

COVID-19 Vaccine Q&A

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About

The COVID-19 vaccination programme has started and will build up steadily in the weeks and months ahead. It will gradually be extended to more and more people.

This Q&A uses information provided by the Department of Health and Social Care and aims to help you understand the programme and answer questions from the public.

Key points

- An effective vaccine will be the best way to protect the most vulnerable from coronavirus and is the biggest breakthrough since the pandemic began.
- **The independent medicines regulator, the MHRA's** have approved the Pfizer/BioNTech vaccine so that it can be given to people in the UK. Other vaccines are in the process of being assessed by the MHRA.
- The Joint Committee on Vaccination and Immunisation (JCVI) have advised that the vaccine first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk.
- The UK has ordered 40 million doses for delivery over the coming months, enough to vaccinate up to a third of the population, and most of the doses are anticipated in the first half of 2021.
- The vaccination programme will build up steadily in the weeks and months ahead and will gradually be extended to more and more people. The vaccine will be given in hospitals, before being carefully rolled out to local vaccination services run by GPs, **pharmacists and practice nurses, and in people's homes and care homes. More than 70 hospitals across the UK began vaccinating patients from Tuesday 8 December.**
- The public have an important part to play to help the NHS deliver the vaccine programme. Key messages include:
 - Please do not contact the NHS to seek a vaccine, the NHS will contact you;
 - When you are contacted, please attend your booked appointments.
- You can support the programme by supporting the COVID-19 Vaccination Campaign
- The full impact on infection rates will not become clear until large numbers 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.

How will the Pfizer COVID-19 vaccine be delivered?

Vaccinations started on Tuesday 8 December.

How many doses of the vaccine will need to be administered?

The vaccine is given in two doses - three weeks apart - and data from clinical trials showed the vaccine is 94 percent effective in protecting people over the age of 65 from coronavirus,

with trials suggesting it works equally well in people of all ages, races and ethnicities. There were also no serious safety concerns reported in the trials.

How quickly is the Pfizer vaccine effective after doses?

Full protection should begin 7-10 days after the second injection.

Where and how will vaccines be administered?

Vaccination to at-risk groups will take place in a range of settings to encourage uptake. This includes administering vaccination to at-risk individuals in their usual place of residence.

The three models of delivery are:

- Hospital Hubs - NHS providers vaccinating staff onsite.
- Local Vaccination Services – Community and primary care-led service based on local and logistical considerations but is likely to include GP practices, local authority sourced buildings or other local facilities, and potentially roving teams if vaccines are transportable in this way.
- Vaccination Centres - Large scale centres such as sports and conference venues set up for high volumes of people.

Who is going to be administering these vaccines?

Recruitment of staff to administer the vaccine has focused on those who already have experience in handling vaccinations.

Who is vaccinating care home residents and staff?

This group is a high priority and so as soon as it is possible for them to do so, GPs and local primary care networks will begin vaccinating care home residents. This is likely to begin before Christmas.

In the first instance we will be working to vaccinate as many care home staff as safely as possible in hospital hubs in the immediate days and weeks, including bringing in staff.

Taking the vaccine into the community and into care homes will come over the following weeks.

Is one vaccine candidate superior to another? Is the Oxford vaccine worse than the Pfizer one?

A vaccine that is proven to be effective is one that will save lives and reduce hospitalisations.

We don't yet know how long people who are vaccinated will be protected from coronavirus or if it prevents transmission. **It's likely the T-cell response**, which is responsible for this longer-term protection, will vary between the different vaccines

Once the Government has more data, we will begin to have a more concrete idea of exactly how these vaccines perform, and how best to use them to save the most lives.

Who will get the vaccine?

Who will be prioritised to get the vaccine?

The Government has been given advice on the groups that should be prioritised for vaccination. These groups are in the following order of priority:

- Residents in a care home for older adults and their carers
- All those 80 years of age and over and frontline health and social care workers
- All those 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals
- All those 65 years of age and over. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- All those 60 years of age and over
- All those 55 years of age and over
- All those 50 years of age and over

The full prioritisation list can be found [here](#)

Should people who have already had COVID-19 get vaccinated?

Yes, if they are in a priority group. 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**.

Why aren't people with an ethnic minority background prioritised?

There is clear evidence that certain Black, Asian and minority ethnic 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 Black, Asian and minority ethnic 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.

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

The Government is exploring all avenues available 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 is vaccination not recommended for children?

Almost all children with COVID-19 have no symptoms or mild disease and the vaccines have 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.

Why is vaccination not recommended for pregnant women? What if I become pregnant between my first and second dose?

These vaccines have not yet been tested in pregnant women and so the Government are taking a highly precautionary approach. Women should not be vaccinated if they may be pregnant or are planning a pregnancy within three months of the first dose.

The Governments vaccine advisors are reviewing this advice as new data is received.

Although the available data does not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. Vaccination should be postponed until completion of pregnancy. If a woman finds out she is pregnant after she has started a course of vaccine, she should complete her pregnancy before finishing the recommended schedule.

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.

Are you introducing vaccine passports?

There are no plans to introduce immunity passports following this vaccination programme.

Will you be running vaccine clinics over Christmas?

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.

Safety and side-effects?

Is the vaccine safe?

There are extensive checks and balances required at every stage of the development of a vaccine, and this is no different for a COVID-19 vaccine. No stages in the vaccine development process are bypassed. All vaccines are tested through three phases of clinical trials to ensure they meet the gold standard. These vaccines have been through phase 1, phase 2 and phase 3 clinical trials just like ordinary vaccines. The Pfizer vaccine clinical trial size was around 45,000 people. These are very, very big studies.

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 this 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.

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

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, including older people. The Government has been advised that there is no indication that there should be any difficulty in giving it to people with chronic underlying conditions.

What about people who have allergic reactions?

In line with existing advice, anyone with a history of a significant allergic reaction, who is due to receive the Pfizer COVID vaccine, should speak to their healthcare professional who is administering the vaccine.

Following two case reports of anaphylactoid reactions associated with administration of Pfizer BioNtech COVID-19 vaccine, NHS Trusts have been given preliminary advice by the MHRA that:

1. Any person with a history of a significant allergic reaction to a vaccine, medicine or food (such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer BioNtech vaccine.
2. Resuscitation facilities should be available at all times for all vaccinations. Vaccination should only be carried out in facilities where resuscitation measures are available.

Supporting public communications

The Government has developed a COVID-19 Vaccination Campaign

You can help by supporting this campaign by using the resources available on the Public Health England [*Campaign Resource Centre*](#) and sharing these across your channels and networks. The resources include:

- Posters
- Social animations
- Social statics
- Additional social
- Email signatures