

COVID-19 Vaccine Q&A

Updated: 31 December 2020

Contents

About	2
Key messages	2
About general vaccines	2
Questions about the vaccines	3
Questions about the vaccine record cards	5
Questions about how the vaccines are delivered and to whom	6
Questions about communications and campaigns	9

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 messages

About COVID-19 vaccines

- 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.
- An effective vaccine is the best way to protect people from coronavirus, save lives and reduce hospitalisations.
- This will be a marathon, not a sprint, and we cannot let down our guard. People still need to follow the advice 'hands, face, space'.
- Hundreds of local vaccination services run by family doctors and their teams have opened across the UK.
- We all have an important part to play to help the NHS deliver their vaccine delivery plan:
 - Please do not contact the NHS to seek a vaccine, the NHS will contact you;
 - When you are contacted, please attend your appointments.
- The Government will continue to follow the scientific 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 approved two vaccines for use: (a) Pfizer/BioNTech and (b) Oxford/Astra Zeneca.
- 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.

About general vaccines

- Vaccines are the most effective way to prevent infectious diseases.
- 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.
- 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.
- 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.

Questions about the vaccines

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.
- It's not as simple as saying one vaccine is better than the other. An effective vaccine will save lives and reduce hospitalisations.
- Comparing vaccines on a simple percentage of effectiveness is a mistake. A vaccine with slightly lower headline efficacy than another may prove to be the one that offers more durable protection or a greater effect on transmission
- 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.

How many doses of the Pfizer/BioNTech Covid-19 vaccine will need to be administered?

- The vaccine is given in two doses 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.
- Everyone will receive their second dose. This will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.
- From 30th December 2020 the NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. With two vaccines now approved, we will be able to vaccinate a greater number of people who are at highest risk, protecting them from the disease and reducing mortality and hospitalisation.

How quickly is the Pfizer vaccine effective after doses?

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

How many AstraZeneca/Oxford vaccines will be available?

- We will have hundreds of thousands of doses available in the UK from Monday (4 Jan) and more on the way.
- There will be millions more doses delivered during Q1 and the UK has secured a total of 100 million doses of the AstraZeneca vaccine.

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.

How many people have received a vaccine so far?

The NHS publishes a weekly report on vaccination numbers. To find out the latest numbers visit: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Where/how are vaccines going to be administered?

- Vaccination to 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.
 - 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 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.

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.

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.

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.

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.

Now that we have two vaccine types, 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.
- Vaccinations have begun and we will closely monitor the impact 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 with two doses, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

Is the new variant of COVID-19 resistant to the vaccines?

- 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). There is currently no evidence to suggest that the Pfizer or Oxford/AstraZeneca vaccine would not protect people against the new strain.

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.

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.

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

- Approved COVID-19 vaccines will be monitored continuously after roll out by the MHRA and PHE 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.

Questions about the vaccine record cards

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.

Where else will the vaccination be recorded?

- All vaccinations are recorded on the patients record with their GP.

Are you introducing vaccine passports?

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

Questions about how the vaccines are delivered and to whom

Who is being prioritised to receive a vaccination?

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 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.

When will Covid-19 vaccines be administered at local GPs and practices?

- Hundreds of local vaccination services run by family doctors and their teams opened across England on 14 December.
- Groups of health providers are setting up local vaccination centres in villages, towns and cities covering every part of the country.
- Nurses, paramedics, pharmacists and other NHS staff will work alongside GPs to vaccinate those aged 80 and over, as well as care home workers and residents, identified as priority groups for the life-saving vaccine.
- The NHS will contact people in the priority groups when it is their turn to receive the vaccine.

How will care home staff be identified as eligible for vaccination at hospital hubs or centres outside of the care homes where they work?

- To ensure that care home staff are able to access flu and COVID-19 vaccines as a priority in any setting, we are asking employers to collect and securely provide their NHS numbers. This allows the NHS to tag them as care home workers on the national system we are using to invite and keep track of who has been vaccinated.
- A letter to care homes providers setting out the requirement and legal basis for the collection of staff details to support the national flu and COVID-19 vaccination programme is in development with representative bodies and will be issued separately as soon as possible.

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.

Why are you focussed 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 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."

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.

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 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, and the reason for that is that they are at extremely high risk from coronavirus compared with the general population.

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.

Who will administer vaccines for care home residents and staff?

- This group are 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.
- 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.

How is consent for receiving the vaccine managed in a care home setting?

- The NHS is supplying the care home providers with consent forms to use for different circumstances of the individual. There is an additional consent form for care home staff.
- The COVID-19 vaccination consent form letter templates are available in different software versions and can be downloaded from the Health Publications website and adapted to suit the needs of local healthcare teams. These resident forms are available for those who are able to consent for themselves, for those with a relative who has power of attorney for them and a relative's agreement form.

Questions about communications and campaigns

What patient information is available to accommodate the different needs of patients in accessible formats?

- 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
- You can also place orders for these resources via the [health publications website](#).

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.