

# Frequently Asked Questions

## **What vaccine for COVID-19 is currently available?**

Both the Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines are now available. Both vaccines have been shown to be safe and offer high levels of protection, and have been given regulatory approval by the MHRA.

The Government has in principle secured access to seven different vaccine candidates, across four different vaccine types, totalling over 357 million doses. This includes:

- 40 million doses of the BioNTech/Pfizer vaccine
- 100m doses of the Oxford/AstraZeneca vaccine
- 17 million doses of the Moderna vaccine, which has been approved by the MHRA but is not expected to be delivered to the NHS until Spring.

## **What about the Moderna vaccine?**

### **Why is this available in the USA but not here?**

The MHRA have now decided – after extensive assessment – that the Moderna vaccines are safe and effective. The Government provisionally ordered several million doses of this vaccine ahead of it being approved, but we don't expect Moderna to be able to make these available until Spring 2021.

## **Will the vaccines work with the new strains?**

There is no evidence currently that the new strains will be resistant to the vaccines we have, so we are continuing to vaccinate people as normal. Scientists are looking now in detail at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective.

## **Should people who have already had Covid or are suffering from 'Long Covid' get vaccinated?**

Yes, if they are in a priority group identified by JCVI. The MHRA have looked at this and decided that getting vaccinated is just as important for those who have already had COVID-19 as it is for those who haven't, including those who have mild residual symptoms. Where people are suffering significant ongoing complications from Covid they should discuss whether or not to have a vaccine now with a clinician.

## **Why are you postponing second doses?**

The [UK Chief Medical Officers have agreed](#) a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection after two weeks – 89% for the Pfizer/BioNTech vaccine and 74% for the Oxford/AstraZeneca vaccine.

This decision will allow us to get the maximum benefit for the most people in the shortest possible time and will help save lives.

Getting both doses remains important so we would urge people to return for it at the right time.

### **Why are healthcare workers amongst the first groups to receive the vaccine?**

The JCVI have put patient-facing health and social care staff into a priority group because of their heightened risk of exposure to the virus.

The NHS is experienced in vaccinating hundreds of thousands of staff quickly and safely – we do it every year for the flu vaccine – and all local NHS employers will be responsible for ensuring that 100% of eligible staff have the opportunity to take it up over the coming weeks and months.

### **How do healthcare workers get the vaccine?**

The NHS will offer vaccinations using different models. For healthcare workers, most will get vaccinated either at their own work or a local hospital.

### **Which healthcare workers are being prioritised?**

Some staff have been vaccinated to avoid doses going to waste, and employers have been identifying those who will benefit most – either due to medical conditions or the environment in which they work.

Frontline health and social care workers at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment, are considered of higher priority for vaccination than those at lower risk. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify such individuals and should use these as the basis for prioritising access to vaccines.

### **Why are Black Asian Minority Ethnic (BAME) groups not being prioritised?**

There is clear evidence that certain BAME groups have higher rates of infection, and higher rates of serious disease and mortality. The reasons are multiple and complex.

There is no strong evidence that ethnicity by itself (or genetics) is the sole explanation for observed differences in rates of severe illness and deaths. What is clear is that certain health conditions are associated with increased risk of serious disease, and these health conditions are often overrepresented in certain Black, Asian and minority ethnic groups.

Prioritisation of people with underlying health conditions will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

Tailored local implementation to promote good vaccine coverage in Black, Asian and minority ethnic groups will be the most important factor within a vaccine programme in reducing health inequalities in these groups.

The NHS will provide advice and information at every possible opportunity, including working closely with BAME communities, to support those receiving a vaccine and to anyone who has questions about the vaccination process.

Throughout the pandemic increasing attention has been given to reducing health inequalities and we have invested more than £4 million into research into COVID-19 and ethnic disparities so that we can go further.

Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify individuals at higher risk of contracting the virus and/or experiencing serious illness if they do. These risk assessments include factors such as ethnic background, and should be used as the basis for prioritising access to vaccines for staff over the coming weeks.

### **How long does the vaccine take to become effective?**

The MHRA have said these vaccines are highly effective, but to get full protection people need to come back for the second dose – this is really important.

To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second dose of both the OxfordAstraZeneca and the Pfizer/BioNtech vaccine should be scheduled up to 12 weeks apart.

Full protection kicks in around a week or two after that second dose, which is why it's also important that when you do get invited, you act on that and get yourself booked in as soon as possible. Even those who have received a vaccine still need to follow social distancing and other guidance.

### **Why is it important to get your COVID-19 vaccination?**

If you're a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work.

Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for. The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

### **Is it mandatory, and what happens if healthcare workers don't want the jab?**

There are no plans for COVID-19 vaccines to be compulsory. Just as they do with the winter flu vaccine, local NHS employers will be working hard to ensure 100% of staff are able to get vaccinated, and that any concerns that staff have are answered. We are confident that the vast majority of our staff – as they do every year for the flu vaccine – will choose to protect themselves by getting the vaccine.

### **Is the vaccine vegan/vegetarian friendly?**

There is no material of foetal or animal origin, including eggs, in either vaccine. All ingredients are published in healthcare information on the MHRA's website.

For the Pfizer/BioNTech vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

### **Will healthcare workers need to pay for the vaccine?**

No, the COVID-19 vaccination is only available through the NHS to eligible groups and it is a free vaccination.

### **Who cannot have the vaccine?**

People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated.

The MHRA have updated their guidance to say that pregnant women and those who are breastfeeding can have the vaccine but should discuss it with a clinician to ensure that the benefits outweigh any potential risks.

### **Can I go back to work after having my vaccine?**

Yes, you should be able to work as long as you feel well. If your arm is particularly sore, you may find heavy lifting difficult. If you feel unwell or very tired you should rest and avoid operating machinery or driving.

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. However, you will need to continue to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

### **How effective is the COVID-19 vaccine?**

The MHRA have said this vaccine is highly effective, even with one dose, but to get full protection people need to come back for the second dose – this is really important.

Full protection kicks in around a week or two after that second dose, which is why it's also important that when you do get invited, you act on that and get yourself booked in as soon as possible.

### **Is the NHS confident the vaccine will be safe?**

Yes. The NHS would not offer any COVID-19 vaccinations to the public until it is safe to do so. The MHRA, the official UK regulator authorising licensed use of medicines and vaccines by healthcare professionals, has said these vaccines are safe and highly effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

### **What is the evidence to show the vaccine is safe for BAME communities?**

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

There is no evidence either of the vaccines will work differently in different ethnic groups.

### **How was the vaccine developed so quickly?**

Medicines, including vaccines, are highly regulated – and that is no different for the approved COVID-19 vaccine. There a number of enablers that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines:

1. The different phases of the clinical trial were delivered to overlap instead of running sequentially which sped up the clinical process
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial
3. Clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

### **How are you raising awareness of the vaccine with the NHS workforce?**

The Cabinet Office has developed a campaign to raise awareness of the vaccine with the public and health and social care staff. This includes specific engagement with BAME communities and workforce.

### **I'm currently ill with COVID-19, can I get the vaccine?**

People currently unwell and experiencing COVID-19 symptoms should not receive COVID-19 vaccine until they have recovered.

### **Do people who have already had COVID-19 get vaccinated?**

Yes, they should get vaccinated. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody so people who have had COVID-19 disease (whether confirmed or suspected) can still receive COVID-19 vaccine.

### **Are there any known or anticipated side effects?**

These are important details which the MHRA always consider when assessing candidate vaccines for use.

For these vaccines, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the tens of thousands of people involved in trials.

Very common side effects include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- feeling tired
- headache
- general aches, or mild flu like symptoms
- Although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection.
- You can take the normal dose of paracetamol (follow the advice in the packaging) and rest to help you feel better. Do not exceed the normal dose.

These symptoms normally last less than a week. If your symptoms seem to get worse or if you are concerned, call NHS 111. If you do seek advice from a doctor or nurse, make sure you tell them about your vaccination (show them the vaccination card) so that they can assess you properly.

You can also report suspected side effects of vaccines and medicines online through the Yellow Card scheme or by downloading the Yellow Card app.

All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

More information on possible side effects can be found at <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

### **How many doses of the vaccine will be required and when?**

You are required to have two doses of the COVID-19 vaccine, up to 12 weeks apart. You will get a good level of protection from the first dose but will not get maximum protection until at least 7 to 14 days after your second dose of vaccine.

### **I have had my flu vaccine, do I need the COVID-19 vaccine as well?**

The flu vaccine does not protect you from COVID-19. As you are eligible for both vaccines you should have them both, but normally separated by at least a week.

### **Will the COVID-19 vaccine protect me from flu?**

No, the COVID-19 vaccine will not protect you against the flu. If you have been offered a flu vaccine, please try to have this as soon as possible to help protect you, your family and patients from flu this winter.

### **Will I still need to follow infection control and testing measures?**

Yes. The vaccine cannot give you COVID-19 infection, and 2 doses will reduce your chance of becoming seriously ill. No vaccine is completely effective and it will take a few weeks for your body to build up protection. So, you will still need to follow the guidance in your workplace, including wearing the correct personal protective equipment and taking part in any screening programmes.