

## COVID-19 Vaccine – Further Information

This document was updated on 1 February 2021.

For the latest information on the community vaccination programme in Derby and Derbyshire, please see the bulletin we produce and publish [here](#).

### Vaccines, vaccine safety and effectiveness

#### Why vaccines are important

- Vaccines are the most effective way to prevent infectious diseases.
- Vaccines save lives. After clean water, vaccination is the most effective public health intervention in the world.
- Vaccination is the most important thing we can do to protect ourselves and our children against ill health. Vaccines prevent up to 3 million deaths worldwide every year.
- Vaccines are the only way to eradicate disease. We have eradicated smallpox and are near to eradicating polio, both through using vaccines.
- Measles vaccination alone has prevented 20 million measles cases and 4,500 deaths in the UK.
- Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once a vaccine has trained your immune system to know how to fight a disease, it can often protect you for many years.
- Neither HIV nor malaria have vaccines, which shows just how challenging the process of developing a vaccine can be.

#### How vaccines work

To create a vaccine for a disease, the germ which causes it is weakened, or completely inactivated so that it cannot cause the disease in question. When this weakened or 'dead' germ is introduced to the immune system, it trains the immune system to recognise the disease and fight it off if you come into contact with it in the future.

Vaccines are now safer than ever before. Any vaccine must first go through the usual rigorous testing and development process and be shown to strict standards of safety, quality and effectiveness before it can be deployed.

#### What is the government doing about the spread of disinformation?

False information about COVID-19 vaccines could cost lives. The government is working with health experts to provide information and advice at every possible opportunity. The Government's Counter Disinformation Unit, led by DCMS works to tackle disinformation and misinformation relating to COVID-19. The Unit works closely with social media platforms to help them identify and take action to remove

incorrect claims about coronavirus, and to promote authoritative advice and information.

The Government published the Full Government Response to the Online Harms White Paper consultation in December 2020, which sets out new expectations on companies to keep their users safe online. The new laws will have robust and proportionate measures to deal with disinformation that could cause significant physical or psychological harm to an individual, such as false information about Covid-19 and COVID-19 vaccines.

We have developed the [SHARE checklist](#) which aims to increase audience resilience by educating and empowering those who see, inadvertently share and are affected by false and misleading information. The checklist provides the public with five easy steps to identify false content, encouraging users to stop and think before they share content online. We have also partnered with the University of Cambridge to create a game called "[Go Viral!](#)". Our aim is to build the public's resilience to false information, mitigating the risk of undermining the uptake of Covid-19 vaccines, treatments and diagnostics.

### **What vaccines for COVID-19 are currently available?**

Following extensive trials, two safe and effective vaccines for COVID-19 have been approved by regulators and are now available. A third vaccine (Moderna) has been approved and will be available in the spring.

Vaccines are now being delivered in hundreds of hospital hubs, local vaccination services and care homes. The NHS is continuing to prioritise those the JCVI and government has decided will benefit the most.

### **Can people choose what vaccine they have? It has been suggested that vaccines could be mixed and matched?**

No. Any vaccines that are available will have been approved because they pass the MHRA's tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from coronavirus.

The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. Now authorised, the AstraZeneca/Oxford vaccine will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.

The Government's Vaccine Taskforce keeps its approach under review, ensuring the UK is in the strongest position to protect people. The science is uncertain about how mixing vaccines could produce a better immune response, so trials and testing will continue to assess and test vaccine responses.

### **In rare cases can the Pfizer/BioNTech and AstraZeneca/Oxford vaccine be mixed and matched?**

We do not recommend mixing the COVID-19 vaccines – if your first dose is the Pfizer vaccine you should not be given the AstraZeneca vaccine for your second dose and vice versa. However, there may be extremely rare occasions where the

same vaccine is not available, or where it is not known what vaccine the patient received.

Our guidance is very clear that every effort should be made in these instances to give the same vaccine to the patient, but where this is not possible it is better to give a second dose of another vaccine than not at all. This is a reasonable measure on a very exceptional basis, when the alternative is to leave someone with an incomplete course – which is the greater concern, especially if the individual is likely to be at immediate high risk or is considered unlikely to attend again.

In these rare circumstances, as both vaccines are based on the spike protein, it is likely the second dose will help to boost the response to the first dose. While there is no evidence on the interchangeability of the COVID-19 vaccines at this time, this is a pragmatic and scientific approach agreed by many scientists and vaccine experts, including the UK's Deputy Chief Medical Officer.

### **How was the Covid-19 vaccine developed so fast?**

Vaccine technology and the technological approaches to making vaccines are getting better and better and we couldn't have done it in this timeframe if we went back to the 2009 pandemic and we had a new virus about which we knew very little. We're in a different place today because of the technology.

It was very clear that it was a global public health emergency from the word go and governments were prepared to put in lots of funding to manufacturers, without any guarantee of success, but hoping that they would find a solution.

Manufacturers knew this had to be a straight run through; they didn't have time for investment decisions and pausing or thinking about a commercial market at the end of it. It had to happen with real urgency.

