

Director of Public Health

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***We will be happy to add more answers to this Q
and A as the situation develops***

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Covid Vaccines

Answers to Frequently Asked Questions

Key Information Sources

NHS Information for people receiving the vaccine

https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/?gclid=CjwKCAiAirb_BRBNEiwALHlnD8UXcKHsmCenbh2Y7AvKVPfswtaU1FluNR7aw0o7-KoJ2vgTXVPLPRoCZ18QAvD_BwE

Government Information on priorities for the vaccine

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

Patient Information leaflet on the PfizerBionTech Vaccine

See Annex 1 to this Q and A

Patient information leaflet on the Astra Zeneca Vaccine

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca>

Introduction

Since the start of the coronavirus pandemic, medical and scientific professionals have been committed to developing a vaccine to help stop the spread of the coronavirus. Following extensive trials, the first two safe and effective vaccines for Covid-19 have been approved by regulators. This is the biggest vaccination programme the NHS has ever undertaken. It is a huge challenge, and not everything will always go perfectly. So while the NHS is experienced in delivering millions of vaccines a year, and is moving quickly to roll out this vaccine to those who need it, it's important that we remember this will be a marathon, not a sprint.

Wait to be contacted

The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for the vaccination before then.

How you can help

Hertfordshire people have an important part to play to help with the vaccine rollout:

- please don't contact the NHS to seek a vaccine, they will contact you;
- when they do contact you, please attend your booked appointments;
- please continue to follow all the guidance to control the virus and save lives.

The vaccine is our best defence against the virus alongside effective social distancing, wearing a mask and washing our hands.

The recent rise in cases and emergence of a new variant of the virus also shows that we cannot let our guard down now.

The Green Book: The Authoritative Source of Information on Vaccines

Rolling out a vaccine is complicated. And there are a range of issues to be considered such as who can and can't have it, safety and so on. But vaccination is safe.

The authoritative source of information is known as the *Green Book*. It is the handbook for clinicians on who, how and when you vaccinate, and when you don't

You can read the latest version of the Covid Chapter here
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a> This is regularly updated and is the authoritative source. So if this Q and A and green book differ, trust the Green Book

Keep on with social distancing

we need to continue with our current or even more intense restrictions on social contact and mixing to reduce the current surges in COVID-19 cases, to avoid overwhelming healthcare services, as well as making time for the vulnerable to receive their COVID-19 vaccines before they become infected.

Who is leading it?

NHS England, and locally the NHS Clinical Commissioning Groups are leading patient call ups, policy and deployment. There is nothing local authorities or the Director of Public Health can do on this.

The eleven councils are providing logistics support and venues to help the process go as quickly as possible but patient notification for vaccination, the policy on who gets vaccinated and when sites entirely with the NHS and Department of Health and Social Care.

The Joint Committee on Vaccination and Immunisation advises government on priorities, policy and safety. JCVI advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. The order of priority for each group in the population corresponds with data on the number of individuals who would need to be vaccinated to prevent one death.

Update on vaccine rollout

At the time of writing, vaccination of frontline health and care staff, those living in care homes for older adults and their workers, and those over 80 years of age living in the community has started in Hertfordshire.

Government initially prioritised two doses of vaccine per person with the first priority being those most at risk of death.

Why am I hearing about only one dose being given now?

In the last week, it seems like there has been a shift away from the discussion around comparing the absolute vaccine efficacy figures – towards just focusing on reducing the severity of COVID-19 illness, getting as many people with some immunity as possible and keeping people out of hospital – even with just one dose of the Oxford AstraZeneca vaccine. This is a sensible and pragmatic decision that has been backed up by scientific advisors and is sensible given where we are in the current surge of infections. Because the vaccine also reduces disease severity if you do get it, a one dose strategy is an option to help reduce the burden on health care.

Not surprisingly, only the two standard dose regimen has been approved by the MHRA – with a variable interval (4-12 weeks apart) between the first and second dose – for all ages 18 years and above, despite relatively limited data for the over 65 year groups.

The idea to just vaccinate as many vulnerable individuals as possible with just one dose of either vaccine (Pfizer or AstraZeneca) to start with, is a good approach given the recent surges of COVID-19 cases since Christmas – and we may yet see further surges due to the Christmas Day amnesty that allowed multiple households to meet under one roof. The intention **remains** to ensure two doses if possible.

Practically, the Oxford vaccine will be cheaper and easier to transport and distribute to care homes and other vaccination sites – since it can be stored at normal fridge temperatures like the flu vaccine (2-8 C) . This makes a one dose initial strategy easier.

