The NHS COVID-19 Vaccination Programme

FAQs

What vaccine for COVID-19 is currently available?
Both the Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines are now available. 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.

Is the NHS confident the vaccines are safe?
Yes. The NHS will not offer any Covid-19 vaccinations to the public until independent experts have signed off that it is safe to do so.

The MHRA, the official UK regulator, have said that both of these vaccines have good safety profiles and offer a high level of protection, 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.

I am in a Tier 4 area. Will vaccines still be provided/should I still attend my appointment?
Yes. Getting the COVID-19 vaccine, or any other vaccine, is an important medical appointment and so is within the rules wherever you live. Vaccinations will continue as normal in all areas regardless of what Tier they are in. If you have booked or are offered an appointment, please attend it. The place that you choose to have your vaccine will keep you

safe from COVID-19 through a range of measures including cleaning and disinfecting and having social distancing in waiting areas. Please also wear a face covering to your appointment. You should also take the usual steps to minimise your risk as you travel to your appointment.

Will the vaccines work with the new strain?
There is no evidence currently that the new strain will be resistant to the vaccines we have, so we are continuing to vaccinate people as normal. Scientists are looking now in detail at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective.

Why are you postponing second doses?
The UK Chief Medical Officers have agreed a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection. This decision will allow us to get the maximum benefit for the most people in the shortest possible time and will help save lives.

We recognise for some people a longer wait might be worrying, and clinicians have the discretion to vaccinate people sooner if they think this is needed. Getting both doses remains important so we would urge people to return for it at the right time.

Why are healthcare workers amongst the first groups to receive the vaccine?
The 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 available up to now, employers have been asked to offer the vaccine to the most at risk healthcare workers first. With many more doses now expected over the coming weeks, employers will be widening this out and protecting staff as soon as possible.

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.

Why aren't all healthcare workers getting vaccinated right now?
The Government have confirmed that the vast majority of vaccinations administered by the NHS in this initial phase will be prioritised for those 80 years of age and over and care home residents and workers.

Up to now some staff have been vaccinated to avoid doses going to waste, with employers asked to identify those who can benefit most to go first using the risk assesment framework to identify those at greatest risk. Over the following days and weeks as we get more supplies this will continue to be rolled out.

How will healthcare workers get the vaccine?
The NHS will offer vaccinations using different models. For healthcare workers, dozens of NHS trusts will act as hospital hubs where NHS staff can get vaccinated on site.

What about the Moderna vaccine? Why is this available in the USA but not here?
The NHS will only deploy vaccines which the MHRA decide – after extensive assessment – are safe and effective. The MHRA's assessment of the Moderna vaccine is ongoing. The

Government have provisionally ordered several million doses of this vaccine if it is approved, but we don't expect Moderna to be able to make these available until Spring 2021.

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. Both vaccines are classed as being very effective. The Oxford/AstraZeneca is easier to store and transport, meaning we can deliver them in more places, and we expect to have more doses available as they are manufactured in the UK, so we would expect that most people are likely to receive this vaccine over the coming weeks and months.

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.

Do I need to leave a space between having the flu vaccine and having the Covid vaccine?
It is not essential to leave time between the flu and Covid vaccine but it is recommended that there should be a gap of a week.

We would always encourage anyone who is eligible but not yet taken up their flu jab to do so as soon as possible.

Can people pick what vaccine they want?
Any vaccines that the NHS will provide 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, it is worth their while.

If a household has a priority group member, such as an NHS frontline worker or vulnerable person, will everyone living in that household be vaccinated together?
These decisions are for the JCVI. Their current prioritisation plan does not include household members of NHS staff or clinically vulnerable people automatically – although in some cases family members may be eligible in their own right.

How much does each vaccine cost the NHS?
The Government is securing vaccine stocks so they will not directly cost the NHS anything.

Can I get one privately?
No. Vaccinations will only be available through the NHS for the moment. Anyone who claims to be able to provide you with a vaccine for a fee is likely to be committing a crime and should be reported to the Police online or by calling 112.

Does the NHS have capacity to deliver both vaccines or will one have to be prioritised?
The NHS has already vaccinated hundreds of thousands of people in the highest priority groups and has planned extensively to ensure that we can continue to ramp up the programme based on the number of doses that are available to us.

Is one better than the other?
The important point for any vaccine is whether the MHRA approves it for use – if it does then that means it's a worthwhile vaccine to have and people should have it if they are

eligible. Data from clinical trials does suggest the Pfizer vaccine offers marginally more protection, but both are classed as highly effective.

Is one easier to deliver?
All vaccines 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.

