

# COVID-19 Vaccine Programme Q&As

## Information for health and social care staff

*This information is as accurate and up-to-date as possible and is subject to change as more is learned. Please do not share externally outside your organisation.*

### **Vaccine safety**

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

The NHS will not offer any COVID-19 vaccinations to the public until it is safe to do so. The Medicines and Healthcare products Regulatory Agency (MHRA), the official UK regulator authorising licensed use of medicines and vaccines by healthcare professionals, will make this decision for each potential vaccine, 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.

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

The vaccine is very well tolerated with reported side effects similar to the flu jab – soreness or redness at the injection site and some have reported a headache and feeling tired.

#### **Are there any longer-term side effects?**

These are important details which the MHRA will consider when assessing candidate vaccines for use. NHSE plans currently include provision for monitoring patients immediately after their dose is administered, and 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.

#### **How long does immunity last for once you have been vaccinated?**

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.

#### **How the vaccine is given?**

The vaccine is given by injection into the muscle of the upper arm. You will need two doses of the vaccine to gain the maximum protection. These doses will be given a minimum of 28 days apart therefore you will need to attend two appointments to receive both doses. If you do not have both doses the vaccine may not be fully effective.

#### **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.

#### **How long does it take for immunity to take effect?**

You will not develop full immunity until approximately 7 days after the second dose, therefore it is vital that you continue to adhere to social distancing, mask guidelines and practice good hand hygiene. No vaccine is 100% effective so it is also important you to continue to follow any government or workplace advice even after you have completed the vaccination course.

**Will pregnant women be offered the vaccine?**

No. As with most vaccines, trials are not carried out on pregnant women. While there is nothing to suggest it is harmful to a pregnant woman or the unborn child, it simply hasn't gone through a trial process to confirm it. It is recommended that you should not get pregnant within 3 months of having the vaccine. It is also not recommended for those who are breast feeding

**Can I have the flu vaccine at the same time?**

No. You should not have your flu jab either a minimum of 7 days before the first COVID-19 vaccination dose or 7 days after you have had the second dose.

**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.

**Is the vaccine suitable for vegans?**

There are no animal products listed in the ingredients.

**What are the vaccine ingredients?**

Information on the vaccine ingredients have been provided [by the MHRA](#).

**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?**

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

**Does one vaccine have the potential to be better than another?**

We will need to see the final clinical evidence from trials on this. The important point for any vaccine is whether MHRA approve it for use – if it does then that means it's a worthwhile vaccine to have and people should have it if they are eligible.

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

No. While the vaccination prevents the development of the infection up to 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.

**Vaccine eligibility****How many of the priority groups does the NHS expect to vaccinate, before running out of vaccines?**

The Government has secured access to six different vaccine candidates, across four different vaccine types, totalling over 350 million doses. This includes:

- BioNTech/Pfizer BioNTech alliance – phase 3 clinical trials (40m doses)
- University of Oxford/AstraZeneca partnership – phase 3 clinical trials (100m doses)
- Moderna (7m doses)

Based on two doses of the Pfizer BioNTech vaccine per person this would run to a maximum of 20m people. But we won't have all of these doses from day 1 or even in the first month – this is going to be a long-term programme and we are hopeful we will get other vaccines along the way.

The JCVI have advised that those at greatest the risk should be first and therefore the focus in the first cohort will be the over 80s and care home residents.

Patient-facing health and social care staff fall into a high priority group because of their heightened risk of exposure to the virus, and the nature of the Pfizer BioNTech vaccine means that it needs to be delivered out of hospital hubs.

Currently plans on how best the vaccine can be safely administered to the most at-risk groups, including over-80s and social care workers, in those hospital hubs are being worked through. Some NHS staff are also likely be among those vaccinated in the first few days. We are awaiting guidance from government on the principles of deciding which staff should be prioritised in this initial group.

Over the coming weeks and as more supplies are available this will continue to be rolled out to other patient-facing health and care staff as per the JCVI's guidance.

#### **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 JCVI and, if it is deemed necessary, other groups may also be invited for a vaccination.

#### **Staff uptake**

The NHS is experienced in vaccinating hundreds of thousands of staff quickly – it is done 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.

