

Stakeholder Vaccine FAQ, from the Department of Health and Social Care

19 March 2021

Please note that text that is highlighted blue has been updated (as of 19 March) by the Department of Health and Social Care.

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Top lines

- Vaccines are the way out of this pandemic. Vaccines are the best way to protect people from coronavirus and will save thousands of lives. It is essential that everyone continues to stay at home if possible whether they have had the vaccine or not, to protect the NHS and save lives.
- The Covid-19 vaccination programme is the biggest vaccination programme in NHS history.
- An effective vaccine is one that saves lives and reduces hospitalisations. New research shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab.
- **26.2 million** people have now received their first COVID-19 vaccine dose.
- Over 98% of the population are within 10 miles of a vaccination centre. NHS staff are delivering lifesaving COVID jabs at a network of vaccination sites.
- The UK has secured early access to 457 million doses of eight of the most promising vaccine candidates.
- Our supply and scheduled deliveries of the Oxford/AstraZeneca, Pfizer/BioNTech and vaccines will fully support vaccination of JCVI priority cohorts 1-9 by 15 April.
- All those aged over 50 years and those who are clinically vulnerable against COVID-19 are now being invited to book their vaccination, with a choice between attending a vaccination centre or pharmacy service.
- This includes people aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, and people who receive a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable. Information about whether your clinical condition is eligible within cohort 6 is found on your medical record, which your GP will review.

- A hospital clinician or GP can also add a patient to the list, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19.
- Anyone unable to book online can call 119 free of charge, anytime between 7am and 11pm seven days a week.
- Anyone aged 50 or over and carers who have not yet had their vaccines are asked to call the national booking service or go online and arrange their appointment.
- Our target remains to offer a vaccine to all priority groups (i.e. all over-50s) by 15 April, and all adults by the end of July.
- We are in constant contact with the vaccine manufacturers and remain confident that the supply of vaccine to the UK will not be disrupted.
- Our partnership with vaccine manufacturer CureVac means we are ready to build on our world-leading genomics expertise to develop new vaccines quickly - in the UK - if they are ever needed to tackle virus variants in the future.

Frequently asked questions answered by Deputy Chief Medical Officer, Professor Jonathan Van-Tam (12/03/2021). Includes answers to questions such as what vaccines are available, how you will know it's your turn, are there any side effects, do you get protection immediately and many more.

Vaccine deployment statistics

Latest number on vaccines can be found on the gov.uk coronavirus dashboard [here](#). NHS.uk statistics, updated weekly, can be found [here](#).

Top announcements and lines in the last seven days (from 19/03/2021)

Prime Minister's press conference (18/03/21) with Prof. Chris Whitty, Chief Medical Officer and DHSC Chief Scientific Adviser and Dr June Raine, MHRA Chief Executive

Quotes from Prime Minister's speech:

On vaccine safety:

- The independent Medicines and Healthcare products Regulatory Agency has reviewed the evidence, as it does every week. They have confirmed that the benefits of the vaccine in preventing Covid far outweigh any risks and people should continue to get their vaccine when asked to do so.
- The European Medicines Agency has come to a clear scientific conclusion and I quote - "this is a safe and effective vaccine." We also saw yesterday the evidence from Public Health England that a single dose of either vaccine provides 60 per cent protection against getting Covid and reduces the chances of hospitalisation by 80 per cent and the risk of death by 85 per cent.
- So the Oxford jab is safe; and the Pfizer jab is safe - the thing that isn't safe is catching Covid - which is why it's so important that we all get our jabs as soon as our turn comes. And as it happens, I'm getting mine tomorrow. And the centre where I'm getting jabbed is currently using the Oxford AstraZeneca vaccine for those receiving their first dose, and that is the one I'll be having.

On supply

- We will receive slightly fewer vaccines in April than in March. But that is still more than we received in February and the supply we do have will still enable us to hit the targets we have set. That means that by 15 April we will be able to offer a first dose to all of you who are over 50, as well as those under 50 who are clinically vulnerable. We will have the second doses that people need within the 12 week window - which means around 12 million people in April. And we will still offer a first dose to every adult by the end of July.

On the roadmap:

- There is no change to the next steps of the roadmap. We've now vaccinated over 25 million across our entire United Kingdom - more than the entire population of many countries and our progress along the road to freedom continues unchecked.

17 March Letter from NHS updating on vaccine supply: [Full letter here.](#)

A Department of Health and Social Care spokesperson said in response to the letter:

- We have always said that the pace of the programme will only be limited by supply.
- The letter from NHS England is a operational letter to update the system on upcoming vaccine supply.
- We have set out our timelines for the vaccination programme and there is no change to this.
- We remain in constant contact with the vaccine manufacturers to understand and address potential pinch points.
- Our forthcoming scheduled deliveries will fully support offering vaccines to JCVI priority cohorts 1-9 by 15 April and all adults by 31 July.

AstraZeneca vaccine and blood clots

UK regulator confirms that people should continue to receive the COVID-19 vaccine AstraZeneca (18/03/21): [Full statement](#)

- Following suspensions by some countries of the COVID-19 Vaccine AstraZeneca over suspected blood clots, the MHRA confirms that the benefits of the vaccine in preventing COVID-19 far outweigh the risks. People should still go and get their COVID-19 vaccine when asked to do so.
- Today the UK regulator, following a rigorous scientific review of all the available data, said that the available evidence does not suggest that blood clots in veins (venous thromboembolism) are caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records. This has been confirmed by the Government's independent advisory group, the Commission on Human Medicines, whose expert scientists and clinicians have also reviewed the available data.

EMA statement - COVID-19 Vaccine AstraZeneca: benefits still outweigh the risks despite possible link to rare blood clots with low blood platelets [Full statement](#)

EMA's safety committee, PRAC, concluded its preliminary review of a signal of blood clots in people vaccinated with COVID-19 Vaccine AstraZeneca at its extraordinary meeting of 18 March 2021. The Committee confirmed that:

- the benefits of the vaccine in combating the still widespread threat of COVID-19 (which itself results in clotting problems and may be fatal) continue to outweigh the risk of side effects;
- the vaccine is not associated with an increase in the overall risk of blood clots (thromboembolic events) in those who receive it;

Statement from AstraZeneca: [Read full statement here.](#)

- Following a recent concern raised around thrombotic events, AstraZeneca would like to offer its reassurance on the safety of its COVID-19 vaccine based on clear scientific evidence. Safety is of paramount importance and the Company is continually monitoring the safety of its vaccine.
- A careful review of all available safety data of more than 17 million people vaccinated in the European Union (EU) and UK with *COVID-19 Vaccine AstraZeneca* has shown no evidence of an increased risk of pulmonary embolism, deep vein thrombosis (DVT) or thrombocytopenia, in any defined age group, gender, batch or in any particular country.

PHE study shows three-quarters of over 70s have COVID-19 antibodies. New findings from Public Health England have shown that an estimated 75.8% of 70 to 84 year old blood donors had antibodies against COVID-19 by early March. (17/03/2021) [Full statement.](#)

More than 25 million people receive first dose of COVID-19 vaccine in UK
[Link to announcement.](#)

- Significant milestone reached as almost half of all UK adults in the UK get the vaccine
- 95% of people aged 65 and over have now been vaccinated with first dose
- Nine in 10 of those clinically extremely vulnerable have received first jab

NHS England Invites Everyone Aged 50 And Over to Be Jabbed As NHS Vaccination Programme Marks 100th Day - [Link to announcement.](#)

- Wednesday 17 March marks 100 days since the first dose of the COVID-19 vaccination on December 8 2020.
- Circa two million additional text messages go out from today with a link allowing people to pick a slot at an NHS vaccine centre, or pharmacy-led service through the national booking service website. People who cannot go online can call the service on 119.
- The text alerts will be followed up with 2.4 million letters landing on doorsteps later in the week.

Government asks for views on Covid-19 certification (15/03/2021)

The Government is reviewing whether COVID-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. [Full press notice](#)

More detailed FAQ

How effective are the vaccines?

Public Health England data (01/03/2021) shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. Since January, protection against symptomatic COVID, 4 weeks after the first dose, ranged between 57 and 61% for one dose of Pfizer and between 60 and 73% for the Oxford-AstraZeneca vaccine. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab. There is also evidence for the Pfizer vaccine, which suggests it leads to an 83% reduction in deaths from COVID-19. ([Full statement and data here](#)).

Public Health England data (17/03/21) - Analysis of routine testing data continues to show a vaccine effect against symptomatic COVID19 from either vaccine in those aged 70 year and over, for whom the vaccine effectiveness (VE) of a single dose reaches ~ 60%. This analysis includes additional weeks' of data which gives us increased confidence in the levels of protection the vaccines are offering. ([Read full study and results](#)). High protection against any COVID-19 infection is shown in health care workers with no decline in protection after a single dose beyond 56 days (which is the length of time people have been studied). Among those who develop symptomatic infection, risk of hospitalisation is reduced by 35 to 45% after one dose of either vaccine. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against hospitalisation which is similar to previously reported value of 80%. Risk of death for cases over 80 is reduced by 54%. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against mortality which is similar to previously reported value of 85%.

