

Covid Vaccination FAQ

28/02/2021



Why is it important to get a 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.

What vaccine for COVID-19 is currently available?

Both the Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines are now available.

[Coronavirus \(COVID-19\) vaccine - NHS website](#)

Both vaccines have been shown to be safe and offer high levels of protection, and have been given regulatory approval by the MHRA.

The Government has in principle secured access to seven different vaccine candidates, across four different vaccine types, totalling over 357 million doses.

This includes:

- 40 million doses of the BioNTech/Pfizer vaccine
- 100m doses of the Oxford/AstraZeneca vaccine
- 7 million doses of the Moderna vaccine, which is also being assessed by the MHRA.



Can I choose which vaccine I have?

No. The Joint Committee on Vaccination and Immunisation has not advised a preference between the Pfizer-BioNTech or Oxford-AstraZeneca vaccine in any specific population, stating that “both give very high protection against severe disease... and both vaccines have good safety profiles”.

Vaccine programme is offering vaccines in line with the supply of vaccines available.

You will have to have two doses of the same vaccine and in certain circumstances may advise you have a certain vaccine.

Vaccine safety

Is the NHS confident the vaccine will be safe?

Yes. The MHRA, the official UK regulator authorising licensed use of medicines and vaccines by healthcare professionals, has said these vaccines are safe and highly effective.

The NHS would not offer any COVID-19 vaccinations to the public until it is safe to do so.

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.

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

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer vaccine, participants included 9.6 percent black/African, 26.1 percent Hispanic/Latino and 3.4 percent Asian.

For the Oxford/AstraZeneca vaccine, 10.1 percent of trial recipients were Black and 3.5 percent Asian. There is no evidence either of the vaccines will work differently in different ethnic groups.



How was the vaccine developed so quickly?

Medicines, including vaccines, are highly regulated - and that is no different for the approved COVID-19 vaccine.

There are a number of enablers that have made this groundbreaking medical advancement possible and made it possible to develop them relatively quickly compared to other medicines.

- 1 The different phases of the clinical trial were delivered to overlap instead of running sequentially which sped up the clinical process.
- 2 There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed - as opposed to getting all information at the end of a trial.
- 3 Clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

How can I find out if what I have been told is just a myth?

There is an excellent [myth-buster available online](#).

What would you say to people who are reluctant to have the vaccine because they are concerned about long-term side effects?

COVID-19 is a terrible disease, so if you are offered the vaccine, please have it.

There remains concern in the Black community about the safety of the vaccines in this population. BAME are stated to be more at risk but trials have not seemed to identify why. Is that the case? Is the immunity response of someone who is black different to someone who is white? What percentage of different populations were in the trials?

Vaccine trials have included a diverse community in the UK, Brazil and South Africa for the Oxford Vaccine with no safety concerns. Most of the trials with Pfizer vaccine were in the US, but had a very diverse population with no concerns.



Is the issue of anaphylaxis with the Pfizer vaccine less with the Oxford vaccine if you have had a history of this?

The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of the same COVID-19 vaccine
- any component (excipient) of the COVID-19 vaccine.

The Pfizer COVID-19 Vaccine contains polyethylene glycol (PEG), which is from a group of known allergens commonly found in medicines and also in household goods and cosmetics.

Known allergy to PEG is extremely rare, but would contraindicate receipt of this vaccine. (Sellaturay P et al. 2020).

Patients with undiagnosed PEG allergy may have a history of unexplained anaphylaxis or of anaphylaxis to multiple classes of drugs.

The AstraZeneca vaccine does not contain PEG, and is a suitable alternative.

Are there any contraindications to receiving the vaccine if you are on medication already prescribed for high blood pressure and thyroid problems?

No. There are no contraindications to receiving the vaccine if you are on medication prescribed for high blood pressure and thyroid problems.

Is the vaccine safe for people with autoimmune disease? Is there any representation of this group of patients in the trials?

The vaccine is inactivated and there is no contraindication to its use in immunocompromised individuals or those with autoimmune disease.

Those in clinically vulnerable patient groups are high priority for the vaccine.