But the vaccine trials have been just the same as normal vaccine trials. Phase one, phase two and phase three. Where time has been saved is by recruiting participants in advance, so at the moment the study protocol is in place, the Ethics Committee is in place, so are the vaccine trial participants – which speeds up the process. And that happened at phase one, phase two and phase three and therefore things ran very fast.

### **How was the UK able to approve the Pfizer/BioNTech and Oxford/AstraZeneca vaccine more quickly than other countries? What has been compromised?**

Public safety has been and continues to be the Government's top priority. No vaccine would be authorised for supply in the UK unless it meets high standards of safety, quality and effectiveness.

Following a series of rigorous clinical trials, experts at the Medicines and Healthcare products Regulatory Agency have concluded that both the Pfizer/BioNTech and the Oxford/AstraZeneca vaccines have met its strict standards of safety, effectiveness and quality.

The MHRA has already expressed that scientific rigour has been followed according to strict guidelines, and the vaccine has only been approved after passing these standards. The MHRA is recognised across the world for its high standards and professionalism.

The Medicines and Healthcare products Regulatory Agency (MHRA) is a world leader in its field and followed rigorous international standards in its assessment of the Pfizer/BioNTech and Oxford/AstraZeneca vaccine to make sure it meets strict standards of safety, effectiveness and quality.

This has been a rigorous assessment with the rolling review starting in October as soon as data from the clinical trials became available. The MHRA also sought advice from independent experts from the Commission on Human Medicines before authorising the vaccine.

The way in which the MHRA has worked is equivalent to all international standards. The public can be absolutely confident that the standards we have worked to are equivalent to those around the world.

### **Has this outcome only been made possible through Brexit?**

The MHRA is globally recognised for requiring strict standards for quality, and safety in its medicines regulation. They made these vaccines their top priority whilst upholding the very highest safety standards.

Whilst the UK has approved these vaccines first, it maintains strong relations with its EU counterparts, including on the response to this pandemic. We are committed to strengthening our collaboration with the EU outside of the joint procurement initiative, which includes collaborating on vaccine development, distribution and manufacturing.

### **How can people be confident there won't be long term side effects?**

Every single vaccine authorised for use in the UK has been authorised by the MHRA and the three components of authorisation are a safety assessment, an effectiveness assessment and a manufacturing quality assessment.

### **When will the Moderna vaccine be available in the UK?**

On Friday 8 January, the Moderna vaccine became the third Covid vaccine to be approved for use in the UK. We expect supplies of this vaccine to arrive in the spring.

### **How will the Moderna vaccine be deployed?**

When doses are available for deployment, the Moderna vaccine will become available through the COVID-19 immunisation programme, which is already successfully deploying doses of the Pfizer/BioNTech and Oxford-AstraZeneca vaccines throughout the UK to those most at risk of COVID-19.

### **Should I contact my GP or hospital to arrange getting the COVID-19 vaccination?**

No. When it is the right time people will receive an invitation to come forward. For most people this will be a letter, either from their GP or the national NHS. This letter will include all the information you will need to book appointments, including your NHS number. We know lots of people will be eager to get protected but we are asking people not to contact the NHS to get an appointment until they get their letter.

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

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

**What about people who are immunocompromised who can't benefit from a vaccine?**

The Government is exploring all avenues available to us, to ensure that a treatment for COVID-19 is found.

Treatments containing COVID-19 neutralising antibodies have been secured from AstraZeneca to support immunocompromised people who will not be able to benefit from a COVID-19 vaccine.

The antibody treatment currently being developed by AstraZeneca is a combination of two monoclonal antibodies and has the potential to be given as a preventative option for people exposed to the virus, and to treat and prevent disease progression in patients already infected by the virus if successful.

**Why do the JCVI's recommendations focus on reducing people's individual risk and not stopping transmission?**

The most important thing is that we protect those who are most at risk of dying. At the start of any vaccination programme, we won't know the impact of the vaccine on transmission and so we will vaccinate those who are at highest risk of serious illness and death. This includes older people and care home residents.

As vaccination programmes roll out globally, our understanding of the safety and effectiveness of each vaccine will increase, and these data will be used to develop advice on the next phase of the programme.

**When will you know if the vaccines prevent transmission?**

Public Health England will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission. It is likely to be some time until we have sufficient data to provide a clear picture of how vaccination impacts on onward transmission.

**How long will the vaccines protect people for?**

Public Health England will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission. It is likely to be some time until we have sufficient data to provide a clear picture of how long the protective effect of vaccination lasts.

### **Why is vaccination not recommended for children?**

Almost all children with COVID-19 have no symptoms or mild disease and the vaccines not yet been tested in younger children. The Committee advises that only children at very high risk of catching the virus and serious illness, such as older children with severe neuro-disabilities in residential care, should be offered vaccination.