Research by Public Health England and Public Health Scotland (announced 22/02/2021):

Public Health England analysis of the Pfizer/BioNTech vaccine

- One dose of the Pfizer vaccine reduces infection risk in healthcare workers by >70%, two doses by 85%
- One dose reduces cases in those aged 70+ by 50-70% (from 3 weeks). With the second dose this improves to 80-90%
- For older people who do develop COVID-19 there is a reduced risk of hospitalisation (-40%) and death (50%)
- Analysis is based on a period in which the Kent variant was dominant in England
- No estimates yet available for AstraZeneca but very early analysis suggests there is a similar effect after one dose

Public Health Scotland analysis - Pfizer BioNTech and AstraZeneca vaccines

- One dose of the Pfizer vaccine reduces risk of hospitalisation by **85%** (all ages, 4 weeks after dose)
- One dose of the AstraZeneca vaccine reduces risk of hospitalisation by **94%** (all ages, 4 weeks after dose)
- Overlapping confidence intervals around these estimates mean conclusions should not yet be drawn on apparent difference between Pfizer & AZ
- For those aged 80+, **81%** reduction in hospitalisation (Pfizer / AZ combined)
- Overall, the results validate the UK's delayed second dose approach

What is the difference between PHS and PHE research on vaccine effectiveness?

- PHE / PHS results are **not directly comparable** - because of different age cohorts & combinations of vaccine(s)
- But the results are **broadly consistent** in terms of scale of impact - e.g. both show significant reduction in risk of hospitalisation for older people
- PHS analysis based only on risk of hospitalisation, PHE includes analysis of effectiveness on risk of infection and symptomatic disease
- PHE estimates are for Pfizer only, PHS includes estimates for AZ (all ages)
- PHE includes early analysis of impact from second dose (notable boost in effectiveness for Pfizer). PHS analysis of first dose effect only.

How do the Covid-19 vaccines work?

- Vaccines are the best way to protect people from coronavirus and will save tens of thousands of lives.
- As more people are vaccinated, more people will be protected from the harmful effects of COVID-19.
- Vaccines work by tricking your body into thinking it has to fight the virus. It trains your immune system for this fight by stimulating you to create antibodies and stimulating T-cells.
- This means that when Covid-19 is encountered naturally, the body has already been prepared to protect against it.
- However, like any training, getting up to 'match fitness' takes time. Your body's response, the immune response, is only trained up around 2 or 3 weeks after you have your first jab. If you are older it's better to allow at least 3 weeks. You do not have the full protection from the first dose in this 2 or 3 weeks.
- Even better and longer lasting protection then comes from the second dose so it is really important that everyone gets the second jab. Again the effect from that jab will be weeks after it is given.

Which vaccines have been authorised in the UK?

- Three vaccines have been authorised in the UK. Pfizer/BioNTech, AstraZeneca/Oxford and Moderna
- The University of Oxford/AstraZeneca vaccine and the BioNTech/Pfizer vaccine are now available across the UK. The Moderna vaccine will become available later in 2021.

Are there regional differences in supply or are sites running out of vaccine?

- Vaccines are being distributed fairly across the UK to ensure the most vulnerable are immunised first and all GPs will continue to receive deliveries as planned. The NHS, government and armed forces are doing everything we can to vaccinate those most at risk as quickly as possible.

- Parts of the country have made very significant progress and gone faster than the average. We're putting more supply into areas that have more to do, with the NHS doing brilliantly to deliver the amount of supply we have.

What vaccines will we have? How many doses have we secured?

- Our supply and scheduled deliveries of the Oxford/AstraZeneca, Pfizer/BioNTech and Moderna vaccines will fully support vaccination of JCVI priority cohorts 1-9 by the end of April.
- The UK has secured access to seven different possible vaccines, across four different vaccine types, reflecting the government's strategy to ensure the UK has a supply of vaccines should they prove safe and effective in clinical trials. These are at separate stages of development.
- The UK has secured early access to **457** million doses of eight of the most promising vaccine candidates.
- This includes agreements with:
 - BioNTech/Pfizer for 40 million doses
 - Valneva for 100 million doses
 - Oxford/AstraZeneca who will work to supply 100 million doses of the vaccine being developed by Oxford University
 - GlaxoSmithKline and Sanofi Pasteur to buy 60 million doses
 - Novavax for 60 million doses
 - Janssen for 30 million doses of their not-for-profit vaccine, alongside funding of their Phase 3 clinical trial
 - Moderna for 17 million doses
 - CureVac for 50 million doses

Research, Development and Manufacturing

How were the vaccines developed so quickly?

- These vaccines have had three stages of clinical trials and have been tested on tens of thousands of people around the world.
- The trial phases were run in parallel, speeding up the overall time of vaccine production, but not the critical research time.
- Time has also been gained because:
 - Vaccine trial volunteers were recruited at the start of the process, so they were ready to go once the vaccine was ready to trial
 - The National Institute for Health Research (NIHR) made this their top priority
 - Plans were made for the next phase of trials by the companies without having to wait for investor decisions.
 - Companies made decisions to begin large scale production of vaccines which are still in trials. So, if vaccines were found to be safe and effective, they would be ready to be distributed.

How many vaccines are being manufactured in the UK?

- Three of the UK's eight COVID19 vaccines are being manufactured in the UK, this includes Valneva's whole inactivated virus vaccine, Novavax VLP protein adjuvant vaccine and Oxford/AstraZeneca's vaccine, which is delivered through a majority UK supply chain.
- We have invested over £300m into manufacturing any successful vaccine and an enormous amount of planning and preparation has taken place across Government to

be able to quickly roll out the vaccine, including ensuring we have adequate provision, transport, PPE and logistical expertise to do so.

Are trials ongoing?

- There will be further studies to look at how best to use the different vaccines, such as which vaccine is most effective in which individuals and what sized dose is most effective.
- A number of vaccines remain in development, and these may offer benefits over the first approved vaccine/s.
- The NIHR holds a registry of vaccine trial participants, and welcomes people wanting to take part in health and social care research. <https://www.nhs.uk/sign-up-to-be-contacted-for-research>

Have Covid vaccines been tested on a wide range of people, including different ethnic minorities?

- Each of the vaccines are tested on tens of thousands of people across the world. They are tested on both men and women, on people from different ethnic backgrounds, representative of the UK population and of all ages between 18-84.
- Pfizer/BioNTech trials took place in the US, Europe, Turkey, South Africa and South America. Approximately 42% of global participants and 30% of U.S. participants had racially and ethnically diverse backgrounds
- AstraZeneca trials took place in the UK, Brazil and South Africa. The non-white demographic in the UK trial was 7.1%. In the Brazil trial it was 31.4% and in South Africa it was 87%.

Deployment and Timing

What are the phase 2 plan/timescales?

In line with the Government's wider priorities, the objective for the next phase of vaccine rollout is to bring down further the number of people dying, becoming seriously ill and being admitted to hospital. This will help to protect those more at risk, reduce pressure on the NHS, and support the reopening of the economy. We have asked the JCVI to advise on the best strategy for achieving this. They will publish their interim advice shortly.

In Phase 2 of the vaccine rollout we aim to offer every adult aged 18 and over a first dose of the vaccine by 31st July.

Who are you vaccinating now?

From Wednesday 17 March 2021, people aged 50 and over will start to receive their invites to book their vaccinations as part of cohort 9.

The latest batch of national invites follows a significant boost to bookings last week, with a major push by text message and letter prompting slots booked almost to double in 48 hours from 340,000 on March 7 to 609,000 on March 9 when texts were sent.

Healthcare teams continue to urge anyone yet to be vaccinated to take up the offer as around two million additional text messages go out from Wednesday 17 March 2021, with a link

allowing people also to pick a convenient slot at an NHS vaccine centre, or pharmacy-led service through the national booking service website.

People who cannot go online can call the service on 119.

The text alerts will be followed up with 2.4 million letters landing on doorsteps later in the week.

- Nine out of 10 people aged 65 and over have now had their first COVID vaccine
- NHS staff continue to vaccinate people aged 60 to 63 and those who are clinically vulnerable against Covid who have not yet had their vaccination
- All those aged 50 and over, care workers and clinically vulnerable can book your vaccination appointment online via the national booking service.
- Anyone unable to book online can call 119 free of charge, anytime between 7am and 11pm seven days a week.
- Those who receive a letter can choose from more than 100 large scale vaccination centres or almost 200 pharmacy services.
- GP led vaccination sites will focus initially on the clinically vulnerable from cohort 6 because of the relationship between general practice and those with long term conditions, and continuity of care.
- Should somebody want to wait to be called by their local GP vaccination service or who have already received the jab they do not need to respond to their invitation.

We have heard reports of some people under 50 getting the vaccine before this - they do not have long-term health conditions and do not work in health or social care.

- We are focused on saving lives and continue to follow the advice of the independent JCVI to vaccinate the most vulnerable people in society first. The priority order is primarily based on age, which is the biggest factor determining mortality, we expect this order to be followed.
- Vaccines are being distributed fairly across the UK and we're putting more supply into areas that have more to do. The rollout of vaccinations will continue to expand at pace as we work to offer a vaccine to all over-50s by mid-April.
- Local services should continue to vaccinate people in the priority groups, set out by the JCVI, which now includes the wider group of people who are clinically vulnerable and people aged 60 and over.
- The JCVI's advice was developed with the aim of preventing as many deaths as possible. As the single greatest risk of death from COVID-19 is older age, prioritisation is primarily based on age.
- The JCVI have considered evidence on the risk of exposure and risk of mortality by occupation. Under the priority groups advised, people of any occupation aged over 50 years of age or in a medical risk group are eligible for vaccination in phase of the vaccination programme.
- For phase two, the JCVI have concluded that targeted vaccination to reduce transmission or give priority to occupational groups at higher risk of exposure would not be as effective or as fast in reducing deaths and hospitalisations as direct protection of those at higher risk of serious disease.

- Delivery of a programme targeting occupations would be operationally very complex and therefore would risk slowing down the pace of the vaccination programme.
- An age-based programme will still protect individuals working in jobs with a potentially higher risk of exposure to the virus, with the most vulnerable in those occupations vaccinated first

Should people who have already had Covid get vaccinated?

- Yes. 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.
- As with all new viruses, we won't know how long those who have recovered from coronavirus or the level of their immunity. The most important thing is to vaccinate those who are most at risk from Covid, so we will continue to follow the science and advice from the JCVI and chief medical officers.