Who gets the vaccine first?
The Joint Committee for Vaccination and Immunisation (JCVI) published its final advice on 2 December which can be found here: https://www.gov.uk/government/publications/prioritygroups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020

The Government has confirmed that the vast majority of vaccinations administered in this initial phase will be prioritised for those 80 years of age and over, and care home workers.

Vaccinating services should therefore ensure any unfilled appointments are used to vaccinate healthcare workers, from across their local healthcare system, who have been identified at highest risk of serious illness from COVID-19. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify such individuals.

Has the MHRA approved care home jabs?
Yes, this has been approved and the NHS has been working through the delivery mechanism to ensure we can safely break up batches, transport it and deliver it in care homes. The roll out to care homes has now started.

Who is getting vaccinated now?
Vaccinations in England started on 8 December, with Margaret Keenan becoming the first person to be vaccinated in Coventry. Across the country, care home staff, those aged 80 years of age and over, as well as NHS staff considered to be a risk will be offered vaccination in line with JCVI recommendations, and we are now rolling out vaccines in care homes. Figures on the number of people vaccinated are published weekly and can be found here: https://coronavirus.data.gov.uk/details/healthcare

Can any member of the public be vaccinated? Can they just walk in to a service?
People will be offered vaccinations in line with recommendations from the independent JCVI. The NHS will contact people when it is their turn. People will need an appointment to get their vaccine; most people will be invited by letter from their GP practice or the national programme.

How many vaccines are you expecting to do by the end of January?
The most important thing is that the NHS aims to vaccinate as many people as safely and quickly as possible – staff are delivering something new so there is no benefit to putting arbitrary targets on it now. However, we have made an excellent start to the programme

Vaccine safety and efficacy

Is the NHS confident the vaccine is safe?
Yes. The NHS will not offer any Covid-19 vaccinations to the public until independent experts have signed off that it is safe to do so.

The MHRA, the official UK regulator, have said these vaccines are 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.

The MHRA recommend that those with severe allergies to the ingredients of the vaccines should not receive them.

Are there any side effects?
These are important details which the MHRA always consider 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 at https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/

When will you publish vaccine ingredients?
A detailed review of the vaccines and their ingredients have been provided by the MHRA and can be found at the following links:

For the Pfizer/BioNTech vaccine information is available here:
https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19

For the Oxford/AstraZeneca vaccine information is available here:
https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca

The British Islamic Medical Association have produced a helpful guide for the Muslim community which can be found at https://britishima.org/pfizer-biontech-covid19-vaccine/

What about the allergic reactions that have been reported?
These vaccines are safe and effective for the vast majority of people – they have been tested on tens of thousands of people and assessed by experts.

Any person with a history of immediate-onset anaphylaxis to the ingredients contained in the vaccines should not receive them. A second dose of the Pfizer/BioNTech vaccine should not be given to those who have experienced anaphylaxis to the first dose of Pfizer/BioNTech vaccination.

Everybody will also be screened for potential allergic reactions before getting vaccinated. All vaccinators will have the training they need to deal with any rare cases of adverse reactions, and all venues will be equipped to care for people who need it – just like with any other vaccine.

Has the guidance on allergies changed?
The original MHRA advice was that anybody with a known allergy to specific ingredients in the vaccine should not be vaccinated. This was temporarily widened but the guidance has now reverted to this.

Checking for allergies is a routine part of the process before giving any vaccine or new medicine. Having these conversations – as well as being able to deal with allergic reactions in the rare case they do happen, is a central part of training for vaccinators. But these are new vaccines and so the NHS and the MHRA are being extra vigilant and responding quickly to ensure everyone across the NHS is totally clear on these requirements.

How effective are the vaccines? How long do they take to work?
The MHRA have said these vaccines are highly effective, but to get full protection people need to come back for the second dose – this is really important.

To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second dose of both the OxfordAstraZeneca and the Pfizer/BioNtech vaccine should be scheduled up to 12 weeks apart.

Full protection kicks in around a week or two after that second dose, which is why it's also important that when you do get invited, you act on that and get yourself booked in as soon as possible. Even those who have received a vaccine still need to follow social distancing and other guidance.

What happens if a person has the first jab but not the second?
Both vaccines have been authorised on the basis of two doses because the evidence from the clinical trials shows that this gives the maximum level of protection.

To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second dose of both the Oxford/AstraZeneca and the Pfizer/BioNtech vaccine should be scheduled up to 12 weeks apart.