### **Is the vaccine safe for people with pre-existing conditions?**

The trials have involved people with chronic underlying conditions deliberately, and they have involved people from very broad age ranges and quite a lot of people in the elderly bracket. The JCVI have looked at this, there's no indication that there should be any difficulty in giving it to people with chronic underlying conditions.

The JCVI has picked out, not just by age, but people 18 to 65 with at-risk conditions and the reason for that is that they are at extremely high risk from coronavirus compared with the general population.

### **How do you monitor for problems, such as injuries or allergic reactions?**

Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved by the independent regulator, the MHRA, once it has met robust standards of effectiveness, safety and quality. Right through the tests and the trials, teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available.

The independent expert working group have supported MHRA proposals for a proactive safety monitoring strategy. This comprises the Yellow Card scheme and a special active monitoring programme which we are inviting people to join.

Approved COVID-19 vaccines will be monitored continuously after roll out by the MHRA and Public Health England to ensure that the benefit of the vaccines continues to outweigh any risk.

You can report suspected side effects to COVID-19 vaccines through the Coronavirus Yellow Card reporting portal <https://coronavirus-yellowcard.mhra.gov.uk/>

The MHRA will work in collaboration with partners in the health system to rapidly assess all available safety data in real time and communicate any emerging issues, as necessary.

### **Are there any side effects?**

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. These are important details which the MHRA always consider when assessing candidate vaccines for use. For the Pfizer/BioNTech vaccine, 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 over 43,000 people involved in trials. 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.

### **If there are any significant medical incidents, could rollout be halted?**

Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved once it has met robust standards of effectiveness, safety and quality. Right through the tests and the trials, teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available.

Once a vaccine has been rolled out, PHE will continue to closely monitor safety data. In the rare instance of a medical incident, DHSC will review the available data. The government are clear that all vaccines being rolled out must continue to meet high standards of safety and efficacy.

### **Can pregnant women have the Pfizer/BioNTech or Oxford/AstraZeneca vaccines?**

The JCVI has amended its previous precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding. The new advice sets out that vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed.

The Pfizer/BioNTech vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the mother and baby. Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. Women who are breastfeeding can also be given the vaccine.

Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman's clinical need for immunisation against COVID-19. The UK Chief Medical Officers agree with this advice.

### **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.

### **Will unpaid carers be included in the JCVI prioritisation?**

The Joint Committee on Vaccination and Immunisation (JCVI) have advised that the vaccine should be prioritised for care home residents and staff, followed by people over 80 and health and social care workers – including home carers. We recognise

the vital role unpaid carers play in caring for vulnerable individuals and we will provide further details on their access to the vaccine in due course.

### **How long does immunity last for after the vaccination?**

COVID-19 remains a new infection and close observation by experts continues. At this stage it is unclear whether the vaccine will need to be given yearly, like the flu vaccine, or less frequently.

Trials for length of vaccine protection continue and will also inform how vaccination for COVID-19 is recommended in the future.

### **Does the vaccine contain the 'live' virus? Can it give me or anyone around me COVID-19?**

No. The vaccines are designed to produce an immune response to just a small part of the virus, the spike protein. This is the part of the virus that allows it to enter into human cells and cause infection. No whole COVID-19 virus or live virus is used in the vaccines. This means the vaccine cannot give you COVID-19 and does not make you infectious after you have had the vaccine. This means it is also safe for people with a suppressed immune system.

### **Do you have to have a test for COVID-19 before you have a vaccine?**

No. You are not required to have a test prior to your vaccination, however if you have any symptoms of COVID-19 infection you must follow government guidelines and must not attend the appointment. You should follow advice you have been given to re-book your appointment.

### **Does the vaccine cure COVID-19 if you are positive?**

You should not have the vaccine if you have had confirmed COVID-19 infection in the previous 28 days unless you are advised by your doctor that it is suitable for you to do so.

### **Are there any non-intramuscular options non-injection options such as a nasal spray or pill?**

Not at this time.

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

Yes, if they are in a priority group identified by the Joint Committee on Vaccination and Immunisation (JCVI). We don't yet know how long immunity lasts after having been infected with COVID-19, so getting vaccinated is just as important for those who have already had it as it is for those who haven't.

### **If I have antibodies do I need a vaccine?**

Yes; it is unclear how long antibodies produced following infection may provide protection and whether the protection is as effective as that provided by vaccination. It is therefore recommended you have a vaccine if offered one.

**Can people pick which vaccine they want?**

No. The vaccine given will be based on availability, except for when a patient's medical history means a specific vaccine must be used. Any vaccines that are available will have been approved by the medicine regulatory authorities so you should be assured that whatever vaccine you are offered, it is safe and effective.

**Once vaccinated can people stop wearing a mask/social distancing?**

No. While the vaccination prevents the development of the infection in around 90-95% of people, there is still a chance of contracting the virus or transmission to others. It is therefore very important to continue wearing a mask, social distancing and practicing good hand hygiene.

**How will GPs be told who to vaccinate?**

The JCVI will set criteria on an ongoing basis for who should get the vaccine when. GPs will be able to call in or go out to patients based on this, using their patient records. A national invite and recall system, drawn from GP patient records, may also be used.

