if the recommendations take account of the latest scientific evidence, and the patient has been informed accordingly and has given their consent.

Another recommended off-label use is if a different vaccine is used for the booster than for the initial immunisation.

Do you have any questions? You should discuss these with the professional vaccinating you.
This fact sheet does not replace the vaccination discussion with a professional.