As with the flu vaccines, will people be able to jump the vaccine queue and buy this vaccine privately?

- The UK government has secured early access to 457 million vaccine doses through agreements with eight separate vaccine developers, giving the UK the best chance of securing safe and effective vaccines at the quickest speed.
- The vaccines are available from the NHS - for free - to everyone who would benefit, starting with those most at risk.

Details on specific vaccines/manufacturers

Oxford University/AstraZeneca

How did the AstraZeneca/Oxford vaccine become available so quickly?

- The UK was the first country in the world to procure and authorise the Oxford/AstraZeneca vaccine, and we were the first country in the world to start a vaccination programme with it w/c 4th January.
- The Oxford vaccine is a British success story - it has had UK government backing throughout.
- We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK

Can the Oxford/AstraZeneca vaccine be used for all adults regardless of age?

- The WHO's Strategic Advisory Group of Experts on Immunisation has issued interim recommendations on the Oxford/AstraZeneca vaccine, saying that the jab could be given to people aged 18 and above "without an upper age limit".
- Dr Alejandro Cravioto, chairman of the WHO's Strategic Advisory Group of Experts on Immunisation, said: "In the case of the data coming from clinical trials, we have seen that there was a small participation of people over 65 years of age."

Is the Oxford/AstraZeneca vaccine safe for people over 50?

- Yes, the vaccine has been thoroughly assessed by MHRA - the UK medicines regulator - for its safety and efficacy.
- Routine safety monitoring and analysis of the approved COVID-19 vaccines by the UK's medicines regulator, the Medicines and Healthcare products Regulatory Agency

(MHRA), shows that the safety of these vaccines remains as high as expected from the clinical trial data that supported the approvals. (5 February)

- The benefits of the Oxford/AstraZeneca Covid vaccine outweigh any risks and the shot should be recommended for use, including in people aged 65 and older, a World Health Organization panel said on Wednesday 10 February.

Pfizer/BioNTech

- The UK was the first country in the world to start a vaccination programme using the Pfizer/BioNTech vaccine.
- We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.
- We have been monitoring the requirements across the supply chain from supplier through to patient for some time. There are clear supply chain plans in place for both the supply and onward deployment of all vaccine candidates. This includes materials, manufacturing, transport, storage and distribution.
- The Vaccines Taskforce has conducted supply chain risk assessment and is working with the vaccine suppliers to understand the optimal logistics and timings.

How effective is the Pfizer vaccine?

- **Public Health England data (17/03/21)** - Analysis of routine testing data continues to show a vaccine effect against symptomatic COVID19 from either vaccine in those aged 70 year and over, for whom the vaccine effectiveness (VE) of a single dose reaches ~60%. This analysis includes additional weeks' of data which gives us increased confidence in the levels of protection the vaccines are offering. ([Read full study and results](#)). High protection against any COVID-19 infection is shown in health care workers with no decline in protection after a single dose beyond 56 days (which is the length of time people have been studied). Among those who develop symptomatic infection, risk of hospitalisation is reduced by 35 to 45% after one dose of either vaccine. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against hospitalisation which is similar to previously reported value of 80%. Risk of death for cases over 80 is reduced by 54%. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against mortality which is similar to previously reported value of 85%.

Moderna

How effective is the Moderna vaccine?

- The Moderna vaccine has been shown to be 94% effective in its Phase Three clinical trials.

When will the first doses become available and how many doses will we have by 1 April?

- Moderna are currently scaling up their European supply chain. These doses would become available in the UK by Spring 2021 at the earliest.
- Moderna are currently scaling up their European supply chain, which means these doses would become available in spring 2021 in the UK at the earliest.
- We have now purchased 17 million doses of the Moderna vaccine

Is it true we've paid more for Moderna doses compared to EU countries?

- The financial information in our contracts is commercially sensitive, so we are unable to disclose this at the present time.
- The price of any vaccine is a commercial decision for the company developing it. We take this into account when deciding whether or not to procure any vaccine.

Novavax

A press statement from Novavax on 11/03/2021 said they had confirmed high efficacy against both original and variant COVID-19 strains in United Kingdom and South Africa Trials. In it's press statement, the company said:

“100% protection against severe disease

“Final analysis in U.K. trial confirms 96% efficacy against original strain of COVID-19

“Efficacy against variants confirmed in U.K. and South Africa”

[Read full statement.](#)

What's the latest on the Novavax Phase Three safety and efficacy data (updated on 29/01/2021)

- The company is planning to submit its data to the MHRA. Once our medicines regulator receives the data, it will begin to carry out its crucial, independent work to assess whether the vaccine meets robust standards of safety, effectiveness and quality.
- We have procured 60 million doses of the Novavax vaccine that will be delivered during this year, if approved for use, boosting our vaccination programme and our efforts to tackle Covid-19.

How effective is the Novavax vaccine?

- The Novavax vaccine has been shown to be 89.3% effective in its Phase Three clinical trials.
- If approved by the medicines regulator, the MHRA, the Novavax vaccine will be a significant boost to our vaccination programme.
- Novavax's candidate differs from those currently being used in the UK, combining an engineered protein from the virus that causes Covid-19 with a plant-based ingredient to help generate a stronger immune response.

Janssen (Johnson & Johnson)

What is the latest on the Janssen single-dose Phase Three safety and efficacy data (updated 01/03/2021)

- Janssen submitted data to MHRA on Friday 26 February 2021 for their single-dose vaccine.
- Trials for the two-dose vaccine are ongoing (including at 16 sites in the UK) - and they are just about to have recruited all 6,000 necessary UK participants for those trials.
- This is yet more promising news from Janssen. Once the full data has been submitted to the regulator they will consider the evidence to determine whether the vaccine meets robust standards of safety, effectiveness and quality.
- Thanks to the life-saving work of our Vaccine Taskforce, the UK moved quickly to secure 30 million doses of Janssen's vaccine last summer. If this vaccine is authorised

by our medicines regulator, we are set to receive the doses in the second half of this year.

- The Janssen vaccine works in the same way as vaccine developed by Oxford and AstraZeneca and is designed to prompt an immune response including neutralising antibodies against the spike protein to eliminate the virus. Again similarly to the Oxford / AstraZeneca vaccine it can be safely stored and transported at standard refrigeration temperatures.

How effective is the Janssen vaccine?

- The Janssen single-dose vaccine has been shown to be 66% overall effective in its Phase Three clinical trials.
- Phase Three trials for the company's two-dose regimen are ongoing worldwide. While a single dose of a safe and effective vaccine would offer a significant advantage during a global pandemic emergency, a two-dose schedule may have the potential to offer enhanced durability in some participants.
- The data did not report any significant safety concerns relating to the vaccine, with no serious adverse events in vaccine recipients.

Valneva

Where is the latest on the Valneva vaccine and where is it being manufactured (updated 28/01/2021)

- Thanks to the UK Vaccine Taskforce, we have ordered up to 100 million jabs of Valneva's promising vaccine if it proves to be safe, effective and suitable in its clinical trials this year.
- By starting manufacturing, we will have a running start at rolling these out as quickly as possible to protect the British public if it receives regulatory approval.
- This facility in Scotland, backed by millions from the Government, will help us beat coronavirus and boost our resilience against future pandemics.

Which vaccine is better/more effective?

- All vaccines that are approved by the MHRA are very safe and effective vaccines. Comparisons between the vaccine efficacies are unhelpful due to the different methodologies used.
- It's not as simple as saying one vaccine is better than the other. An effective vaccine will save lives and reduce hospitalisations.
- **Public Health England data (17/03/21)** - Analysis of routine testing data continues to show a vaccine effect against symptomatic COVID19 from either vaccine in those aged 70 year and over, for whom the vaccine effectiveness (VE) of a single dose reaches ~60%. This analysis includes additional weeks' of data which gives us increased confidence in the levels of protection the vaccines are offering. ([Read full study and results](#)). High protection against any COVID-19 infection is shown in health care workers with no decline in protection after a single dose beyond 56 days (which is the length of time people have been studied). Among those who develop symptomatic infection, risk of hospitalisation is reduced by 35 to 45% after one dose of either vaccine. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against hospitalisation which is similar to previously reported value of 80%. Risk of death for cases over 80 is reduced by 54%. Combined with the reduced risk of becoming a case, this is consistent with a vaccine effectiveness against mortality which is similar to previously reported value of 85%.

- **Public Health England data (01/03/2021)** shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. Since January, protection against symptomatic COVID, 4 weeks after the first dose, ranged between 57 and 61% for one dose of Pfizer and between 60 and 73% for the Oxford-AstraZeneca vaccine. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab. There is also evidence for the Pfizer vaccine, which suggests it leads to an 83% reduction in deaths from COVID-19. ([Full statement and data here](#)).
- No vaccine has ever been 100% effective so no-one will have 100% protection from the virus. The way to reduce everyone's risk is to break the chains of transmission and push down the number of cases.
- Comparing vaccines on a simple percentage of effectiveness is a mistake. A vaccine with slightly lower headline efficacy than another may prove to be the one that offers more durable protection or a greater effect on transmission
- Vaccines have been approved because they pass the MHRA's tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from Coronavirus.

'Mix and Match', Heterologous Prime Boost

If you're given one type of vaccine does that mean you have to stick with that vaccine forever?

- The Pfizer/BioNTech vaccine is rapidly being rolled out across the UK, starting with the highest priority groups.
- The AstraZeneca/Oxford vaccine and other candidates will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme.
- More evidence is needed to understand whether a seasonal vaccination or booster dose might be needed.
- The vaccines people are offered will be appropriate for them. This decision is based on clinical judgement supported by the advice of Joint Committee on vaccination and immunisation. This will take into account individual vaccine characteristics, which may mean they are more suitable for some groups of people, and not others - for example, some may be less well tolerated or effective in certain age groups.