Can I get the vaccine if I have had covid?

There is no problem with receiving this vaccine after having had COVID-19 already. This is the same for the seasonal flu vaccine.

Is one dose rather than two safe?

Yes. And remember this is only initially. The intention remains to give everyone two. What has happened is that the government has decided, after consulting scientific experts including the Joint Committee on Vaccination and Immunisation, to extend the gap between the first and second doses.

Manufacturers and JCVI both state their advice remains two doses but having reviewed the scientific evidence is content that there may be a delay of up to 12 weeks between first and second dose, which is longer than the originally foreseen 28 days gap.

The JCVI conclusion is that this gap is safe, and will enable initially many more people to be given a single dose of vaccine. The aim of this is to help build population immunity as rapidly as possible

Who can get the COVID-19 vaccine?

The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus. The vaccine is being offered in some hospitals and by the end of January there will be hundreds of local vaccination centres run by GPs. Some are already up and running in Hertfordshire

In the next two months it is being given to:

- people aged 80 and over who already have a hospital appointment in the next few weeks
- people who live or work in care homes
- health care workers at high risk

You will also need to be registered with a GP surgery in England. You can register with a GP if you do not have one. The vaccine will be offered more widely, and at other locations, as soon as possible.

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).

Two Phase Roll Out

The vaccine is being rolled out in two phases. In phase 1 the aim will be direct prevention of mortality and supporting the NHS and social care system

1. residents in a care home for older adults and their carers

2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality[
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over
10. It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

The second phase will focus on further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services

As the first phase of the programme is rolled out in the UK, additional data will become available on the safety and effectiveness of COVID-19 vaccines. This data will provide the basis for consideration of vaccination in groups that are at lower risk of mortality from COVID-19.

Phase 1 is the biggest single logistics exercise in the history of the NHS. The table below by Professor Colin Talbot shows the aim is to vaccinate 41.6million people in England including 2.2 Clinically Extremely Vulnerable(CEV).

	© Colin Talbot	Age group	Care staff	NHS Staff	CEV	TOTALS	Cumulative total
1	residents in a care home for older adults and their carers	0.42	0.6			1.02	
2	all those 80 years of age and over and frontline health and social care workers	3.37	0.56	1.5		5.43	6.45
3	all those 75 years of age and over	2.33				1.89	8.34
4	all those 70 years of age and over and clinically extremely vulnerable (CEV) individuals	3.32			2.2	5.52	13.86
5	all those 65 years of age and over	3.37				3.37	17.23
6	all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk (HR) of serious disease and mortality	5.04				5.04	22.27
7	all those 60 years of age and over	3.76				3.76	
8	all those 55 years of age and over	4.41				4.41	
9	all those 50 years of age and over	4.66				4.66	
	Others (Phase Two)	41.6				41.6	
	TOTAL (adds to more than 100% UK pop. due to overlaps in categories)	72.28					
		(All UK)	(ENG)	(ENG)	(ENG)		

Is there anyone who shouldn't get the vaccine?

There are some people who shouldn't get the vaccine. People with a history of severe allergies to vaccines, people with **very** immunocompromised systems (eg just after organ transplants) and some others. The full details are in the green book and it is important to tell your clinician your full medical history. For some people antibody therapy will be made available through their specialist clinical team.

What about people on blood thinning treatment?

Many people on blood thinning treatment can have it under certain conditions. Again tell your clinician about your medication and clinical history

What about People with HIV?

The British HIV Association has issued guidance. People with HIV who have an undetectable viral load and are stable can receive the vaccine.

<https://www.bhiva.org/Coronavirus-COVID-19>

Pregnant Women

The JCVI has stressed it does not recommend giving the vaccine to pregnant women or children under the age of 16 because at present we do not have enough information on the effects of vaccination during pregnancy. This is a normal precaution. Public Health England agrees pregnant women should not be given the vaccine.

Vaccinating Children

Government says Covid-19 vaccines are not routinely recommended for those under 18 years of age, due to lack of data. That may change. It says recommendations on vaccinating children with underlying conditions will be reviewed after the initial roll-out phase, by which time additional data vaccine use in adults will allow for a better assessment. It is unclear how quickly this means a vaccine will be given to 16-18 year-olds who have underlying health conditions, as per the JCVI's priority list above.

What about Teachers and unpaid carers?