The evidence doesn't show any risk to not having the second dose other than not being as protected as you otherwise would be. We would urge everyone to show up for both of their appointments for their own protection as well as to ensure we don't waste vaccines or the time of NHS staff.

How will you monitor safety? Are we using the yellow card system?
As will all vaccinations and medicines, patient safety is the NHS number one priority. Public Health England have robust systems in place to monitor surveillance and will be following incident reporting protocols in the usual way.

How were vaccines developed so quickly?
Medicines including vaccines are highly regulated – and that is no different for the approved COVID-19 vaccines. There a number of enablers that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines;

1. The different phases of the clinical trial were delivered to overlap instead of run 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.

Were the vaccines tested on high risk groups?
For both vaccines trial participants included a range of those from various ages, immune-compromised and those with underlying health conditions, and both found the efficacy of the vaccine translates through all the subgroups.

Details of trial participants for both vaccines are published online.

For the Pfizer/BioNTech vaccine information is available here:
https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19

For the Oxford/AstraZeneca vaccine information is available here:
https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca

Does the vaccine include any parts from foetal or animal origin?
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:
https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19

For the Oxford/AstraZeneca vaccine information is available here:
https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca

Can the vaccine alter your genetic material?
There is no evidence to suggest that individual genetic material will undergo an alteration after receiving the vaccine

How does the vaccine work?
The vaccine works by making a protein from the virus that is important for creating protection.

The protein works in the same way they do for other vaccines by stimulating the immune system to make antibodies and cells to fight the infection.

How long will my vaccine be effective for?
We expect these vaccines to work for at least a year – if not longer. This will be constantly monitored.

Are there any groups that shouldn't have the vaccine?
People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated.

The MHRA have updated their guidance to say that pregnant women and those who are breastfeeding can have the vaccine but should discuss it with a clinician to ensure that the benefits outweigh any potential risks.

Does the vaccine work on those taking immune suppressants?
Although the vaccine was not tested on those with very serious immunological conditions, the vaccine has been proven to be very effective and it is unlikely that the vaccine will have no effect at all on these individuals.

There may be a very small number of people with very complex or severe immunological problems who can't make any response at all – but the vaccine should not do any harm to these individuals. Individuals meeting these criteria may want to discuss the vaccine further with their specialist doctor.

Operational plans

How is the NHS delivering vaccines?
The NHS will offer vaccinations using three different models. In the first instance, dozens of NHS trusts are acting as **hospital hubs** where the vaccine can be stored safely and where many in the top priority groups – including the over 80s, care home workers and at-risk NHS staff – have been able to get vaccinated on site.

To make it as easy as possible for those who are eligible to access a vaccination safely, hundreds of **Local Vaccination Services** have been set up, with more due to start in the coming weeks. These community and primary care-led services will vary based on local and logistical considerations but include GP practices, local authority sourced buildings or other local facilities, as well as roving teams who have started delivering it in some care homes.

When the supply of doses allows, the NHS will also establish **vaccination centres,** where large numbers of people will be able to go and get vaccinated. These could be in local venues such as sports stadiums, racecourses, and concert venues that offer the physical space to deal with large numbers of people while maintaining social distancing.

Do vulnerable people travel to get the vaccine or does it come to them?
We are planning a mixed approach to ensuring that people who are eligible can get the vaccine safely. For care home residents and those who can't leave home, this will involve roving community teams coming to them.

How is the NHS ensuring that the vaccine won't be wasted?
Our plans are based around ensuring that waste is minimised. For example, this includes clustering vaccinations in one GP practice or high volume sites, and ensuring that the numbers of people each facility is able to see in one week is in line with the stock they receive.

How will patients be invited for a vaccination? How/when will they go for the second? Will this be at the same place/what happens if there is a delay in between?
When it is the right time people will be contacted to make their appointments. For most people they will receive a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number. Some services are currently also phoning and texting patients to invite them in.

We know lots of people will be eager to get protected but we would ask people not to contact the NHS to get an appointment until they are contacted. The NHS is working hard to make sure those at greatest risk are offered the vaccine first.

When you book your first dose you will also be asked to book your second too. For most people this will be within three months of your first dose. The UK Chief Medical Officers have agreed this longer timeframe so that more people can get their first dose quickly, and because the evidence shows that one dose offers a high level of protection. Getting both doses remains important so we would urge people to return for it at the right time.

How will GPs be told who to vaccinate?
The JCVI have set criteria for who should get the vaccine in order of priority. GPs, working together with their partners at a local level, will call in or go out to patients based on the prioritisation of the JCVI, using their patient records and those of neighbouring practices. A national invite and recall system, drawn from GP patient records, will also be used.