**How many people need to receive the Covid-19 vaccine in JCVI's first phase?**

The JCVI recommendations of vaccination by age and risk factors is estimated to cover over 25 million people in phase 1. The vaccination of the top two cohorts is estimated to cover over 6 million people.

**Why aren't BAME groups being prioritised?**

There is clear evidence that certain Black, Asian and minority ethnic (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, we have prioritised protecting the most vulnerable in our society and have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

**Why are care home workers prioritised over NHS staff?**

There is evidence that infection rates are higher in residential care home staff, than in those providing home care or in healthcare workers. Care home workers are therefore considered a very high priority for vaccination.

**Why aren't you vaccinating economically active people? Surely that would be a good approach to get the economy back up and running again?**

The full impact of vaccination on infection and transmission of the virus will not become clear until a large number of people have been vaccinated.

The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise Government on which vaccine/s the United Kingdom should use and provide advice on prioritisation at a population level.

The Committee have advised that the first priorities for any COVID-19 vaccination programme should be the prevention COVID-19 mortality and protection of health and social care staff and systems. Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.

Given the current epidemiological situation in the UK, all evidence indicates that the best option for preventing morbidity and mortality in the initial phase of the programme is to directly protect persons most at risk of morbidity and mortality.

**Why no priority for certain occupations?**

The JCVI have considered evidence on the risk of exposure and risk of mortality by occupation. Under the priority groups advised, those over 50 years of age, and all adults in a risk group, would be eligible for vaccination within the first phase of the programme.

This prioritisation captures almost all preventable deaths from COVID-19, including those associated with occupational exposure to infection. As such, JCVI does not advise further prioritisation by occupation during the first phase of the programme.

**Are you going to prioritise giving teachers the vaccine so schools can reopen?**

We are following the advice from independent experts on the JCVI on which groups of people to prioritise for Covid-19 vaccines.

The Committee advised the immediate priority should be to prevent deaths and protect health and care staff, with old age deemed the single biggest factor determining mortality.

We understand this is a challenging period for many, and the NHS is working hard to vaccinate those most at risk as soon as possible.

**Will key workers, such as teachers and taxi drivers be offered the vaccine?**

Not at this stage unless they fall into one of the priority groups. The priority groups are reviewed by the Joint Committee on Vaccines and Immunisations (JCVI) and, if it is deemed necessary, other groups may also be invited for a vaccination.

**Who is being offered a COVID-19 vaccine currently?**

The NHS is currently in the process of offering the vaccine to people aged 80 and over, those who live or work in care home, and frontline health and social care staff. When everyone in these groups has had the chance to get their first dose of the vaccine the programme will expand to other people that are at risk either due to their age group or medical condition in line with the advice from the Joint Committee on Vaccinations and Immunisations.

Read the latest JCVI advice on priority groups for the COVID-19 vaccination on the [GOV.UK website](#).

**Will people who have had their vaccination through a hospital, GP or care home still receive a letter to book through the national system?**

This may happen in a small number of cases. If people have had their first vaccination through a hospital or GP service, or are a care home residents, this will be noted through the national system. In some cases, the letter may have been printed to be sent before the national system is updated. This is explained in the booking letter. If you have already had your first dose, please do not book through the details included on the letter.

**When will clinically extremely vulnerable people be offered a vaccine?**

People classed as clinically extremely vulnerable should have already been contacted should have already received a letter from the NHS. If you have not been contacted and think you should have been, please speak to your GP or hospital care team. People defined as clinically extremely vulnerable are listed on the [GOV.UK website](#).

As one of the top four priority groups, clinically extremely vulnerable people should be contacted for their first vaccine appointment in the coming weeks, with all clinically vulnerable people expected to have been offered a vaccine by February 15.

**If I live with or care for someone who has a vaccine appointment, can I be seen at the same time?**

If you provide unpaid care or live with someone eligible to receive a vaccine, at this time we are not able to also offer you a vaccine. All eligible people will be contacted. If you have not been contacted, please be patient as the vaccine rollout continues. We recognise the vital role unpaid carers play in caring for vulnerable individuals and we will provide further details on their access to the vaccine in due course.

Care home staff are in the highest priority group, and are currently being vaccinated alongside care home residents.

### **Can I pay for a COVID-19 vaccine privately or at a pharmacy?**

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

## **Vaccination ingredients**

### **COVID-19 vaccine ingredients**

The MHRA has confirmed that the COVID-19 Vaccine AstraZeneca and Pfizer/BioNTech COVID-19 vaccine do not contain any components of animal origin.

A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found at point 2 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).

A full list of ingredients for the excipient composition of the vaccine can be found at point 6.1 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).

A full list of ingredients for the qualitative and quantitative composition of the vaccine and a full list of the excipient composition of the vaccine can be found at point 6 in the [Information for Recipients of COVID-19 Vaccine AstraZeneca](#).