This is a matter for DHSC to decide and local areas cannot influence or change the arrangements, but are lobbying to have unpaid carers and teachers put higher in the priority list.

What about other key workers?

Again this is a matter for DHSC to determine

Which Vaccines are available?

Two vaccines have been licensed for use in England, the Pfizer-Biontech Vaccine and the Oxford/Astra Zeneca Vaccine. More will be available in due course.

How will people be notified?

Patients will be sent a letter by the national NHS call/recall service telling them they are eligible for vaccination and that they have a choice of where they can get their vaccine. Meanwhile, Primary Care Networks (groups of GPs) will also be expected to contact patients eligible for vaccination, using nationally agreed wording. Patients will be given the choice to either book at a GP-led vaccination centre or use the national booking service to be vaccinated by another provider.

When will I get called?

You will get called in strict rotation when practices are ready. Not all Primary Care Hubs are going at the same pace for a variety of reasons. But the NHS will call you. If you are NOT registered with a GP then you need to register **now** in order to be called.

Wait to be contacted

The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for the vaccination before then.

Who will be able to administer the vaccinations?

Registered healthcare professionals will need to carry out the clinical assessment, consent and preparation of the vaccine. However, the vaccine itself can be administered by a suitably trained non-registered staff member – while under the clinical supervision of a registered healthcare professional. It has not yet been specified who the non-registered staff members will be, but this will be covered in a national protocol, due to be published soon.

Will patients need to be monitored after being given the vaccine?

It is standard after vaccines to ask people to wait a few minutes. The same should happen with ‘flu vaccine. You may be asked to wait five or ten minutes to check you don’t have a reaction. This is entirely normal.

Can two different types of Covid vaccine be used with the same patient?

Yes – though Public Health England says every effort should be made to complete both doses with the same vaccine where possible. That is because there is currently no evidence on the interchangeability of vaccines. But PHE says since both frontrunners are based on the spike protein of the virus, it is likely the second dose will help to boost the response to the first dose even if a different vaccine candidate is used.

How quickly does immunity kick in?

The Pfizer vaccine provides immunity seven days after the second dose is administered. The Commission on Human Medicine (CHM), which advises the Government, says partial immunity does occur after the first dose but two doses guarantees the best immunity. The Oxford AstraZeneca vaccine immunity builds continuously from 7 days onwards with one dose providing 70% effectiveness within 28 days. The efficacy of two doses is in the range of 80% for the Oxford Vaccine and 90% for the Pfizer Vaccine. This is good efficacy for each vaccine.

Are there any side effects of the vaccines?

Side effects such as a sore arm or reaction are normal with vaccines. It shows the body is reacting. The Government has said no serious safety concerns were reported in the trials. Side effects from both vaccines are

caused as part of the immune response to the vaccines. In some ways, the more vigorous the immune response, the more common the side effects.

The most common side effects from the vaccines are:

- Fatigue
- Headache
- Muscle aches

Side effects occurred during the first week after vaccination, but were most likely one or two days after receipt of the vaccine. Side effects were more frequent following the second dose and more likely to be experienced by younger, rather than older, recipients. Although most people will not have significant side effects, some people may wish to schedule their vaccination, so that they will not need to call out of work the next day if they don't feel well

A patient leaflet is given with each vaccine.

How long will protection last and will there be annual vaccinations?

We should know when the various vaccination candidates are approved. As yet we cannot be sure how long the vaccine lasts

Does a vaccinated person present a risk to unvaccinated family members in the same house?

The vaccines are not composed of live viruses, so there is no infectious virus to spread from a vaccinated person to someone else.

But, we do not yet know if a vaccinated person who encounters the virus can still experience what is referred to as "asymptomatic infection." An asymptomatic infection occurs when a person is exposed to the virus in the community and the virus can still replicate in their body, but they don't have symptoms because their immune system stifles the infection as a result of vaccination. In this scenario, the person could potentially spread the virus without even knowing they are infected.

Given that families may not all get vaccinated at the same time, those who have been vaccinated should continue to practice public health measures when they are out in the community to decrease the chance of introducing the virus in the home through asymptomatic infection. Likewise, even when a

whole family is vaccinated, continuing to practice these measures will be important for two reasons:

- 1.The vaccine will not work for everyone, so someone in the home who has been vaccinated may still be susceptible.
- 2.People outside of the family's "bubble," like co-workers, extended family members, neighbors, and others they come into contact with, may not have been vaccinated (or may be in the group for whom the vaccine does not work).