Can people choose what vaccine they have? It has been suggested that vaccines could be mixed and matched?

- No. Any vaccines that are available 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 will be highly effective and protect them from coronavirus.
- The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. Now authorised, the AstraZeneca/Oxford vaccine will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.
- The Government's Vaccine Taskforce keeps its approach under review, ensuring the UK is in the strongest position to protect people. The science is uncertain about how mixing vaccines could produce a better immune response, so trials and testing will continue to assess and test vaccine responses.

Is a clinical trial being done to see whether vaccines could be mixed?

- A new clinical trial, backed by £7 million of government funding, is looking into alternating Covid-19 vaccine doses. The study, run by the National Immunisation Schedule Evaluation Consortium (NISEC) across eight National Institute for Health Research (NIHR) supported sites, will examine whether different vaccines can safely be used for two dose regimes in the future. The current programme of two doses of the same vaccine over twelve weeks remains unchanged
- The study will also gather immunological evidence on different intervals between the first and second dose for a mixed-vaccine regimen against control groups when the same vaccine is used for both doses.

In rare cases can the Pfizer/BioNTech and AstraZeneca/Oxford vaccine be mixed and matched?

- We do not recommend mixing the COVID-19 vaccines - if your first dose is the Pfizer vaccine you should not be given the AstraZeneca vaccine for your second dose and vice versa.
- However, there may be extremely rare occasions where the same vaccine is not available, or where it is not known what vaccine the patient received.
- Our guidance is very clear that every effort should be made in these instances to give the same vaccine to the patient, but where this is not possible it is better to give a second dose of another vaccine than not at all.
- This is a reasonable measure on a very exceptional basis, when the alternative is to leave someone with an incomplete course - which is the greater concern, especially if the individual is likely to be at immediate high risk or is considered unlikely to attend again.
- In these rare circumstances, as both vaccines are based on the spike protein, it is likely the second dose will help to boost the response to the first dose.
- While there is no evidence on the interchangeability of the COVID-19 vaccines at this time, this is a pragmatic and scientific approach agreed by many scientists and vaccine experts, including the UK's Deputy Chief Medical Officer.

Vaccine quantities in the UK, availability of supply

Will there be a sufficient numbers of vaccine doses?

- Everyone will receive their second dose and this will be within 12 weeks of their first.
- Both approved vaccines offer considerable protection after the first dose and the second dose is important for longer-term protection.
- We are in constant contact with the vaccine manufacturers and remain confident in the continued supply of vaccine for the UK.

How does the UK supply chain work?

- The UK Government has secured and purchased vaccines on behalf of the whole United Kingdom, and we are distributing them quickly, fairly and proportionately to all four nations.
- The UK Government has developed detailed plans for its supply chains with both AstraZeneca and Pfizer. We are not able to disclose details of these for security reasons.

What happens to the unused doses that may be left over at the end of the day? Can they be given to people outside cohorts 1-9 to avoid being wasted?

- No vaccines should be wasted.

- Local vaccination sites should be managing their appointment lists to ensure all appointments are filled and they have a back-up list of patients and staff, in the top six cohorts, who can receive the vaccine at short notice.
- The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise Government on which vaccine/s the United Kingdom should use and provide advice on prioritisation at a population level.
- It is estimated that vaccinating everyone in the priority groups would prevent 99% of deaths, including those associated with occupational exposure to infection.
- Local services should continue to vaccinate people in the priority groups which now includes the wider group of people who are clinically vulnerable and people aged 56 and over. Our target remains to offer a vaccine to all priority groups (i.e. all over-50s) by 15 April, and all adults by the end of July.
- The NHS guidance to Primary Care Networks/GPs is that vaccines should not be given to people outside of the eligible cohorts. It is absolutely permissible, and indeed encouraged, to have reserve lists of recipients, who can come in at short notice if vaccine is still available. However, these lists should only be drawn from eligible recipients in these cohorts.

Vaccine Roll Out (Feb onwards)

Will the reported supply issues impact (phase 2) roll out?

- Over 25 million people have now received their first vaccine dose, with 1.75 million already vaccinated with both jabs.
- Our supply and scheduled deliveries of the vaccines remain on-track to fully support vaccination of JCVI priority cohorts 1-9 by 15 April. There will be no cancelled appointments as a result of supply issues.
- There will be no weeks in April with no first doses. If you are eligible for a vaccination within priority cohorts 1-9, you will still be able to receive your first jab.
- Appointments are available now, but are filling up fast. All those aged over 50 years, people with a health condition that puts them at greater risk of COVID-19 and health and social care workers are encouraged to book their vaccination now. It's quick and simple to book at nhs.uk/covid-vaccination or by phoning 119, with a choice between attending a vaccination centre or pharmacy service.
- People within cohorts 1-9 who are due to receive a second dose in April will still be able to have their jab as planned. These appointments are being prioritised by the NHS to ensure that those who are most vulnerable to COVID-19 are protected.
- If you already have an appointment over the coming weeks, whether for your first or second dose, this remains in place and it's really important that you attend it as planned. The first dose of both the Pfizer/BioNTech and Oxford/AstraZeneca vaccine offer good levels of protection, but to get maximum protection everyone will need to get a second dose, so we are urging people to come back when they are contacted or if they have an appointment booked.
- We remain on course to start offering first doses to those over 40 from mid-April, although we will continue to prioritise second doses during this month. We are on track to offer a first vaccine to all adults by 31 July.
- If you are under 50, when it is the right time you will receive an invitation from the NHS to come forward for your vaccination. We know lots of people will be eager to get

protected but we are asking people aged under 50 not to contact the NHS to get an appointment until they get their letter.

Vaccine Delivery Plan (January 2021)

What is the Vaccines Delivery Plan?

- The UK COVID-19 Vaccines Delivery Plan sets out how the Government will work with the NHS, devolved administrations, local councils and the Armed Forces to deliver the largest vaccination programme in British history.

The plan is split into four main areas:

- **Supply** - including the development and manufacturing of vaccines, ensuring their safety and effectiveness;
- **Prioritisation** - insight into the first two phases of deployment;
- **Places** - ensuring simple, fair and convenient access to vaccinations for the public, regardless of where they live; and
- **People** - mobilising the workforce and providing information on vaccinations to local communities.
- **Will all adults receive their Covid-19 vaccine by the autumn?**
- Our goal remains to vaccinate as many people as quickly as possible, with the prioritisation guided by advice from the JCVI.
- The expansion of the programme will mean all adults will be offered a vaccine by the autumn.
- Our target is by the Autumn to have offered all the adult population a first dose.

How can you be sure vaccines are being distributed consistently across the UK?

- To ensure the vaccines are distributed consistently across the UK, guidance to local vaccination services is clear that vaccinations must be offered to each of the priority groups in the order set by the independent JCVI.

What are the 3 pledges to support the roll out of COVID-19 vaccine?

- Helping vulnerable people to get their vaccinations is one of three pledges the government has asked the public to make to support the largest vaccination programme in British history.

The 3 pledges are:

- Help out - help those aged 80 and over by supporting friends, family and loved ones with their appointments, as well as volunteering to help those in the community
- Join up - sign up to clinical trials for COVID-19 vaccines and treatments
- Stay informed - keep up to date with accurate and trusted NHS advice and make sure to share facts with friends and family
- By taking part in one or more of these pledges, members of the public can join the national effort and support the NHS as the vaccination programme continues to expand.
- "help out", "join up" and "stay informed".

How will I know it's my turn to get a vaccine?

- People aged over 60 and those who are clinically vulnerable are invited to make an appointment through the new national booking service will be given a choice between a vaccination centre or a pharmacy service.

How do I book my appointment?

- Nine out of 10 people aged 65 and over have now had their first COVID vaccine.
- All those aged 60 and over, care workers and clinically vulnerable can book your vaccination appointment online, or for those who cannot access the online booking service, they can book by calling 119.
- You will need your ten-digit NHS number, it will be on the letter sent to you. You can also find it on your prescriptions or through your GP online service.
- If a patient cannot go to one of the large vaccination centers, they can choose to have their vaccination at their GP surgery when it's available there or a pharmacy.

Vaccination sites

How many vaccines will the vaccination centres be able to administer?

- Vaccination centres are delivering thousands of vaccinations each week, scaling their operations up and down according to vaccine supplies and demand.

How big will the workforce be to deliver this vaccine programme?

- The Government and the NHS have mobilised a workforce of over 80,000 health professionals to help in the delivery of the programme across the different vaccination sites.
- Over 200,000 additional members of the public have expressed their interest in helping with the non-clinical elements of the rollout - such as administrative support, logistics, stewards and first aiders. All offers of support have been recorded and individuals will be contacted when they're needed.

Are you using volunteers yet?

- The vaccine centres have trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme.
- This will be alongside NHS staff - more than 80,000 of whom have so far completed the clinical training needed to administer vaccines.

Pharmacies deliver Covid-19 vaccines

How many pharmacies will carry out Covid-19 vaccinations?

- Two hundred community pharmacies are due to come online as more vaccine supplies come on stream.

Can you choose to have your vaccine at a pharmacy site?

- People in the age group 60 - 63 or those who are clinically vulnerable will be invited to make an appointment through the new national booking service will be given a choice between a vaccination centre or a pharmacy service.
- For those aged 70 and over, or those clinically extremely vulnerable and care workers who have not yet taken up the offer to have their vaccine are able to book through the national booking system and not now wait for a letter.

Can anyone book an appointment via the Covid-19 Vaccination booking service for a vaccine at a pharmacy site?

- It will not be possible to use the NHS COVID-19 Vaccination Booking Service if you have not received an invitation letter. Doing so risks someone, who has, not being able to get through and book their appointment.