Can you have the vaccine if you take Warfarin?

Yes, with the most recent result of the INR which should be within the range for you.

Can we have the vaccine if still having post-viral fatigue ('long COVID') from a previous COVID infection?

The Green Book published says symptoms of 'long COVID' are not a contraindication.

With long COVID the symptoms persist for months. Would it be safe to have the vaccine if still suffering from it?

The Green Book published says symptoms of 'long COVID' are not a contraindication.

Vaccine effectiveness

Are the vaccines effective against new strains of the SARS COV-2 virus?

There is currently no scientific evidence to suggest that either vaccine is not effective against new variants of the virus. Whilst further work is ongoing in this field, the advice is to continue with the vaccination as planned.

Where is the research that shows this for all COVID vaccines that says 12 weeks is better? Give the references please.

The evidence is on the [MHRA website](#).

Practical vaccine questions

How do I book an appointment?

You will be contacted when it is your turn to book an appointment. If you have been contacted, please do take up the appointment.

Is it mandatory and what happens if I don't want the jab?

There are no plans for COVID-19 vaccines to be compulsory, but we are working hard to ensure that those who want the vaccine can have it as quickly as possible.



How is the vaccine given?

The vaccine is given as an injection into your upper arm.

How long does the vaccine take to become effective?

While you will need two doses of the vaccine to get the best long-term protection from the virus, you will still have a significant level of protection at **22 days** after you received the first dose.

Do I need to continue to social distance and wear a face covering after receiving the vaccine?

It is important to note that even when you have received both doses of the vaccine, you must continue to follow Government guidance on social distancing and wearing a face covering when you are in public places.

You must also to continue to follow your PPE guidance when you are at work.

If I've had a positive antibody test, should I still get vaccinated?

Yes, the vaccine can be given if you have had a positive antibody test.

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.

Should 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.

You can have the vaccine 28 days after you had a positive test for COVID-19 or 28 days after your symptoms started, so you may need to wait.



If I decline to get have a vaccine now, can I change my mind later?

Yes

Will having the vaccine mean I can travel without having to quarantine or get a COVID-19 test?

No. International guidelines around quarantine will stand until otherwise advised. It's extremely important you continue to follow the law.

Are we certain that supplies will be there for delayed second doses?

Yes - totally confident. The constraints at the moment are driven by a few factors and one of the main ones is the **expansion of the vaccination centres** (for example the mass vaccination centres). This will smooth out very quickly.

I developed COVID infection three weeks after my first dose. Should I repeat my first dose or should I just take the booster dose after three months from the first dose?

There is **no need to repeat your first dose.** We suggest that you **attend as planned for your second dose.**

It is recommended to **delay any dose of COVID vaccine** until at least **four weeks after the onset of COVID symptoms or a COVID diagnosis.**

When are (vulnerable) children likely to be able to be vaccinated?

Trials in children are due to start in a few weeks.

Will pregnant women be offered the vaccine, and if so which one?

Although the available data do not indicate any harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.

The Joint Committee on Vaccination and immunisation (JCVI) has advised that vaccination in pregnancy should be considered if the risk of exposure to SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19. In these circumstances, clinicians should discuss the risks and benefits of vaccination with the woman, who should be told about the absence of safety data for the vaccine in pregnancy.



What is in the vaccine

Is the vaccine vegan/vegetarian friendly?

There is no material of foetal or animal origin in either vaccine. All ingredients are published in healthcare information on the MHRA's website.

For the Pfizer/BioNTech vaccine information is [available here](#).

For the Oxford/AstraZeneca vaccine information is [available here](#).

Prioritisation for the vaccine

Which healthcare workers are being prioritised?

Frontline health and social care workers at high individual risk of developing serious disease, or at risk of transmitting infection to vulnerable are considered of higher priority for vaccination than those at lower risk.

[Guides in multiple languages for healthcare workers on vaccination.](#)

Who cannot have the vaccine?

People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated.

Is it safe to have the vaccine if I am pregnant?

It is advised that vaccination in pregnancy should be considered where the risk of exposure to COVID-19 is high and cannot be avoided (such as in front line NHS staff), or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19.

