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# **COVID-19 vaccinations: frequently asked questions**

**About the vaccines**

**How do the vaccines work?**

Like all vaccines, the COVID-19 vaccines teach your body to fight the virus.

The vaccines work by making a protein from the virus that is important for creating protection.  The protein stimulates the immune system to make antibodies and cells to fight the infection.

The components of the vaccine leave the body within a few days. The vaccines will not alter your DNA or genetic material.

**Do the vaccines include any ingredients of animal or foetal origin?**

There are no animal or foetal products in any of the approved COVID-19 vaccines. The ingredients are published as part of the approval process and are available at:

* Pfizer/BioNTech vaccine: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>
* Oxford/AstraZeneca vaccine: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>
* Moderna vaccine: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna>

Leaders from Muslim, Hindu and Jewish faiths have all said that the vaccines are suitable for people of their religions and people shouldn’t hesitate to get them.

**Are the vaccines safe?**

Yes.The COVID-19 vaccines approved for use in the UK have met strict standards of safety and effectiveness.

They have been approved by an independent body (The Medicines & Healthcare products Regulatory Agency), which follows international standards of safety, and have gone through all the same clinical trials and safety checks that all other licensed medicines have to complete before they can be used.

The vaccines have been thoroughly tested and no safety concerns were seen in studies of more than 20,000 people of different ages and ethnic backgrounds. So far, millions of people have had a COVID-19 vaccine and reports of serious side effects, such as allergic reactions or clotting problems, have been very rare.

**How were the vaccines developed so quickly?**

The main reason that the vaccines were developed so quickly is that finding a vaccine for COVID-19 was a worldwide priority. Funding was made available very quickly and scientists across the world have worked together to develop the vaccines, which has meant they were able to complete years of work in months.

Similarly, thousands of people across the world volunteered to take part in the clinical trials, whereas it usually takes a long time to find enough volunteers for a vaccine trial.

The other factor was that all the different bodies involved in checking the safety of the vaccines worked together so this could happen as quickly as possible and sped up the administrative processes, which can often take several years. For example, usually the different phases of the clinical trials take place one after another but for the covid-19 vaccine, some of them ran at the same time to speed up the process.

**Are the vaccines safe for Black, Asian and Minority Ethnic communities?**

The trials demonstrated that the vaccines are consistently safe and effective across different ethnic groups.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.  For the Oxford/AstraZeneca vaccine 10.1% of trail recipients were Black and 3.5% Asian. Full details are available in the Public Assessment Reports, which contain all the scientific information about the trials and information on trial participants.These can be found at:

* <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine>
* <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/summary-of-the-public-assessment-report-for-astrazeneca-covid-19-vaccine>
* <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna/summary-of-the-public-assessment-report-for-covid-19-vaccine-moderna>

**I am worried that the Oxford AstraZeneca vaccine might cause blood clots – should I still have it?**

The UK’s independent regulator, the MHRA, is monitoring reports of an extremely rare blood clotting problem affecting a small number of people who have had the Oxford/AstraZeneca vaccine. The problem can also happen in people who have not been vaccinated and it's not yet clear why it affects some people.

Both the MHRA and Joint Committee for Vaccinations & Immunisations (JCVI) have emphasised that the risk is extremely small – just over 10 people in every million have developed this condition - and that the benefits of the vaccine outweigh the risks for the vast majority of people.

If you are aged 40 or over and have a health condition that puts you at greater risk from COVID-19, you should still have whichever vaccine is offered to you. The benefits of the vaccine in preventing you becoming seriously ill or dying from COVID-19 outweigh any risk of clotting problems. Similarly, if you had AstraZeneca for your first dose you should also have this for your second vaccination, whatever your age, unless you experienced this very rare clotting after your first dose.

For people under 40 without any health conditions, the JCVI has advised that it's preferable to have alternative COVID-19 vaccine where available and where this will not cause delays to people having the vaccine. This is a precautionary measure, which takes into account that this rare condition has been seen more often in younger people and that the risks from COVID-19 decrease with age.

**Can the vaccines make you ill?**

You **can’t** get COVID-19 from having the vaccine. As with flu, it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment but the vaccine cannot give you the virus.

**Are there any side effects?**

Like all vaccines, the COVID-19 vaccines can cause side effects in some people. Most of these are mild and short term, and not everyone gets them. 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

These tend to happen in the first couple of days after the vaccination and last a few days. You can rest and take the normal dose of paracetamol (follow the advice in the packaging) to help you feel better. If your symptoms seem to get worse or if you are concerned, call NHS 111 or your GP practice.

You should call 111 immediately if you get any of these symptoms starting from around 4 days to 4 weeks after being vaccinated:

* a severe headache that is not relieved with painkillers or is getting worse
* a headache that feels worse when you lie down or bend over
* a headache that's unusual for you and occurs with blurred vision, feeling or being sick, problems speaking, weakness, drowsiness or seizures (fits)
* a rash that looks like small bruises or bleeding under the skin
* shortness of breath, chest pain, leg swelling or persistent abdominal (tummy) pain

**Can the vaccines affect your fertility?**

No. Medical experts agree that it is not possible for the vaccines to affect fertility. Like all vaccines, the COVID-19 vaccines teach your body to fight the disease. They do not have any ingredients that would affect fertility and the components leave the body within a few days.