Did you refuse to use pharmacies that offered to give the vaccine?

- No. Pharmacies were already working with GPs to deliver the vaccine in many areas of the country and, as more supply becomes available, community pharmacists will play a major role in the programme.

Prioritisation

The full prioritisation list can be found [here](#) and is as follows (in order of priority):

- Residents in a care home for older adults and their carers
- All those 80 years of age and over and frontline health and social care workers
- All those 75 years of age and over
- All those 70 years of age and over and clinically extremely vulnerable individuals
- All those 65 years of age and over
- All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- All those 60 years of age and over
- All those 55 years of age and over
- All those 50 years of age and over

Why do the JCVI's recommendations focus on reducing people's individual risk and not stopping transmission?

- The most important thing is that we protect those who are most at risk of dying. At the start of any vaccination programme, we won't know the impact of the vaccine on transmission and so we will vaccinate those who are at highest risk of serious illness and death. This includes older people and care home residents.
- As vaccination programmes roll out globally, our understanding of the safety and effectiveness of each vaccine will increase, and these data will be used to develop advice on the next phase of the programme.

How many people are in the next phase of the vaccination rollout?

- Group 5 - those aged 65 - 69
 - Around 2.4 million in England
 - Around 2.9 million across the UK
- Group 6 - those who are under the age of 65 and at risk
 - Around 6.1 million in England
 - Around 7.3 million across the UK
- Group 7 - those aged 60 and over
 - Around 1.8m in UK
- Group 8- those aged 55-59
 - Around 2.4m in UK
- Group 9 - all those aged 50 and over
 - Around 2.8m in UK

How will the prioritisation beyond cohorts 1-9 be expanded?

- The independent Joint Committee on Vaccination and Immunisation has published its interim advice for phase two of the COVID-19 vaccination programme, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age.
- This is because age is assessed to be the strongest factor linked to mortality, morbidity and hospitalisations, and because the speed of delivery is crucial as we provide more people with protection from COVID-19.
- All four parts of the UK will follow the recommended approach, subject to the final advice given by the independent expert committee.
- The UK Government remains on course to meet its target to offer a vaccine to all those in the phase one priority groups by mid-April, and all adults by the end of July. This will give an estimated cover of around 27 million people in England and 32 million people across the UK.
- As the first phase of the programme is delivered, we will gain more evidence on safety, efficacy, and protection against transmission. Careful consideration will be given to the risk-benefit in these populations.
- Our vaccine delivery plan can be found here:
<https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan#prioritisation-1>

Why no priority for certain occupations, including high-risk?

- We are grateful for the tireless efforts of all our key workers at this difficult time. They are keeping us safe and ensuring that vital services carry on.
- The JCVI have considered evidence on the risk of exposure and risk of mortality by occupation. Under the priority groups advised, those over 50 years of age, and all adults in a risk group, would be eligible for vaccination within the first phase of the programme.
- This prioritisation captures almost all preventable deaths from COVID-19, including those associated with occupational exposure to infection. As such, JCVI does not advise further prioritisation by occupation during the first phase of the programme.
- Occupational risk is not the only factor driving increased infection and mortality risk for certain groups. The evidence shows that a range of socioeconomic and geographical factors such as occupational exposure, population density, household composition and pre-existing health conditions contribute to the higher infection and mortality rates for ethnic minority groups.
- The objective for the next phase of vaccine rollout is to bring down further the number of people dying, becoming seriously ill and being admitted to hospital. This will help to protect those more at risk, reduce pressure on the NHS, and support the reopening of the economy.
- The independent Joint Committee on Vaccination and Immunisation has published its interim advice for phase two of the COVID-19 vaccination programme, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age.
- This is because age is assessed to be the strongest factor linked to mortality, morbidity and hospitalisations, and because the speed of delivery is crucial as we provide more people with protection from COVID-19.

- All four parts of the UK will follow the recommended approach, subject to the final advice given by the independent expert committee.

In response to a question on mandatory vaccinations at the government press conference at 5pm on 5/03/2021, the Health Secretary said: "I urge everyone in the NHS to get the vaccine. We are not going to bring in mandatory vaccines across the board and, at this point, we are not proposing to do so for NHS staff."

Group 6 - Clinically Vulnerable groups

What is the advice to clinically extremely vulnerable people who can't receive the vaccine for medical reasons?

- The clinically extremely vulnerable are advised to follow shielding guidance until 31 March. This includes staying at home as much as possible, except for exercise or to attend health appointments (including vaccination appointments).
- This guidance does not change regardless of whether someone shielding has been vaccinated or not.
- Once shielding is no longer advised, there will continue to be additional, precautionary advice in place for people who are CEV in order to help them keep themselves safe.

Why might the vaccination rollout not result in significant increased immunity for some vulnerable people? Why can some people not be vaccinated?

- As per JCVI advice, many immunosuppressed individuals qualify for vaccination in priority groups 4 or 6. For those whom vaccination is not advised, a GP or relevant clinician will host a consultation. It is important that clinically extremely vulnerable people should continue following government advice on reducing risk.
- The UK is leading the way on vaccine research. As soon as sufficient evidence becomes available, the JCVI will provide advice on strategies to protect immunosuppressed individuals and consider if certain vaccines are preferred for particular groups.

Why has the government not prioritised disabled people who are shielding?

- The Joint Committee on Vaccines and Immunisation's (JCVI) advice of 30 December placed "the clinically extremely vulnerable" (which includes those on the Shielded Patient List) and "all individuals aged 16 years to 64 years with certain underlying health conditions which put them at higher risk of serious disease and mortality" at number 4 and 6 respectively on the priority list for phase 1 of the vaccination roll out.
- Those definitions will apply to many people who are disabled, which has given many welcome assurance that they are being given priority status befitting the higher risks they face.

QCovid, Risk Stratification, Shielding

What is 'QCOVID'? What can it be used for?

- New technology has been introduced in England to help clinicians identify for the first time a new group of people who may be at high risk from COVID-19.

- The technology analyses a combination of risk factors based on medical records, to assess whether somebody may be more vulnerable than was previously understood, helping clinicians provide vaccination more quickly to them and ensuring patients can benefit from additional advice and support.
- The data-driven approach to medical risk assessment will help the NHS identify further individuals who may be at high risk from COVID-19 due to a combination of personal and health factors.
- This action ensures those most vulnerable to COVID-19 can benefit from both the protection that vaccines provide, and from enhanced advice, including shielding and support, if they choose it.

How many individuals are being added to the Shielded Patient List (SPL) as a result of the QCovid model? How many of those will already have had their vaccine?

- Around 1.7 million patients could be identified. Those within this group who are over 70 will have already been invited for vaccination and 820,000 adults between 19 and 69 years will now be prioritised for a vaccination.
- Vaccines are now being offered to people aged 56 and over and those who are clinically vulnerable, which includes a wider group of people at higher clinical risk ([see PHE Green Book](#), p.10), including carers and young adults in residential settings.
- GPs and other primary care professionals have been asked to invite those eligible for vaccination within cohort 6 to attend an appointment for vaccination from Monday 15 February. Information about whether your clinical condition is eligible within cohort 6 is found on your patient record, which your GP will review. It can also be found from carers allowance data and from information held within local authority systems and by local carers organisations. Guidance has been provided to the NHS on utilising this data and local intelligence in order to identify and offer a vaccine to those in this priority group as soon as possible.
- However, there will be individuals who have not been captured on such systems and therefore cannot be identified through such means. Therefore, the guidance places a strong emphasis on Local Authorities and NHS services working with voluntary sector groups to reach out and identify these individuals in order to offer them a vaccine.
- A hospital clinician or GP can also add a patient to the list, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19.

People who are defined as clinically vulnerable are thought to be at high risk of serious illness from COVID-19. The [PHE Green Book](#) identifies the following conditions which are automatically deemed clinically vulnerable:

- **Chronic respiratory disease** Individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
- **Chronic heart disease and vascular disease** Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular

medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.

- **Chronic kidney disease** Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
- **Chronic liver disease** Cirrhosis, biliary atresia, chronic hepatitis.
- **Chronic neurological disease** Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). This includes individuals with cerebral palsy, severe or profound learning disabilities, Down's Syndrome, multiple sclerosis, epilepsy, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
- **Diabetes mellitus** Any diabetes, including diet-controlled diabetes.
- **Immunosuppression** Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments. Most of the more severely immunosuppressed individuals in this group should already be flagged as CEV. Individuals who are not yet on the CEV list but who are about to receive highly immunosuppressive interventions or those whose level of immunosuppression is about to increase may be therefore be offered vaccine alongside the CEV group, if therapy can be safely delayed or there is sufficient time (ideally two weeks) before therapy commences. Some immunosuppressed patients may have a suboptimal immunological response to the vaccine.
- **Asplenia or dysfunction of the spleen** This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.
- **Morbid obesity** Adults with a Body Mass Index ≥ 40 kg/m².
- **Severe mental illness** Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment.
- **Adult carers** Those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable.
- **Younger adults in long-stay nursing and residential care settings** Many younger adults in residential care settings will be eligible for vaccination because they fall into one of the clinical risk groups above (for example learning disabilities). Given the

likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible, vaccination of the whole resident population is recommended. Younger residents in care homes for the elderly will be at high risk of exposure, and although they may be at lower risk of mortality than older residents should not be excluded from vaccination programmes.

A hospital clinician or GP can also add a patient to the list, based on their clinical judgement, because they consider them to be at very high risk of serious illness from COVID-19.

Asthmatics and vaccine

A Department of Health and Social Care spokesperson said (02/03/2021): “Our immediate priority is to prevent deaths and protect the most vulnerable, and based on clinical risk the Joint Committee on Vaccination and Immunisation has recommended that adults with severe asthma should be vaccinated in priority group 6.