### **What engagement has DHSC had with faith/vegetarian/vegan groups on vaccine components?**

We have met with faith leaders and the Moral and Ethical Advisory Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about potential COVID-19 vaccines candidates.

## **Vaccinating healthcare staff**

### **How will staff be offered the COVID-19 vaccine?**

All front line staff will be offered the vaccine. Local prioritisation has been agreed by all the NHS Trusts in Derby and Derbyshire to ensure those most at risk and caring for the most at risk patients are offered the vaccine first. If you are a health or social care worker and cannot receive the vaccine at your place of work, alternative options will be offered.

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

There are no plans for a COVID-19 vaccine to be compulsory. Just as 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 and their patients by getting the vaccine.

## Patient vaccinations

### How are patients invited for a vaccination?

When it is the right time people will receive an invitation to come forward. For most people this will be in the form of a letter either from their GP or the national booking system; this will include all the information they need to book their appointments, including their NHS number.

We know lots of people will be eager to get protected but we are asking people not to contact the NHS to get an appointment until they get their letter.

### Beware of fraudulent activity

Action Fraud is warning the public to remain vigilant as criminals begin to take advantage of the roll out of the COVID-19 vaccine to commit fraud.

In the UK, coronavirus vaccines will only be available for free via the National Health Services of England, Northern Ireland, Wales and Scotland. You can be contacted by the NHS, your employer, a GP surgery or pharmacy local to you, to receive your vaccine. Remember, the vaccine is free of charge. At no point will you be asked to pay.

- The NHS will never ask you for your bank account or card details.
- The NHS will never ask you for your PIN or banking password.
- The NHS will never arrive unannounced at your home to administer the vaccine.
- The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.

If you receive a call you believe to be fraudulent, hang up. If you are suspicious about an email you have received, forward it to [report@phishing.gov.uk](mailto:report@phishing.gov.uk)

Suspicious text messages should be forwarded to the number 7726 which is free of charge.

If you believe you are the victim of a fraud, please report this to Action Fraud as soon as possible by calling 0300 123 2040 or visiting [www.actionfraud.police.uk](http://www.actionfraud.police.uk)

### How do GPs know who to vaccinate?

The JCVI set criteria on an ongoing basis for who should get the vaccine when. GPs will be able to call in or go out to patients based on this, using their patient records. A national invite and recall system, drawn from GP patient records, may also be used.

You can find out more about when you are likely to receive your vaccination in our document: When will I get my COVID-19 vaccine? (Published: 13 January 2021). The document is available to [download here](#).

### **Should people who have already had 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.

### **Is one vaccine easier to deliver than another?**

All vaccines will present different logistical requirements, but the NHS has been planning for all eventualities, and people should be assured that the vaccine they will be offered is available because it has been assessed and approved by experts as being safe and effective.

### **How are second appointments being booked?**

If you have had your first dose already through a hospital or GP services, the local NHS will contact you about getting your second.

If you have received a letter from the national booking service and you have already had your first dose of the vaccination, please ignore the letter. This service will require you to book appointments for both doses of the vaccination at the same time.

### **I have received a letter but I have already booked or attended an appointment at a local GP service. What should I do?**

If you already have a vaccination booked through your GP, please ignore the letter. There is nothing more you need to do.

### **I have the letter but don't understand how I book my appointment?**

If you have received a letter from the national booking centre inviting you to book your Covid-19 vaccination you can do this online or on the phone using the details on the first page of the letter. You will need your name, date of birth and NHS number to book. Your letter will state your NHS number in the top right corner. At the time of booking you will be asked to book your first vaccination and your follow up vaccination, which will be around 12 weeks later.

Letters sent by the national booking team are different to letters your GP may also send. If you are trying to book into a mass vaccination centre, please do not contact your GP surgery, as they will be unable to book you into the mass centre. Please use the details in the letter to book your appointment directly, either online or by phone.

### **I've received a letter but someone I live with who is in the same priority group hasn't yet. Can we get vaccinated together?**

The NHS is inviting eligible people as supplies of the vaccine allow. If you have received a letter and live with someone who is also eligible but has not been contacted, it is likely that they will be contacted shortly after. You can wait and book at the same time if you would like to.

### **How do I cancel my appointment?**

If your appointment is at a mass vaccination site, please call 119 if you need to reschedule or change your appointment.

For appointments at GP practices please use the contact details provided on your appointment notification.

### **How will housebound people be vaccinated?**

People who are housebound will be contacted by their local GPs about alternative ways to get vaccinated. This will include home visits.

### **I have been shielding and working from home – can I come back to work once I have been vaccinated?**

The vaccine is likely to make an important contribution towards protecting you from COVID-19. At present, government advice is that even if you have had both doses of the vaccine, you should continue to follow shielding advice until further notice, as they continue to assess the impact of vaccination among all groups.

### **Can I have the vaccine safely if I am allergic to penicillin?**

Yes. Allergy to penicillin is not listed as a clinical reason to avoid having either the Pfizer-BioNTech or the AstraZeneca-Oxford Covid-19 **Will vaccination teams have regular coronavirus testing** vaccine.

