

## COVID-19 Vaccine – Frequently Asked Questions

Published on <https://joinedupcarederbyshire.co.uk> on Thursday 10 December 2020.

### What vaccine for COVID-19 is currently available?

The Pfizer/BioNTech COVID-19 vaccine is available. This vaccine is shown to offer up to 95% efficacy and has been given regulatory approval by the MHRA.

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

The Government has secured access to six different vaccine candidates, across four different vaccine types, totalling over 357 million doses. This includes

- BioNTech/Pfizer alliance (40m doses)
- University of Oxford/AstraZeneca partnership (100m doses)

### Is the NHS confident the vaccine is safe?

Yes. The NHS will not offer any Covid-19 vaccinations to the public until experts have signed off that it is safe to do so. The MHRA, the official UK regulator, have said this vaccine is very safe and highly effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

### 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.

### Is the vaccine vegan/vegetarian friendly?

Yes, the Pfizer vaccine does not contain any meat derivatives or porcine products. If, and when, further vaccines are approved we will publish information about known allergens or ingredients that are important for certain faiths, cultures and beliefs.

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 the Pfizer/BioNTech Vaccine](#). For further information, please see [information for healthcare professionals and the public about the Pfizer/BioNTech vaccine](#).

### **How long does the vaccine take to become effective?**

The COVID-19 vaccination will reduce the chance of your suffering from COVID-19 disease. You may not be protected until at least seven days after your second dose of the vaccine.

### **Why is it important to get your COVID-19 vaccination?**

Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for.

The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

If you're a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work.

### **Who cannot have the vaccine?**

The COVID-19 vaccination is not recommended for women who are pregnant. People who are suffering from a fever-type illness should also postpone having the vaccine until they have recovered. On Wednesday 9th December the Medicines and Healthcare products Regulatory Agency have advised on a precautionary basis that people with a significant history of allergic reactions do not receive this vaccination.

### **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.

### **How effective is the COVID-19 vaccine?**

This is all included in the information published by the MHRA, and Public Health England will also be publishing more resources for patients and professionals. People can be assured the NHS will ensure that they have all the necessary information on those vaccines that are approved by the MHRA before they attend for their vaccination.

### **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.

### **Do people who have already had COVID-19 get vaccinated?**

Yes, they should get vaccinated. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody, so people who have had COVID-19 disease (whether confirmed or suspected) can still receive the COVID-19 vaccine when it is their time to do so.

### **Are there any known or anticipated side effects?**

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Even if you do have symptoms after the first dose, you still need to have the second dose. You may not be protected until at least seven days after your second dose of the vaccine.

Very common side effects include:

- Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- Feeling tired
- Headache
- General aches, or mild flu like symptoms

As with all vaccines, appropriate treatment and care will be available in case of a rare anaphylactic event following administration.

### **How many doses of the vaccine will be required and when?**

You are required to have two doses of the COVID-19 vaccine, 21 days apart. You may not be protected until at least seven days after your second dose of vaccine.

### **I have had my flu vaccine, do I need the COVID-19 vaccine as well?**

The flu vaccine does not protect you from COVID-19. As you are eligible for both vaccines you should have them both, but normally separated by at least a week.

### **Will the COVID-19 vaccine protect me from flu?**

No, the COVID-19 vaccine will not protect you against the flu. If you have been offered a flu vaccine, please try to have this as soon as possible to help protect you, your family and patients from flu this winter.

### **Why are Black, Asian, and minority ethnic (BAME) groups not 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, morbidity and mortality.

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. 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.

Societal factors, such as occupation, household size, deprivation, and access to healthcare can increase susceptibility to COVID-19 and worsen outcomes following infection.

Prioritisation of persons with underlying health conditions will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

The advice is for NHS England and NHS Improvement, the Department of Health and Social Care, Public Health England and the devolved administrations to work together to ensure that inequalities are identified and addressed in implementation.

This could be through culturally competent and tailored communications and flexible models of delivery, aimed at ensuring everything possible is done to promote good uptake in Black, Asian and minority ethnic groups and in groups who may experience inequalities in access to, or engagement with, healthcare services. These tailored implementation measures should be applied across all priority groups during the vaccination programme.

**What is the evidence to show the vaccine is safe for BAME communities?**

The phase three study of the Pfizer BioNTech COVID-19 vaccine demonstrated a vaccine efficacy of 95%, with consistent efficacy across age, gender and ethnicity. Overall, among the participants who received the COVID-19 vaccine 82.1% were White, 9.6% were Black or African American, 26.1% were Hispanic/Latino, 4.3% were Asian and 0.7% were Native American/Alaskan.

**Why are healthcare workers amongst the first groups to receive the vaccine?**

The Joint Committee on Vaccination and Immunisation JCVI have put patient-facing health and social care staff into a priority group because of their heightened risk of exposure to the virus. Healthcare workers are not the top priority though and with limited vaccine, employers are being asked to offer the vaccine to the most at risk healthcare workers first.

The NHS is experienced in vaccinating hundreds of thousands of staff quickly and safely – we do it every year for the flu vaccine – and all local NHS employers will be responsible for ensuring that 100% of eligible staff have the opportunity to take it up over the coming weeks and months.

**How are you raising awareness of the vaccine among the NHS workforce?**

The Cabinet Office have developed a campaign to raise awareness of the vaccine with the public and health and social care staff. This includes specific engagement with BAME communities and workforce.

**Will I have to pay parking costs when I go for my vaccination?**

No – both Chesterfield Royal and Royal Derby hospitals have made sure that your parking will be free.

**Please note:**

*Whilst every effort has been made to ensure the accuracy of the information provided, you will appreciate that the situation relating to the COVID-19 vaccination programme can change rapidly and so neither NHS Derby and Derbyshire Clinical Commissioning Group, nor its employees or agents can be held responsible for any inaccuracies or omissions, whether caused by negligence or otherwise as it is not deliberate. All information has been provided in good faith and may be subject to later revision. Where links are provided to external content, NHS Derby and Derbyshire Clinical Commissioning Group holds no responsibility for such content or accuracy.*