“This includes anyone who has ever had an emergency asthma admission to hospital and those who require regular steroids. Mild asthma, including that which can be treated by an inhaler alone has not been found to carry a higher risk of serious outcomes from COVID-19.”

- An individual with a more severe case of asthma may have been included in the Clinically Extremely Vulnerable group, in which case they will be vaccinated in group 4.
- Adults with asthma which requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, will be vaccinated in priority group 6.
This will include:
 - anyone who has ever had an emergency asthma admission
 - or those who have an asthma diagnosis and have had 3 prescriptions for oral steroids over a 3 month period (each prescription must fall within separate individual month windows), as an indication of repeated or continuous oral steroids.
- Based on lower clinical risk of serious outcomes, regardless of whether they use an inhaler or not, adults with mild asthma who do not meet the inclusion criteria would not be included within JCVI priority group 6.
- When it's your turn to have the coronavirus (COVID-19) vaccine, you'll get a letter, phone call, email or text inviting you for an appointment.
- The Government is following the advice from independent experts at the Joint Committee on Vaccination and Immunisation (JCVI) on which groups of people to prioritise for Covid-19 vaccines. They advised the immediate priority should be to prevent deaths and protect health and care staff, with old age deemed the single biggest factor determining mortality and the NHS is now working tirelessly to vaccinate this group.
- People who are taking high dose inhaled corticosteroids will be included in group 6 if they have ever had an emergency asthma admission or three prescriptions for oral steroids over a three-month period (each prescription must fall within separate individual month windows). Based on lower clinical risk of serious outcomes, adults with mild asthma who do not meet these inclusion criteria would not be included within JCVI priority group 6.

- Professor Stephen Powis said: “The JCVI recommendations, that’s the independent expert group that has assessed who should be eligible for the vaccine at the very start, have determined that based on clinical risk- that’s the risk of coronavirus and the consequences of coronavirus is should be people with severe asthma- that’s those who require regular hospital admission or who take steroid tablets for asthma.
“The good news is that mild asthma, inhaler treated asthma, doesn’t carry that increased risk for coronavirus, so in fact that’s a good news story for mild asthma sufferers that evidence has shown that the risk is not there for them.”

Disabilities and vaccine

We are supporting and protecting disabled people from Covid-19 through a range of actions. This includes:

- Advising people with specific health conditions, who are deemed to be clinically extremely vulnerable to Covid-19, to shield, and providing direct support to the shielded population. Local Councils are also providing support to these individuals.
- Prioritising vaccinations for those who are deemed to be clinically extremely vulnerable.
- Publishing the Adult Social Care Winter Plan to ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people from Covid-19.
- Providing guidance and advice for individuals and health and social care providers and professionals to mitigate the risks of Covid-19.

The NHS Volunteer Responders programme is available for anyone self-isolating. Volunteers can collect and deliver shopping, medication and other essential supplies and provide a short-term telephone support (Check-in and Chat) for those at risk of loneliness.

Learning disabilities and the vaccine

- The advice of the Joint Committee on Vaccination and Immunisation (JCVI) remains that adults with severe and profound learning disabilities, and those with learning disabilities in long-stay nursing and residential care settings, should be offered the vaccine in priority group 6 (people with Down’s syndrome are included in group 4). Adults with less severe learning disabilities are not currently prioritised.
- However, GP systems may not always capture the severity of someone’s disability, meaning some adults who are more severely affected by learning disabilities may not be invited for vaccination alongside people with other long-term health conditions.
- JCVI asked the [OpenSAFELY](#) team to perform an updated analysis in those with various code sets for learning disabilities on GP systems and to include data from wave 2 of the pandemic.
- The updated analysis confirmed a higher risk of mortality and morbidity in those on the GP register with learning disabilities - it’s expected that individuals with more severe learning disabilities are more likely to be on the list.
- To ensure those most at risk of death or hospitalisation are prioritised for vaccination, JCVI supports the plan to invite anyone on the GP Learning Disability Register - as well as adults with other related conditions, including cerebral palsy - for vaccination as part of priority group 6.
- JCVI also supports an approach for the NHS to work with local authorities to identify adults in residential and nursing care, and those who require support, for example as

part of assisted living in the community, and those in shared accommodation with multiple occupancy.

- This will mean at least 150,000 more people with learning disabilities will now be offered the vaccine more quickly.

Reference - Vaccinations for people with Learning Disabilities

- JCVI advises inviting all people on the Learning Disability Register for vaccine - [Gov.uk news story](#)
- Letters from the Health and Social Care Secretary and JCVI on COVID-19 vaccination in people with learning disabilities [Read letters here](#)

This is not a change in the JCVI priority list but an operational clarification to ensure those with a severe and profound learning disability receive their offer as part of cohort 6

What steps are being taken to issue information on the COVID-19 vaccine and support to people with learning disabilities to help them access the vaccine as soon as possible. (25/02/2021)

- NHS England and NHS Improvement learning disability and autism programme has worked collaboratively across the NHS, with Public Health England and other partners to support the delivery of reasonable adjustments in the vaccination programme.
- This has included a range of training resources for vaccination teams on communicating with people with a learning disability and autistic people and making reasonable adjustments [training materials for COVID 19 vaccinators and volunteers](#); a suite of accessible information including an easy read vaccination invitation letter and vaccination consent form; production of a film about the Covid-19 vaccine. Resources have been shared widely across the healthcare system.
- Individuals and families are being encouraged to raise any need for a reasonable adjustment required ahead of vaccination appointments.

What about people who are immunocompromised who can't benefit from a vaccine?

- The Government is exploring all avenues available to us, to ensure that a treatment for COVID-19 is found.

When will we have an effective treatment for Covid-19? (added 22.02.2021)

- The RECOVERY trial funded by the UK Government, has found the use of dexamethasone effective in the treatment of COVID-19 with a risk reduction of mortality of 20% for those on oxygen and 35% for ventilated patients. This is the first robust clinical trial anywhere in the world showing a treatment which significantly reduces patient mortality for those with COVID-19.
- The international REMAP-CAP trial, part-funded by the UK Government, found in January that tocilizumab and sarilumab reduced the relative risk of death by 24%, when administered to patients within 24 hours of entering intensive care. Patients receiving these drugs, typically used to treat rheumatoid arthritis, left intensive care between 7 to 10 days earlier on average.
- Such a breakthrough has only been made possible through the rigour of world-class British life-sciences. From the beginning we have focussed on undertaking robust

clinical research, which enables us to take the proper evidenced-based decisions backed by rigorous science to improve the care of UK patients.

- We continue to consider and trial promising new treatments and are focusing more on novel treatments.
- When treatments are proven to be effective, the RAPID C-19 group works to get treatments for COVID-19 to NHS patients quickly and safely, by providing a streamlined process from horizon scanning, regulatory approval, to patients.
- RAPID C-19 is a multi-agency initiative including NIHR, NICE, MHRA, NHSE-I and representatives from the Devolved Administrations. This initiative has already enabled rapid patient access to therapeutics including dexamethasone and remdesivir.

Can people working on coronavirus testing get vaccinations?

- Testing staff who work at sites for symptomatic members of the public, where assisted tests are carried out, are eligible to be prioritised for a Covid-19 vaccination in line with the JCVI advice to vaccinate frontline healthcare workers who are at an increased personal risk of exposure to infection with COVID-19 and of transmitting that infection to multiple persons vulnerable to COVID-19, in health and social care setting
- Laboratory staff and those at sites for asymptomatic testing are not considered frontline healthcare workers and therefore are not eligible for vaccination in Phase One.
- Staff who work at sites where asymptomatic members of the public self-administer tests, including schools are not eligible for vaccination unless they qualify by virtue of their age or clinical conditions

Will unpaid carers be included in the JCVI prioritisation?

- The Joint Committee on Vaccination and Immunisation (JCVI) have advised that the vaccine should be prioritised for care home residents and staff, followed by people over 80 and health and social care workers - including home carers.

How and when will unpaid carers be able to access their COVID-19 vaccination?

(19/03/2021)

- Unpaid carers who are eligible under JCVI priority group 6 are now being invited to receive their first COVID-19 vaccination.
- All eligible unpaid carers will be contacted by the NHS when it's their turn to receive the vaccine and will be given information about how they should access their vaccination either at their local GP surgery, pharmacy or at a large vaccination centre. Where caring responsibilities are shared, both individuals can be classed as primary carers and receive a vaccination.
- Carers will be contacted in phases, starting with those registered with their GP who are identified by the 'GP carer's flag' and those entitled to receive a carer's allowance.
- If you are an eligible unpaid carer and you will be accompanying the person you care for to their vaccination appointment at their local GP vaccination service, and you haven't received your invitation yet, if you wish to receive your vaccination at the same time you must make this known to the GP surgery in advance to confirm an appointment. The vaccination sites are not able to support walk-in appointments.
- Government guidance on how unpaid carers in England, who care for a person vulnerable to COVID-19, can get vaccinated can be found [here](#).

Given issues with BAME uptake and mortality rates why are BAME not a top priority for vaccination (updated 27/01/2021)

- Under the nine priority groups advised for phase one, those over 50 years of age and all adults in a medical risk group will be eligible for vaccination. Prioritisation of people with underlying health conditions will provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.
- We have invested more than £4 million into research into Covid-19 and ethnic disparities and established a new NHS Race and Health Observatory to tackle the specific health challenges facing people from ethnic minority backgrounds. We will continue to work closely alongside the NHS with these communities to support those eligible for a vaccine and all those who have questions about them.
- Tailored local implementation to promote good vaccine coverage in Black, Asian and minority ethnic groups will be the most important factor within a vaccine programme in reducing health inequalities in these groups.
- The NHS provides advice and information at every possible opportunity, including working closely with BAME communities, to support those receiving a vaccine and to anyone who has questions about the vaccination process.
- Throughout the pandemic, we have prioritised protecting the most vulnerable in our society and have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

People who are homeless or rough sleepers

What is the government doing to help rough sleepers have access to vaccinations against COVID-19?