However, when you are invited for your Covid vaccine, you should discuss your allergies with healthcare staff to make sure there is no other reason to avoid it

### **Do I still have to follow social distancing rules if I've had the vaccine?**

Yes, this is really important. If someone is vaccinated they should still follow social distancing rules to protect themselves and others.

That's because no vaccine is 100% effective and it is not yet clear if immunisation will stop people catching and spreading coronavirus, even though it protects against severe illness and death.

It's also worth remembering that it takes a few weeks after vaccination before you are protected. For the Covid vaccines currently available in the UK, two doses, spaced weeks apart, are recommended to give the best protection.

However, you can have close physical contact with someone you have formed a support bubble with.

Here's some further information on [what you can expect after vaccination](#).

### **Will the vaccine last for the rest of your life, or will you have to have a vaccine every 12 months, like the flu jab?**

It's not clear yet how long immunity might last after vaccination. It is possible that people will need to be vaccinated annually or every few years to have protection.

### **If you're given one type of vaccine does that mean you have to stick with that vaccine forever?**

The Pfizer/BioNTech vaccine is rapidly being rolled out across the UK, starting with the highest priority groups. The AstraZeneca/Oxford vaccine and other candidates will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme.

More evidence is needed to understand whether a seasonal vaccination or booster dose might be needed. The vaccines people are offered will be appropriate for them. This decision is based on clinical judgement supported by the advice of Joint Committee on Vaccination and Immunisation. This will take into account individual vaccine characteristics, which may mean they are more suitable for some groups of people, and not others – for example, some may be less well tolerated or effective in certain age groups

### **What has changed to make 12 weeks safe for the dose interval when it wasn't last week?**

Throughout this global pandemic we have always been guided by the latest scientific advice. Having studied evidence on both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines the JCVI has advised that we should prioritise giving as many people in at-risk groups their first dose, rather than providing two doses in as short a time as possible.

The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services. This is because the evidence shows that one dose of either vaccine provides a high level of protection from Covid-19.

For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection

The NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. Everyone will still receive their second dose and this will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.

The JCVI's independent advice is that this approach will maximise the benefits of both vaccines allowing the NHS to help the greatest number of people in the shortest possible time. It will ensure that more at-risk people are able to get meaningful protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.

### **Are you changing the interval because we don't have enough vaccine?**

No. The decision to update the dosing interval is based on advice from the JCVI and MHRA and is designed to maximise the impact of the programme and save lives

### **Should both vaccines be given in two doses?**

The MHRA authorisation includes conditions that the Oxford/AstraZeneca vaccine should be administered in two doses, with the second dose given between 4 and 12 weeks after the first. The MHRA has also clarified that for the Pfizer/BioNTech

vaccine, the interval between doses must be at least 3 weeks (21 days). This also aligns with the EMA position on the Pfizer vaccine.

For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.

### **Does one dose of the vaccine offer protection?**

The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority. This is because one dose of the vaccine offers important protection and we want to reach as many at risk people as possible in order to offer protection until the second dose can be administered.

They have advised that the second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between 4 to 12 weeks following the first dose. The clinical risk priority order for deployment of the vaccines remains unchanged and applies to both vaccines. Both are very effective vaccines.

### **Why are you prioritising the first dose?**

The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.

The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.

Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next 12 weeks.

NHS delivery plans should prioritise delivering first vaccine doses to as many people on the JCVI Phase 1 priority list in the shortest possible timeframe. This will allow the administration of second doses to be completed over the longer timeframes in line with conditions set out by the independent regulator, the MHRA, and advice from the JCVI. This will maximise the impact of the vaccine programme in its primary aims of reducing mortality and hospitalisations and protecting the NHS and equivalent health services.

### **What about people who have already had their 2<sup>nd</sup> dose after 3 weeks? Is this safe? Will they be protected?**

Yes. The updating of the dosing interval is not a safety issue but is designed to maximise the impact of the vaccination programme, as advised by the JCVI.

### **Should the first Oxford/AstraZeneca dose be lower, given efficacy from clinical trials?**

The Committee on Human Medicines, an MHRA advisory committee that advises ministers on the safety, efficacy and quality of medicinal products, did not find any evidence to recommend this dosing regimen.

They concluded that the apparent increased efficacy seen in this approach is more likely to be the result of other differences, such as the dosing interval which was longer in the group given the lower “half” dose.

**What is the science behind the interval change – how effective is it compared to having two doses closer together?**

The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority. At this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.

Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next 12 weeks.

**Surely most vulnerable need more protection – why don’t you give them the two closer together and then prioritise first dose for less vulnerable?**

The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.

The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.

For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.

**Why has this decision only just been taken – we could have vaccinated more people quicker.**

We are following the science and are acting on updated advice from the JCVI, MHRA and UK Chief Medical Officers. The JCVI’s independent advice is that this approach will maximise the benefits of both vaccines. It will ensure that more at-risk people are able to get protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.

