v1.3

COVID-19 Vaccine – Frequently Asked Questions

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

Introduction

Vaccines are the way out of this pandemic. An effective vaccine is the best way to protect people from coronavirus. Following extensive safety trials and authorisation by the independent regulator, the Medicines & Healthcare products Regulatory Agency (MHRA), effective COVID-19 vaccines are available in the UK for free.

The NHS has a clear vaccine delivery plan and will contact you when it's your turn to get the vaccine as quickly and easily as possible. Over a million of the most vulnerable and those who care for them have already been vaccinated. This will be a marathon, not a sprint, and we cannot let down our guard. People must follow the rules to stop the spread of coronavirus.

More than 730 vaccination sites have already been established across the UK and hundreds more are opening this week (w/c 4 January) to take the total to over 1,000, helping those who are most at risk from COVID-19 to access vaccines for free, regardless of where they live.

We will continue to follow the Joint Committee on Vaccination and Immunisation (JCVI) advice and vaccinate those most at risk first, and those who work closest with them - care home residents and staff, followed by people over 80 and health and social care workers, then other people in order of age and risk.

The UK has ordered 40 million doses of the Pfizer/BioNTech vaccine and 100 million doses of the Oxford/Astra Zeneca vaccine, both of which are now being given to people across the UK.

An effective vaccine is one that saves lives and reduces hospitalisations. We don't yet know how long people who are vaccinated will be protected from Covid-19 or if it prevents transmission. Once we have more data about how these vaccines perform we will know the best way to use them to save the most lives.

Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be authorised once it has met globally recognised standards of effectiveness, safety and quality by the medicine's regulator, the MHRA.

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 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.

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 – specifically over-80s, care home residents and staff.

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. Please do not contact the NHS to get an appointment until you get this 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.

Prioritisation
The full prioritisation list can be found here and is as follows (in 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

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.

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.

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.

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 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, 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.

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.

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.

Changes to dose interval

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.

Pfizer say only 52% efficacy after 1 dose, surely everyone should have 2nd dose after 3 weeks as planned?
The data indicates that from a fortnight after the first dose both vaccines offer a very high level of protection. Updating the dosing interval is in line with the advice of the JCVI, and is the right thing to do, 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 2nd 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.

Oxford/AstraZeneca vaccine

Is the Oxford/AstraZeneca vaccine safe for people over 55?
Yes, the vaccine has been thoroughly assessed by MHRA – the UK medicines regulator – for its safety and efficacy.

When will deployment of the Oxford/AstraZeneca vaccine begin?
Vaccinations using the Oxford/AstraZeneca vaccine began in hospital hubs on 4 January.

Does this mean you will 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.

Will you use the Oxford/AstraZeneca vaccine more because it's cheaper and easier to store?
The vaccines that the NHS uses and in what circumstances will be decided by the MHRA. The results that we have seen for all the vaccines so far have been very encouraging and if borne out by the final assessment each of them would be classed as being very effective.

Which vaccine is better/more effective?
Both Pfizer/BioNTech and Oxford/AstraZeneca are very effective vaccines. Comparisons between the vaccine efficacies are unhelpful due to the different methodologies used.

Both vaccines 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.

Vaccine efficacy, length of protection, impact on transmissibility

How effective is the Oxford/AstraZeneca vaccine?

An effective vaccine is one that saves lives and reduces hospitalisations. As Prof Wei Shen Lim from the JCVI said at the technical briefing on 30th December 2020, one dose of the vaccine is thought to be around 70% effective. The four UK Chief Medical Officers advise that both vaccines offer considerable protection after a single dose.

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.

Vigilance, surveillance and adverse incidents

There have been reports of adverse reactions to the Pfizer/BioNTech vaccine – what has happened?

Since the immunisation campaign commenced on Tuesday 8 December, the MHRA has been notified of two reports of anaphylaxis, and a further possible allergic reaction, shortly after receiving the Pfizer/BioNTech COVID-19 vaccine. The individuals received prompt treatment and recovered.

Incidents such as these are common with new vaccines and the MHRA has tried and tested processes to deal with them. The public can be reassured that we continue to adhere to the highest standards of safety as we provide this life-saving vaccine to those who need it most.