- The government has immediately accepted the advice of the independent experts at the JCVI to prioritise all homeless people and those rough sleeping for vaccination alongside priority group 6. We have asked the NHS to put the change of approach into action. This will mean we will save more lives, among those most at risk in society.
- MHCLG is working closely with DHSC, PHE, and NHS England to ensure the health and care needs of vulnerable people experiencing homelessness can be met during the COVID-19 pandemic - including access to vaccination.
- Our ambition is to ensure the COVID-19 vaccine is accessible to everyone experiencing rough sleeping and homelessness, including those in emergency accommodation, in line with JCVI advice on COVID-19 vaccination prioritisation.
- On 8 January, Secretary of State asked all local authorities to ensure that even more rough sleepers are safely accommodated, backed by £10 million, and we are asking that this opportunity is actively used to make sure that all rough sleepers are registered with a GP and are factored into local area vaccination plans, in line with Joint Committee on Vaccination and Immunisation (JCVI) prioritisation.
- Local authorities should work with their local health partners to ensure individuals experiencing homelessness are able to access the vaccine by other means if mainstream provision is unsuitable.

Can people who are homeless get the vaccine?

- The Government is following the independent advice of the Joint Committee on Vaccination and Immunisation (JCVI), which agrees priority groupings for vaccine.

- We know those who are rough sleepers or experiencing homelessness aren't always able to access healthcare routinely and therefore can often have a range of health issues which can leave them at an increased risk of this virus.
- The independent experts at the JCVI have recommended local teams now consider vaccinating those experiencing homelessness and rough sleeping in their area.
- The government has immediately accepted the advice of the independent experts at the JCVI to prioritise all homeless people and those rough sleeping for vaccination alongside priority group 6. We have asked the NHS to put the change of approach into action. This will mean we will save more lives, among those most at risk in society.
- MHCLG has asked local authorities to support everyone sleeping rough or brought into emergency accommodation to register with a GP, through which they can access the COVID-19 vaccine (in line with JCVI prioritisation) and have their wider health needs met.
- As part of this, MHCLG have asked all local authorities to ensure that even more rough sleepers are safely accommodated, and are asking that this opportunity is actively used to make sure that all those accommodated are registered with a GP, where they are not already, and are factored into local area vaccination plans, in line with the prioritisation approach set out by the Joint Committee on Vaccination and Immunisation.
- Local authorities should work with their local health partners to ensure individuals experiencing homelessness are able to access the vaccine by other means if mainstream provision is unsuitable.
- Everyone in England is entitled to register with a GP. Many people that experience health inequalities can face barriers when trying to register. Practices should not turn people away because they do not have proof of ID, address, or immigration status. People can also register if they do not know their NHS number or where they have not been issued with one.
- MHCLG announced £10 million in January 2021 to further support local authorities to bring people sleeping rough into emergency accommodation.

Children

In response to a question as to whether the government has considered widening the criteria to make under 16s eligible for the vaccine at the government press conference at 5pm on 5/03/2021.

Health Secretary: "If a child's clinician judges that because of their condition it is appropriate for them to get the vaccine, that is allowed within the rules. But it has to be down to the judgement of an individual clinician."

Dr Susan Hopkins from PHE, "The JCVI has recommended that CEV in 16-18 can be offered the vaccine. In groups under that age group it is a decision for the general practitioner or the specialist in charge of that child's care. We have very little data for children yet and further data will come through from both studies in children and our monitoring process for any child who's given the vaccine. But this really is an important decision that needs to be driven by the experts involved."

Will you now vaccinate under 18s, since trials are underway?

- We must wait for the results of those trials. It is important to remember that following infection, almost all children will have asymptomatic infection or mild disease.
- Currently, for those children who are at very highest risk if they were to contract COVID-19, the JCVI advice is that this should be a carefully discussed individual decision between parents/guardians and their GP.
- The Pfizer/BioNTech vaccine is authorised for those aged 16 and over who qualify for vaccination in phase 1, for example because they are clinically vulnerable.

Why is vaccination not recommended for children?

- Almost all children with COVID-19 have no symptoms or mild disease and the vaccines not yet been tested in younger children. The Committee advises that only children at very high risk of catching the virus and serious illness, such as older children with severe neuro-disabilities in residential care, should be offered vaccination.

When will clinically extremely vulnerable children get the vaccine?

- For those children who are at risk, the JCVI advice is that this should be a carefully discussed individual decision between parents/guardians and their GP.
- However, we don't yet have clinical trial data to support vaccinating children in large numbers.

A Department of Health and Social Care spokesperson said (23/02/2021):

“The Medicines and Healthcare products Regulatory Agency (MHRA) guidance allows clinicians, in exceptional circumstances, to prescribe vaccine doses to people outside of the groups permitted for vaccination.

“Almost all children with COVID-19 have no symptoms or only mild disease. For a very small number of children at a higher risk of catching the virus and serious illness, the Joint Committee for Vaccination and Immunisation (JCVI) have advised that vaccination can be appropriate.

“JCVI advise that this is a decision for doctors and clinicians to make on a case-by-case basis and should be a carefully discussed between a child's parents or carers and their GP.”

Time between first dose and second dose, changes to dosage interval

Why are you prioritising the first dose?

- The NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. Everyone will still receive their second dose and this will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.
- One dose of either vaccine provides a high level of protection from Covid-19.
- The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.

How long should people wait before receiving a second dose?

- Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks.
- NHS delivery plans should prioritise delivering first vaccine doses to as many people on the JCVI Phase 1 priority list in the shortest possible timeframe.

- This will allow the administration of second doses to be completed over the longer timeframes in line with conditions set out by the independent regulator, the MHRA, and advice from the JCVI. This will maximise the impact of the vaccine programme in its primary aims of reducing mortality and hospitalisations and protecting the NHS and equivalent health services.

Why did you change the interval between the first and second doses?

- The decision to update the dosing interval is based on advice from the JCVI and UK CMOs and is designed to save lives.
- The advice from the JCVI to change vaccine dosage intervals followed a thorough review of the data and was in line with the recommendations of the UK's four Chief Medical Officers.
- Having studied evidence on both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines, the JCVI advised that we should prioritise giving as many people in at-risk groups their first dose, rather than providing two doses in as short a time as possible.
- Our number one priority is to give protection against coronavirus to as many vulnerable people as possible, as quickly as possible. Through the UK vaccines delivery plan, we are getting vaccines rapidly rolled out to older and clinically vulnerable people, as well as our frontline health and social care staff.

How do we know that 12 weeks is safe for the dose interval?

- For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection
- The JCVI's independent advice is that this approach will maximise the benefits of both vaccines allowing the NHS to help the greatest number of people in the shortest possible time. It will ensure that more at-risk people are able to get meaningful protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.
- The World Health Organisation have recommended the use of the Oxford/AstraZeneca and endorsed the UK's approach to dosing intervals.
- Further data on vaccine efficacy for the Oxford/AstraZeneca and Pfizer-BioNTech vaccines has been published by PHE showing how vaccines reduce severe Covid in older adults. ([Full statement and research here](#)).

Should both vaccines be given in two doses? Can I just have one dose?

- The MHRA authorisation includes conditions that the Oxford/AstraZeneca vaccine should be administered in two doses, with the second dose given between 4 and 12 weeks after the first.
- The MHRA has also clarified that for the Pfizer/BioNTech vaccine, the interval between doses must be at least 3 weeks (21 days). This also aligns with the EMA position on the Pfizer vaccine.
- For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.
- Further data on vaccine efficacy for the Oxford/AstraZeneca and Pfizer-BioNTech vaccines has been published by PHE showing how vaccines reduce severe Covid in older adults. ([Full statement and research here](#)).

Why are you prioritising the first dose?

- The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.
- The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.
- Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next 12 weeks.
- NHS delivery plans should prioritise delivering first vaccine doses to as many people on the JCVI Phase 1 priority list in the shortest possible timeframe. This will allow the administration of second doses to be completed over the longer timeframes in line with conditions set out by the independent regulator, the MHRA, and advice from the JCVI. This will maximise the impact of the vaccine programme in its primary aims of reducing mortality and hospitalisations and protecting the NHS and equivalent health services.

What about people who have already had their 2nd dose after 3 weeks? Is this safe? Will they be protected?

- Yes. The updating of the dosing interval is not a safety issue but is designed to maximise the impact of the vaccination programme, as advised by the JCVI.

Surely most vulnerable need more protection - why don't you give them the two closer together and then prioritise first dose for less vulnerable?

- The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.
- The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.
- For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.

New variants, virus mutations**Do the [restrictions/measures] models take into account the new variant / escape variants?**

- The models were constructed using the latest epidemiological data available, but do not take into account the risk of new variants of concern. We are working hard to ensure that our vaccine portfolio is resilient to new variants. This includes assessing

the impact of new and future variants on the efficacy of the vaccines currently in our portfolio.

- There is currently no strong evidence that the existing vaccines will not work to a degree against new variants, particularly preventing serious illness and mortality. So the existing vaccine rollout is mission critical for tackling new variants. We will continue to monitor the picture with variants as it develops.

How worried should we be about the South Africa variant of concern and/or the Bristol variant of concern that are already in the UK?

- Both variants have a mutation that could *in theory* reduce the efficacy of current vaccine and therapeutics (E484K); that is why they have both been designated “Variants of Concern” by NERVTAG and are being monitored closely by Public Health England.
- However we believe that our current vaccines will still offer protection and we are working with pharmaceutical companies to develop new vaccines that will respond to strains. To reduce transmission it remains important that everybody follows the current guidance and rules and limits their interaction with other people.