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

All patient facing staff will be offered the vaccine. Local prioritisation may occur to ensure those most at risk and caring for the most at risk patients are offered first. If you cannot receive at your place of work, alternative options will be offered.

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

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.

#### **Will healthcare staff who refuse the vaccine be redeployed to non-COVID-19- areas?**

No, you will continue to carry out your duties according to your skills and expertise. Appropriate PPE and infection control will be in place.

#### **Who is vaccinating care home residents and staff?**

This will be a mixed picture over the coming weeks depending on a range of factors. This group are a high priority and every effort is being made to vaccinate them quickly and safely. This may be in the Hospital Hubs at their work place for staff, or in their place of residence for residents.

## **Patient Uptake**

### **How will patients be 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.

### **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.

### **Where will the vaccination centres for the public be?**

At this point due to security and contractual restrictions, we cannot confirm any locations. However, all the sites are being planned with accessibility and transport connections in mind.

## **Operational plans**

### **How many vaccines are you expecting to do on day one? Is there an hourly/weekly/monthly target?**

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.

The Pfizer BioNTech vaccine is two doses so the initial delivery of 800,000 will only cover 400,000 people, and those doses need to be given 28 days apart.

### **If two vaccines are proved safe and effective, will the NHS have capacity to deliver both vaccines from December onwards or will one have to be prioritised?**

The NHS will be ready to start vaccinating the priority cohorts as soon as we have deliveries of an approved vaccine – if we get stocks of more than one at the same time this will potentially allow us to go further and faster, but we are not there yet.

### **From a national point of view, how is rollout of the Pfizer BioNTech vaccine actually going to work?**

The vaccine has arrived from Belgium and be transported to Public Health England's centres where they will check and assess it. Once Public Health England have done their checks and are satisfied, the vaccine will then be distributed across the country.

The NHS will offer vaccinations using three different models (Hospital Hubs, Vaccination Centre and Local Vaccination Services as previously described), and of course this isn't just about the Pfizer BioNTech vaccine as we hope we will have others available soon as well.

When we get the first Pfizer BioNTech deliveries initially dozens of NHS trusts will act as hospital hubs where vaccines can be safely stored and those in the highest priority groups can be vaccinated.

### **What type of sites will give it out? Are they all large vaccination sites and what if I can't get there?**

No, 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.

### **Is one easier to deliver?**

All vaccines will present different logistical difficulties 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 is the vaccine going to be stored?**

It's well-documented that the Pfizer BioNTech vaccine needs to be stored at ultra-low temperatures. Special freezers are required for this and each of the hospital hubs either has one in place ready for use or will have very shortly.

### **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.

## **Workforce**

### **Who will the vaccinators be?**

They will either be existing staff or those recruited specifically for the programme either in a voluntary or paid capacity – including those who signed up to the NHS Bring Back scheme. There are a number of roles within the vaccination programme and these will require different levels of qualifications and experience.

The Department for Health and Social Care recently changed legislation to allow a wider group of people than usual to administer vaccines, including more healthcare professionals as well as others who are not currently clinicians but who have passed a programme of training developed by Public Health England and Health Education England. New vaccinators will be assessed in person and closely supervised to ensure their own and their patients' safety.

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

PHE 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.

### **How will they maintain routine care and treatment?**

The NHS has decades of experience of delivering vaccinations and other important public health interventions alongside all other services. While this is going to require a significant effort from all parts of the system we are determined that it should have minimal impact on other important services, which is why we are recruiting thousands of additional staff and volunteers to help run vaccination services.

### **How many vaccinators are needed?**

Nationally there will be tens of thousands of people required to vaccinate people at the pace and scale that we need to, which is why as well as the existing NHS workforce, recruitment is ongoing.

## **Additional sources of information**

### **MHRA on vaccine approval:**

[https://www.gov.uk/government/publications/regulatory-approval-of-Pfizer BioNTech-biontech-vaccine-for-covid-19](https://www.gov.uk/government/publications/regulatory-approval-of-Pfizer-BioNTech-biontech-vaccine-for-covid-19)

**JVCI Prioritisation:**

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>

**Justin 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>

This chapter includes information on:

- the coronavirus (COVID-19) vaccines.
- the dosage and schedule for the UK.
- recommendations for the use of the vaccine.