Can I have the vaccine if I'm already taking medication, for example for high blood pressure or asthma?

Only anticoagulant (blood thinning) medication may affect your ability to have the vaccine because of the injection. If you are taking warfarin please check your INR is within range.

If you are taking other medication it should not affect your ability to receive the vaccine.



After 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 PPE and taking part in the testing programme.

Are there any known or anticipated side effects?

These are important details which the MHRA always considers when assessing candidate vaccines for use.

For these vaccines, 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 tens of thousands of 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.

[More information on possible side effects can be found on the NHS website.](#)

What do I do if I have any side effects to the vaccine?

Mild side effects such as pain at the injection site and symptoms such as headache and tiredness for a day commonly occur.

If you have more serious symptoms that you are worried about please seek medical advice from your **GP or 111** as you would normally, as they may be unrelated to the vaccine.

For more acute side effects, you can attend your nearest walk-in centre or Emergency Department.



I received my vaccination yesterday and have woken up with a fever, what should I do?

If you develop any of the main COVID-19 symptoms such as a high temperature, a new, continuous cough, or a loss or change to sense of smell or taste, ensure you **self-isolate** and arrange for a **test**.

Second dose appointments

Is the vaccine effective if I have only one dose?

A single dose of the vaccine does provide a good level of protection from COVID-19, but the second dose is important to ensure lasting protection.

What happens if I'm unable to attend my second dose appointment?

It is advised that the second dose is given 3-12 weeks after the first, but can be safely given later. If there is an unavoidable delay then please attend for your second dose when you can.

I've received the first dose of my COVID-19 vaccine and have my second booked soon. However, I had a fever last night and the PCR swab for COVID-19 is reported positive. Should I still have my second dose? If yes, can I receive it on the day it is booked?

People who have had COVID-19 previously can have the COVID-19 vaccine.

However, you should wait 28 days before the next dose of vaccine can be given to you.

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

To get the best long-term protection from the virus, you will need two doses of the vaccine up to 12 weeks apart.

Why is the gap between doses now 12 weeks and not three?

The new medical advice is that the second dose of the vaccine remains effective when given up to 12 weeks after the first dose and should be given towards the end of this 12 week period.



This will help ensure that as many people as possible benefit from the first dose of the vaccine as soon as possible.

Staff testing after being vaccinated

Should we carry on with asymptomatic (LFD) testing after receiving the COVID vaccination?

Yes. Frontline staff should continue with the programme of asymptomatic testing if they are already taking part.

I had my vaccine yesterday. I did my lateral flow testing today and it has turned positive. Is this as a result of the vaccine?

No. The vaccine will not cross-react with the lateral flow device (LFD). Therefore, if your LFD is positive it is very likely that you have the COVID-19 infection.

You should arrange for a PCR swab to confirm the result of LFD. The vaccine takes one or two weeks to generate immunity therefore it is possible to contract the infection within two weeks of the vaccine.

Will there be an antibody or immunity check after the second dose of the vaccine?

There is not currently a plan in place to do antibody or immunity testing after the vaccine. The evidence suggests that the vaccine is successful in most people.

How long does the vaccine protection last, and is there a need for a booster vaccine on a regular basis?

There is currently no long-term information to indicate how long immunity lasts following the vaccine. There are no current plans to provide booster vaccines but this may change over time.



COVID-19 vaccine and flu vaccine

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

Yes. The flu vaccine does not protect you from COVID-19.

Will the COVID-19 vaccine protect me from flu?

No. The COVID-19 vaccine will not protect you against the flu.

What gap should there be between flu and Pfizer vaccine?

There is unlikely to be any interference between two inactivated vaccines if given at the same time, and there are no specific safety concerns.

However, the Influenza and COVID vaccines should ideally be separated by an interval of at least seven days, to avoid incorrect attribution of potential adverse events.

Workforce People Solutions

International House
16-22 Queensbrook
Spa Road, Bolton
Lancashire
BL1 4AY

01204 393000

info@work-force.co.uk

www.work-force.co.uk