**Is it possible to now get a COVID-19 vaccination at one of the large scale vaccination centres? Who can use the new vaccination centres?**

Vaccination centres are being used to vaccinate people in priority groups including health and care staff.

As well as offering additional options, the NHS Vaccine Centres will also help in the NHS's drive to protect its own frontline staff as well as social care workers providing vital support in communities.

### **Why are you asking people to travel so far for a vaccine?**

Vaccination Centres offer a convenient alternative to GP-led and hospital services, for people who live up to a 45-minute drive from one of the new centres.

People do not have to take the appointment if it is too far to travel and too difficult and can wait for a local appointment instead. In line with current restrictions, it is ok for friends or family to drive an elderly friend or relative to get to their vaccination appointments.

### **How can people use the new vaccination centres?**

The NHS will contact you. Please don't contact the NHS to seek a vaccine. When the NHS contacts you, please attend your booked appointments. And whether you have had a vaccine or not, please continue to follow all the guidance to control the virus and save lives – that means staying at home as much as you can, and following the 'hands, face, space' guidance when you can't.

Letters are being sent out to more than 600,000 people aged 80 who live up to a 45 minute drive from one of the new centres, inviting them to book an appointment. The letters will explain how people can book a slot over the phone or online through the national booking service.

The centres are an additional option for people, who can book an appointment at one of the seven centres through the national booking service online or over the phone. If it is not convenient for them, they can instead be vaccinated at one of their local vaccination centres in the coming weeks.

People should wait until they are invited and should not call their GP but use the booking line. If an appointment has already been offered by the GP, people can choose which appointment suits them best.

### **Who will be vaccinating people at the vaccination centres?**

The new services will also be the first to deploy trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme alongside NHS staff, more than 80,000 of who have completed the clinical training needed to administer vaccines so far.

### **How many vaccines will the vaccination centres be able to administer?**

The new vaccine centres will each be capable of delivering thousands of

vaccinations each week, scaling their operations up and down according to vaccine supplies and demand.

### **How big will the workforce be to deliver this vaccine programme?**

The Government and the NHS have also mobilised a workforce of over 80,000 health professionals to help in the delivery of the programme across the different vaccination sites.

Over 200,000 additional members of the public have expressed their interest in helping with the non-clinical elements of the rollout - such as administrative support, logistics, stewards and first aiders. All offers of support have been recorded and individuals will be contacted when they're needed.

### **Are you using volunteers yet?**

The vaccine centres will be the first to deploy trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme. This will be alongside NHS staff - more than 80,000 of whom have so far completed the clinical training needed to administer vaccines.

### **Who is going to be administering these vaccines?**

Recruitment of workforce has focused on those who already have experience in handling vaccinations but may currently work outside of NHS settings, for example, independent nurses or allied health care professionals. Existing schemes such as NHS Bring Back scheme have also been utilised in order to fill roles.

A comprehensive training package has been put together by NHS England and NHS Improvement (NHSE-I), with professional groups and Public Health England (PHE). New vaccinators will have undergone both a comprehensive training programme and competency assessment to ensure they can safely administer vaccines to patients under the clinical supervision of an experienced health care professional. This training will include how to deal with possible adverse reactions to a vaccine.

### **What role will the military have in distributing the vaccine?**

An enormous amount of planning and preparation has taken place across government to be able to quickly roll out the vaccine, including ensuring we have adequate provision, transport, PPE and logistical expertise to do so.

The whole of government is working closely with the NHS to put plans in place to distribute the vaccine, including military planning teams to help coordinate regional and national deployment activity.

The NHS is well prepared to deliver the vaccine and keep pace with supplies as they increase over the coming weeks.

As part of prudent planning, a reserve force of 250 Army medically qualified military personnel has been placed on standby to support this work if needed. The MOD works hard to identify where it can most effectively assist other government departments. The Armed Forces have personnel, including specialist planners, logisticians, and medics ready to support responses to the outbreak however required.

**How many vaccines are you expecting to do?**

This will depend on the number of doses we get, but the NHS aims to vaccinate as many people as safely and quickly as possible.

**Will you have vaccinated all vulnerable people by spring?**

We want to vaccinate as many people as possible as quickly as possible. Deploying a vaccine at this scale is unprecedented, and timing will be subject, in part, to manufacturing timescales and supply.

**How many people have been vaccinated so far?**

Figures on vaccination uptake for the UK will be published on a weekly basis on the [PHE coronavirus data dashboard](#).

**Will you be running vaccine clinics over weekends and bank holidays?**

The NHS will be working hard to ensure the vaccine gets to those who need it, including on weekends and bank holidays – just as other vital services run 365 days a year.

**Is it a postcode lottery on how quickly you will be invited to receive the Covid-19 vaccine?**

The NHS has been working together with local partners to ensure that people are not disadvantaged because of where they live, whether they own a car or if they are not able to get about. This is why the NHS has developed three different models of delivery.