This approach will be important until we can get control over the spread of virus. Once enough people have been vaccinated to slow the spread of the virus, we will all be able to move away from these public health measures. But, for now, we need to continue working together to decrease spread of the virus by masking, physical distancing, handwashing, and getting vaccinated.

Annex 1: Pfizer Vaccination Patient Leaflet

PFIZER VACCINATION – COVID-19 mRNA

This medicine does not have a UK marketing authorisation but has been given authorisation for temporary supply by the UK Department of Health and Social Care and the Medicines & Healthcare products Regulatory Agency for active immunization to prevent COVID-19 disease caused by SARS-CoV-2 virus in individuals aged 16 years of age and over.

Reporting of side effects

As with any new medicine in the UK this product will be closely monitored to allow quick identification of new safety information. You can help by reporting any side effects you may get. **Read all of this leaflet carefully before you receive this vaccine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

1. What COVID-19 mRNA Vaccine is and what it is used for

COVID-19 mRNA Vaccine is given to adults and adolescents from 16 years. The vaccine triggers the body's natural production of antibodies and stimulates immune cells to protect against COVID-19 disease.

2. What you need to know before you receive COVID-19 mRNA Vaccine

COVID-19 mRNA Vaccine should not be given if you are allergic to the active substance or any of the other ingredients of this medicine (listed in section 6). Signs of an allergic reaction may include itchy skin rash, shortness of breath and swelling of the face or tongue. Contact your doctor or healthcare professional immediately or go to the nearest hospital emergency room right away if you have an allergic reaction. It can be life-threatening.

Warnings and precautions

Talk to your doctor, pharmacist or nurse before you are given the vaccine if you have:
had

- any problems following previous administration of COVID-19 mRNA Vaccine such as allergic reaction or breathing problems
- a severe illness with high fever. However, a mild fever or upper airway infection, like a cold, are not reasons to delay vaccination.
- a weakened immune system, such as due to HIV infection, or are on a medicine that affects your immune system
- a bleeding problem, bruise easily or use a medicine to inhibit blood clotting
- As with any vaccine, COVID-19 mRNA Vaccine BNT162b2 may not fully protect all those who receive it. No data are currently available in individuals with a weakened immune system or who are taking chronic treatment that suppresses or prevents immune responses.

Children and adolescents

COVID-19 mRNA Vaccine is not recommended for children under 16 years.

Other medicines and COVID-19 mRNA Vaccine

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines or have recently received any other vaccine.

Pregnancy and breast-feeding

There is currently limited data available on the use of this vaccine in pregnant women. If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before you receive this vaccine. As a precaution, you should avoid becoming pregnant until at least 2 months after the vaccine.

Driving and using machines

COVID-19 mRNA Vaccine has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section 4 ‘Possible side effects’ may temporarily affect the ability to drive or use machines. Do not drive or operate machinery until you are sure that you are not affected.

COVID-19 mRNA Vaccine contains sodium and potassium

This vaccine contains potassium, less than 1 mmol (39 mg) per dose, i.e. essentially ‘potassium-free’. This vaccine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially sodiumfree’.

3. How COVID-19 mRNA Vaccine is given

COVID-19 mRNA Vaccine is given after dilution as an injection of 0.3 mL into a muscle of your upper arm. You will receive 2 injections, given 21 days apart. If you receive one dose of the vaccine, you should receive a second dose of the same vaccine 21 days later to complete the vaccination series. Protection against COVID-19 disease may not be effective until at least 7 days after the second dose. If you have any further questions on the use of COVID-19 mRNA Vaccine, ask your doctor, pharmacist or nurse.

4. Possible side effects

Like all vaccines, COVID-19 mRNA Vaccine can cause side effects, although not everybody gets them. Most side effects are mild or moderate and go away within a few days of appearing. If side effects such as pain and/or fever are troublesome, they can be treated by medicines for pain and fever such as paracetamol. Side effects may occur with following frequencies:

Very common: may affect more than 1 in 10 people

- pain at injection site
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever

Common: may affect up to 1 in 10 people

- injection site swelling
- redness at injection site
- nausea

Uncommon: may affect up to 1 in 100 people

- enlarged lymph nodes
- feeling unwell

Reporting of side effects

If you get any side effects, call 111 for advice. This includes any possible side

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effects not listed in this leaflet. You can also report side effects directly via the Coronavirus Yellow Card reporting site <https://coronavirus-yellowcard.mhra.gov.uk/>

By reporting side effects, you can help provide more information on the safety of this vaccine.