Updated guidance from MHRA on managing allergic reactions (issued 30 December 2020).

We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine. However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose.

Standard clinical procedure advises that vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment.

This updated advice follows enhanced surveillance since the initial precautionary advice was issued, which has found no evidence of an increased risk of anaphylaxis in those with prior severe allergic reactions, other than to the vaccine and its ingredients.

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.

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.

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.

Deployment and Timing

Where/how are vaccines going to be administered?
Vaccination for at-risk groups will take place at the most appropriate 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. From December, more than 70 hospitals began delivering the Pfizer/BioNTech vaccine across the UK.
- 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 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.

As with the flu vaccines, will people be able to jump the vaccine queue and buy this vaccine privately?
The UK government has secured early access to 357 million vaccine doses through agreements with seven separate vaccine developers, giving the UK the best chance of securing a safe and effective vaccine at the quickest speed. The vaccines are available from the NHS - for free – to everyone who would benefit, starting with those most at risk.

Can the government be sure that safety won't be compromised due to the speed of development of a Covid-19 vaccine?
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. Phase 1 trials are with a small group of people to make sure there are no safety concerns and determines the appropriate dosage for the best immune response. Phase 2 trials are conducted on a larger group of people to check the vaccine works consistently and that the immune response is sufficient. Phase 3 trials test the vaccines on thousands of people for scientists to assess if the vaccine is producing immunity that will prevent disease.

Usually, these phases are run in sequence, but in an effort to find a safe and effective Covid-19 vaccine as quickly as possible, once safety has been ascertained through Phase 1, Phases 2 and 3 are being run in parallel.

The data from each phase then goes to the regulator in a “rolling” review rather than once the trials have completed, which means the regulator can start looking at the results earlier than normal.

Companies have made decisions to begin large scale production of vaccines which are still in trials. This means that if the vaccines are not shown to be safe and effective and are not approved for use the companies will have to destroy what they have manufactured.

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.

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.

Operational delivery (NHS)

How many people do you expect to vaccinate every week in January?
The speed of vaccination will be subject to supply – but we expect to have received tens of millions of doses of vaccine by Easter.

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.

Is it a postcode lottery on how quickly you will be invited to receive the Covid-19 vaccine?
The NHS vaccination programme began in hospital hubs chosen by their ability to deliver the Pfizer vaccine, with all the logistical challenges it presents, and provide a geographical spread.

GPs were also invited to deliver the vaccine through Primary Care Networks. The overwhelming majority, but not all, PCNs opted to take part. In those areas where PCNs did not opt in the NHS will deliver the vaccinations by other means.

Vaccinations have now been rolled to more than 700 sites, the majority of which are many GP-led local vaccination centres. Local NHS leaders were asked to prioritise areas with high numbers of people aged 80 or over in line with the prioritisation set out by the independent Joint Committee on Vaccination and Immunisation. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0938_PCN-notice-letter-4-December-2020.pdf

Up to 100 hospital more sites are due to come online across the country, subject to final assurance checks, this week (w/c 4 January). There are also another 180 GP-led services which are also due to come online this week.

Vaccination figures, including a breakdown by age, are published here: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

This new dataset will be reported weekly and will develop over time as we are able to quality assure data.

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.

Ingredients, Controversial Substances, Moral and Ethical Advisory Group (MEAG)

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.

New variant of COVID-19
A variant of SARS-COV-2 is a version of the virus that has undergone some genetic changes (mutations). Some mutations may change the characteristics of the virus and how it interacts with humans. We have named this VUI – 202012/01 (the first Variant Under Investigation in December 2020). We are concerned that one of the mutations found in VUI-202012/01, called N501Y, has a potential impact on the characteristics of the SARS-CoV-2 virus.

Is this strain resistant to the vaccine?
There is currently no evidence to suggest that the Pfizer/BioNTech or Astra/Oxford vaccine would not protect people against the new strain. Further laboratory work is currently being undertaken as a priority to understand this.

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.

For further information about the covid vaccination programme please see:

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

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