NHS Trusts will provide Hospital Hubs where vaccines can be safely stored and those in the highest priority groups can be vaccinated.

Vaccination centres provide vaccination on a large scale. These sites are in well-connected public venues.

GPs and Pharmacies also provide vaccination services locally in the community.

**When will GP practices and other centres receive vaccine supplies?**

All vaccine sites in Derby and Derbyshire are receiving regular deliveries of COVID vaccines. Eligible patients are being contacted to book an appointment. Supply is expected to increase over the coming weeks.

## Workforce

### **Who gives the vaccination?**

If you have your vaccination at a GP surgery, it will be given by the doctor or the practice nurse.

At Vaccination Centres, the vaccine will either be given by specially trained staff – either existing staff or those recruited specifically for the programme. There are a number of roles within the vaccination programme and these will require different levels of qualifications and experience.

### **Are they qualified? What is the training?**

Public Health England have compiled comprehensive training including injection administration, training on vaccines in general and the specific ones that will be used, and all the mandatory training NHS have to do. Locally, vaccinators will have inductions and orientation and importantly new vaccinators will be supervised and assessed by senior clinicians to ensure both their safety and of course the safety of the people they are vaccinating – just like any other vaccinator.

### **Will you be pulling staff away from other urgent and emergency care?**

Our planning will ensure that there is as little as possible impact on other vital services by drawing on a pool of experienced NHS professionals through the NHS Bring Back Scheme, recruiting new vaccinators from amongst a wider group of healthcare professionals and others who complete training, and using independent Occupational Health providers.

### **Will healthcare staff who have had the COVID vaccine continue to wear PPE?**

Yes, this is really important. All of our infection prevention and control guidance will remain in place for some time yet and all healthcare staff must continue to comply with this, whether they have been vaccinated or not. Nationally, there is also further research being undertaken about whether people will be able to asymptotically transmit the virus once they have had the COVID vaccine. Until we know more about how the vaccination affects the spread of COVID, and until a larger number of people have been vaccinated, it will be necessary to continue with all of the current infection prevention and control measures.

### **Will vaccination teams have regular coronavirus testing, so they don't infect the people they are protecting?**

The people giving the vaccines will be wearing appropriate personal protective equipment (PPE) to help prevent the spread of virus.

Some will also have already been vaccinated themselves, due to their occupation as healthcare providers.

## Lockdown restrictions, tiering, vaccine passports

### **Now that we have two vaccines, can we end restrictions and lockdowns?**

Effective vaccines will be the best way to protect the most vulnerable from coronavirus and the biggest breakthrough since the pandemic began. A huge step forward in our fight against coronavirus, potentially saving tens of thousands of lives.

We will closely monitor the impact of vaccinations on individuals, on NHS pressures and on the spread of the virus. As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to prove the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions.

The full impact on infection rates will not become clear until a large number of people have been vaccinated, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

**Does this make it more likely that we will get back to normal by spring (restrictions loosened)?**

As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to understand the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions.

The full impact on infection rates will not become clear until a large number of people have been vaccinated, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

**Are you introducing vaccine passports?**

We have no plans to introduce immunity passports following this vaccination programme.

**Why are some patients receiving Covid-19 vaccination record cards?**

When patients are vaccinated, they are likely to receive a vaccine record card that notes the date of their vaccination, the suggested date for their second dose and details of the vaccine type and batch.

**Is this a vaccine ID card showing proof of vaccination?**

This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine. It is not intended to be used for any other purpose, or as an immunity certificate. All vaccinations are recorded on the patient's record with their GP.

**Will you make the vaccine compulsory?**

There are no plans to make the Covid-19 vaccine compulsory. The UK operates a system of informed consent for vaccinations.

## **New variants of COVID-19**

A variant of SARS-COV-2 is a version of the virus that has undergone some genetic changes (mutations) and this is a cause for concern. Some mutations may change the characteristics of the virus and how it interacts with humans. There is currently no evidence to suggest that the Pfizer/BioNTech or Astra/Oxford vaccine would not protect people against the new strain but further laboratory work is currently being undertaken as a priority to understand this.

## **Additional sources of information**

<https://www.gov.uk/government/collections/covid-19-vaccination-programme>

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

### **JVCI Prioritisation**

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

### **National booking system**

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>

### **Dr Van-Tam Briefing on COVID-19 Vaccine**

<https://www.bbc.co.uk/sounds/play/p090c7wr>

### **Public Health England – Green Book (published 27/11/20)**

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Information in this document has been provided by NHS England and NHS Improvement, the Department of Health and Social Care and other NHS organisations and whilst every effort has been made to ensure the accuracy of the information provided, you will appreciate that the situation relating to the COVID-19 vaccination programme can change rapidly and so neither Joined Up Care Derbyshire, nor its employees or agents can be held responsible for any inaccuracies or omissions, whether caused by negligence or otherwise as it is not deliberate. All information has been provided in good faith and may be subject to later revision. Where links are provided to external content, Joined Up Care Derbyshire holds no responsibility for such content or accuracy