**Are there any people who shouldn’t have the vaccine?**

You should not have the COVID-19 vaccine if you have ever had a serious allergic reaction (including anaphylaxis) to a previous dose of the same vaccine or any of the ingredients in the vaccine. Clinicians will discuss this with people before vaccinating them.

**Can I have the vaccine if I’m pregnant?**

The Joint Committee for Vaccinations and Immunisations has advised that pregnant women should be offered COVID-19 vaccines at the same time as people of the same age or risk group.  They have said it is preferable for pregnant women to have the Pfizer/BioNTech or Moderna vaccine where available because they've been more widely used during pregnancy in other countries and no safety concerns have been identified. There is no evidence to suggest that other vaccines are unsafe for pregnant women but more research is needed.

You should speak to a healthcare professional before you have the vaccination to discuss the benefits and risks with you. You should also readthe COVID-19 leaflet for childbearing, pregnant or breastfeeding women www.gov.uk/government/publications/covid-19- vaccination-women-of-childbearing-age-currently-pregnant- planning-a-pregnancy-or-breastfeeding

**Can I have the vaccine if I am breastfeeding?**

The Joint Committee for Vaccinations and Immunisations has recommended that the vaccines can be given to women who are breastfeeding as there are no known risks to them or their baby. This is in line with recommendations from the World Health Organisation.

**Is it safe to try to get pregnant after having the vaccine?**

Yes. There is no need to delay pregnancy after having the vaccination.

**How many doses of the vaccine do I need and when?**

Both vaccines require two doses to give the maximum amount of protection. The second dose should be given between 8 and 12 weeks after your first dose of the vaccine.

In response to the rising number of cases of the Delta variant, second doses are currently being brought forward to 8 weeks for all adults. This is to ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible and builds on the earlier JCVI recommendation that second doses for people at greatest risk from Covid-19 should be brought forward to 8 weeks.

**Why do I need two vaccinations?**

The evidence from the clinical trials showed that people build up better protection against COVID-19 symptoms when the vaccine is given in two, smaller doses, with an interval between them.

Evidence shows that the second dose not only increases your protection against Covid but gives you longer-lasting protection so it is very important that you have both doses. Covid-19 can make you very seriously ill and have long-term effects on your health so getting the maximum protection possible will give you the best chance of avoiding this. For example, having two doses has been shown to be over 90% effective in preventing hospitalisation.

**How effective are the COVID-19 vaccines?**

The vaccines have been shown to be highly effective at stopping people from becoming seriously ill or dying from COVID-19. Latest evidence also suggests that they help to prevent the virus spreading. The most recent analysis by Public Health England found that the vaccines have prevented between 26,000 and 28,000 deaths in England alone and between 6.4 and 7.9 million infections.

**How long do the vaccines take to work?**

Protection starts around seven days after your first dose*.* To get the maximum amount of protection, people need to have their second dose. Full protection takes effect around a week or two after the second dose.

**How long will my vaccine be effective for?**

We expect these vaccines to work for at least a year – if not longer - but this will be constantly monitored.

**Which vaccine will I get?**

The UK is currently using the PfizerBioNTech, OxfordAstraZeneca and Moderna vaccines. If you are under 40 or pregnant, you will have either Pfizer or Moderna. If you are 40 or over, or have a health condition that puts you at greater risk from Covid-19, you will be given whichever vaccine is available at the time of your appointment.

**Can people pick which vaccine they want?**

No. The healthcare professional vaccinating you will have to use the vaccine that is available at the time of your appointment.

**Is one vaccine better than the other?**

All the approved vaccines have been shown to be safe and highly effective. No trials have been carried out to compare the vaccines: the important thing is that they will both protect you from becoming seriously ill from COVID-19.

**Why have second doses been brought forward?**

Second doses are now being brought forward to 8 weeks for all adults, following the rising number of cases of the Delta variant. Evidence has shown that the second dose is particularly important for providing protection against this variant so bringing these forward will ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible.

**What if I have an allergic reaction?**

The 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.

Anyone with a history of a severe allergy to any of the ingredients or who has had an allergic reaction to the same vaccine before should not have the vaccine. Everybody will be screened for potential allergic reactions before getting vaccinated. Serious allergic reactions are rare. If you do have a reaction to the vaccine, it usually happens in minutes. Staff giving the vaccine are trained to deal with allergic reactions and treat them immediately, and all centres will be equipped to care for people who need it – just like with any other vaccine.

**Eligibility and priority groups**

**How were people prioritised for vaccinations?**

The Joint Committee for Vaccinations & Immunisations (JCVI) set out detailed guidance for the order in which people should be vaccinated based on preventing death from COVID-19 and the need to protect health and social care staff and systems.

Nine groups were prioritised to receive the vaccines, including care home residents and staff, people aged 50 years of age and over, people who are at increased risk from COVID-19 due to a health condition and frontline health and social care staff. Everyone in thee groups was offered a vaccination by the middle of April 2021.

The second phase of the vaccine rollout is to people under 50. The JCVI recommended that the rollout should continue to be prioritised by age, with people invited in the following order:

* 40-49 year olds
* 30-39 year olds
* 18-29 year olds

**Which conditions are included in cohort 6?**

The JCVI guidance recommends that people with the following conditions should be included in cohort 6:

* chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma
* chronic heart disease (and vascular disease)
* chronic kidney disease
* chronic liver disease
* chronic neurological disease including epilepsy
* Down’s syndrome
* people with a learning disability
* diabetes
* solid organ, bone marrow and stem cell transplant recipients
* people with specific cancers
* immunosuppression due to disease or treatment
* asplenia and splenic dysfunction
* morbid obesity
* severe mental illness

People who are the main carer for an elderly or disabled person are also included in cohort 6.

**Getting your vaccination**

**How can I get a vaccination?**

There are a range of vaccination services available including services run by local GPs and pharmacies, large-scale vaccination centres and pop-up clinics in local communities. You can book an appointment at [www.nhs.uk/covid-vaccine](http://www.nhs.uk/covid-vaccine) or visit your local clinical commissioning group website for details of walk-in services near you.

**Can you walk in to any of the services to get a vaccination?**

Some of the vaccination services now offer walk-in appointments as well as bookable appointments, and there are also a variety of pop-up walk-in services in local communities. Details of times and services are available on local clinical commissioning group websites.

**Can people get a vaccine without their NHS number or if they aren’t registered with a GP?**

Yes. Anyone can get a vaccine, even if they do not have an NHS number or are not registered with a GP. The simplest way to do this is to go one of the walk-in vaccination services – details are available on local NHS and council websites.

Although you don’t need to be registered with a GP to get your vaccination, this is important to make sure you get healthcare when you need it. You will also be invited for other vaccinations and important health checks to keep you well. Details of how to do this are available at: [www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/](http://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/)

**How will I get my second vaccination?**

You will be given your second vaccination 8-12 weeks after your first one.

If you had your first vaccination at your local GP centre, you will be contacted by your practice when it is time to have your second dose.

If you booked your first vaccination through the National Booking Service, you will have made your second appointment at the same time. If you need to check when this is or make any changes you can do this online or by calling 119.

If you had your first dose at a walk-in service, you can book your second appointment through the National Booking Service. This can be done from 24 hours after your first vaccination, once your record will have been updated.

**Can I get a vaccine privately?**

No. Vaccinations are only available through the NHS and are free of charge. If anyone claims to be able to provide you with a vaccine for a fee, they are likely to be committing a crime and should be reported to the Police online or by calling 101.

Remember:

*-* The NHS will never ask you for your bank account or card details.

- The NHS will never ask you for your PIN or banking password.

- The NHS will never arrive unannounced at your home to administer the vaccine.

- The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.

**The NHS National Booking Service**

**What are the operating hours of the telephone booking service?**

The telephone booking service will be open 16 hours a day (from 7am until 11pm), seven days a week. People will also be able to book online 24/7.

**What should people do if they can’t get through to the phone line straight away?**

At times, due to high demand, the phone line will get very busy, which may mean waiting on the line for a while or calling back later. People can alternatively book online. If you need help to do this please ask someone in your support bubble.

**What information will I need to book?**

You will need to provide your name, date of birth, postcode and ideally your NHS number, which will be included on your booking letter. If you have lost your letter or don’t have your NHS number, you may need to provide the name and postcode/postcode of the GP practice you are registered with.

**Does the National Booking Service work for people who don’t understand English well or are deaf?**

The phone line has interpreters and a British Sign Language facility available on request to help you book your appointments.

**What if I book an appointment through the NHS website or 119 and I need to rearrange it?**

If you need to rearrange your appointment, you can do this through the ‘manage your appointments’ section on the booking page or by calling 119.

If you can’t attend your appointment for any reason, please cancel or rearrange it so that the appointment slot can be given to someone else who needs it.

**Can I still book if I previously had an appointment but didn’t attend or cancel it?**

Yes. The service will allow anyone who is eligible and has not already had a vaccination to book an appointment.

**Other**

**I’m currently ill with COVID-19, can I get the vaccine?**

If you have COVID-19 or are experiencing COVID-19 symptoms you should not receive the COVID-19 vaccine until you have recovered. The guidance says this should be at least four weeks after the start of symptoms or from the date of a positive COVID-19 test.

**Should people who have already had Covid or are suffering from ‘Long Covid’ get vaccinated?**

Yes. Getting vaccinated is just as important for those who have already had COVID-19 as it is for those who haven’t, including people who have mild residual symptoms. Where people are suffering significant ongoing complications from Covid they should discuss whether or not to have a vaccine now with a clinician.