How likely is it that we have an escape variant that can overcome vaccine-induced immunity?

- The indications are that current vaccines still offer a level of protection against all variants currently in wide circulation and we are working with pharmaceutical companies to develop new vaccines.

If new variants are more likely to arise when prevalence is high, shouldn't we stay locked down until prevalence falls to protect the gains of the vaccination campaign?

- When determining the roadmap we have to balance the need to control the virus with the wider impact on people and their livelihoods. The number of people vaccinated continues to rise rapidly and we expect the protection conferred by vaccines to help reduce prevalence over time even as restrictions are eased.

Do the current vaccines protect against the current variants / potential future ones?

- Both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines are safe and effective against the COVID-19 variants currently dominant in the UK. In terms of other variants, even if a vaccine demonstrates reduced effectiveness against other variants in preventing infection, there may still be protection against severe disease that can lead to hospitalisation and death. The continued rollout of the vaccine is therefore essential to save lives and to protect our NHS.
- Further data on vaccine efficacy for the Oxford/AstraZeneca and Pfizer-BioNTech vaccines has been published by PHE showing how vaccines reduce severe Covid in older adults. ([Full statement and research here](#)).

MHRA announcement on fast tracking covid variant vaccines. [Full press notice](#)

- Authorised COVID-19 vaccines that are modified in response to new variants will not need a brand new approval or “lengthy” clinical studies. The guidance, developed by the MHRA and its ACCESS partners, lays out what information the medicines regulators would need to approve any modifications to authorised COVID-19 vaccines, should virus mutations make them less effective at preventing the disease.
- Vaccine manufacturers would need to provide robust evidence that the modified vaccine produces an immune response, but time-consuming clinical studies that do not add to the regulatory understanding of a vaccine’s safety, quality or effectiveness would not be needed.
- The vaccine manufacturer would also be expected to provide evidence showing the modified vaccine is safe and is of the expected quality. In addition, data from the original robust clinical trials and the ongoing studies on real-world use in millions of people could be used to support any decision by the regulators.
- This approach is based on the tried and tested regulatory process used for seasonal flu vaccines, for which annual modifications are needed to match the strains circulating each year.
- **MHRA chief executive Dr June Raine said:** “We don’t have evidence at this moment that any of the vaccines in deployment are significantly lacking in effectiveness. They’re effective against Kent and we believe South Africa. We know that there has been some data from South Africa, we believe effectiveness here is maintained, and we’re working hard on the Brazil variant. As of today there’s no imperative that we fast-track a new variant-effective vaccine - but we are prepared.
- **Health Secretary Matt Hancock, said:** “We will have a fast-track approach to safely approving future vaccines that work against a variant of Covid-19. The vaccine programme has clearly been a huge UK success story, and part of the reason that we have been able to develop the vaccines so far so quickly is because of the MHRA’s rigorous yet flexible approach, which has been based entirely on looking as quickly as possible at the safety and efficacy of vaccines. I’m delighted that they’re taking that same principled approach to the approval process for vaccines that may work against variants.”

Are you concerned that the South Africa variant may not be affected by the vaccine? /are manufacturers looking at tweaking the vaccine?

- Current evidence does not suggest that this variant causes a higher mortality rate, or that it affects vaccines and treatments.
- Dr Susan Hopkins, Strategic Response Director to Public Health England, said it was likely that the vaccinations would still work to prevent severe disease even if people picked up symptomatic infections with the new variant - “Because you’ve already got an antibody response your immune system is primed to know what it’s doing. Therefore by having had prior exposure with something that’s similar, but not quite the same, you are likely to have an immune response that prevents severe disease actually kicking in” (10/2/2021)
- SAGE has said that even where questions have been raised about the vaccine’s efficacy against a South African variant of the coronavirus, “there is no reason not to recommend its use”.
- We have negotiated 50 million doses of CureVac, which we believe may help us to develop vaccines that can respond at scale to new variants of the virus

Vaccine efficacy, length of protection, impact on transmissibility

Public Health England data (01/03/2021) shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. Since January, protection against symptomatic COVID, 4 weeks after the first dose, ranged between 57 and 61% for one dose of Pfizer and between 60 and 73% for the Oxford-AstraZeneca vaccine. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab. There is also evidence for the Pfizer vaccine, which suggests it leads to an 83% reduction in deaths from COVID-19. ([Full statement and data here](#)).

Data from two studies, Public Health Scotland and Public Health England announced 22/02/2021

What is the difference between PHS and PHE research on vaccine effectiveness?

- PHE / PHS results are **not directly comparable** - because of different age cohorts & combinations of vaccine(s)
- But the results are **broadly consistent** in terms of scale of impact - e.g. both show significant reduction in risk of hospitalisation for older people
- PHS analysis based only on risk of hospitalisation, PHE includes analysis of effectiveness on risk of infection and symptomatic disease
- PHE estimates are for Pfizer only, PHS includes estimates for AZ (all ages)
- PHE includes early analysis of impact from second dose (notable boost in effectiveness for Pfizer). PHS analysis of first dose effect only.

Context

PHE analysis of the Pfizer BioNTech vaccine

- One dose of the Pfizer vaccine reduces infection risk in healthcare workers by **>70%**, two doses by **85%**
- One dose reduces cases in those aged 70+ by **50-70%** (from 3 weeks). With the second dose this improves to **80-90%**
- For older people who do develop COVID-19 there is a reduced risk of hospitalisation (**-40%**) and death (**50%**)
- Analysis is based on a period in which the Kent variant was dominant in England
- No estimates yet available for AstraZeneca but very early analysis suggests there is a similar effect after one dose

PHS analysis - Pfizer BioNTech and AstraZeneca vaccines

- One dose of the Pfizer vaccine reduces risk of hospitalisation by **85%** (all ages, 4 weeks after dose)
- One dose of the AstraZeneca vaccine reduces risk of hospitalisation by **94%** (all ages, 4 weeks after dose)
- Overlapping confidence intervals around these estimates mean conclusions should not yet be drawn on apparent difference between Pfizer & AZ
- For those aged 80+, **81%** reduction in hospitalisation (Pfizer / AZ combined)

- Overall, the results validate the UK's delayed second dose approach

How long will the vaccines protect people for?

- PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
- It is likely to be some time until we have sufficient data to provide a clear picture of how long the protective effect of vaccination lasts.

How do we know the vaccines protect people from COVID-19?

- Further data on vaccine efficacy for the Oxford/AstraZeneca and Pfizer-BioNTech vaccines has been published by PHE showing how vaccines reduce severe Covid in older adults. ([Full statement and research here](#)).
- The Pfizer / BioNTech and Astra Zeneca / Oxford vaccines have been shown to provide a high level of protection from symptomatic COVID-19. We do not yet know the impact of the vaccine on transmission and so we will vaccinate those who are at highest risk of serious illness and death. This includes older people and care home residents.
- As vaccination programmes roll out globally, our understanding of the safety and effectiveness of each vaccine will increase, and these data will be used to develop advice on the next phase of the programme.
- Every single vaccine authorised for use in the UK has been authorised by the MHRA and the three parts of authorisation are a safety assessment, an effectiveness assessment and a manufacturing quality assessment.

Do we know what impact the vaccination programme is having on severity of illness, hospitalisations?

- It is too early to say what the impact of vaccines is in the UK. It's important to note that vaccines are not 100% effective. Some people will still get ill having had the vaccine. Vaccines are highly complex, quality controlled, biological products.
- **Public Health England data (01/03/2021)** shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. Since January, protection against symptomatic COVID, 4 weeks after the first dose, ranged between 57 and 61% for one dose of Pfizer and between 60 and 73% for the Oxford-AstraZeneca vaccine. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab. There is also evidence for the Pfizer vaccine, which suggests it leads to an 83% reduction in deaths from COVID-19. ([Full statement and data here](#)).

When will you know if the vaccines prevent transmission?

- PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
- It is likely to be some time until we have sufficient data to provide a clear picture of how vaccination impacts on onward transmission.

- While the Pfizer and AstraZeneca vaccines provide protection to a vaccinated person from serious disease, we do not yet know if they prevent someone from passing on the virus to others.
- We have been consistently clear in our messaging that everyone must continue to follow the rules to protect the NHS and save lives, even after they have been vaccinated, remembering hands, face, space.

How long will the vaccines protect people for?

- PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
- It is likely to be some time until we have sufficient data to provide a clear picture of how long the protective effect of vaccination lasts.

Vigilance, side effects and adverse incidents

Are there any side effects with Covid vaccines?

- Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, lasting no longer than a week, and not everyone gets them. These may include:
 - a sore arm where the needle went in
 - feeling tired
 - a headache
 - feeling achy
 - feeling or being sick
- The MHRA always considers side effects when assessing candidate vaccines for use.
- For the Pfizer/BioNTech vaccine, 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 over 43,000 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.

There have been reports of adverse reactions to the Pfizer/BioNTech vaccine - what has happened?

- Incidents such as these are common with new vaccines and the MHRA has tried and tested processes to deal with them. The public can be reassured that we continue to adhere to the highest standards of safety as we provide this life-saving vaccine to those who need it most.

Updated guidance from MHRA on managing allergic reactions (issued 30 December 2020).

- We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine.
- However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose.
- Standard clinical procedure advises that vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment

- This updated advice follows enhanced surveillance since the initial precautionary advice was issued, which has found no evidence of an increased risk of anaphylaxis in those with prior severe allergic reactions, other than to the vaccine and its ingredients.

How do you monitor for problems, such as injuries or allergic reactions?

- Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved by the independent regulator, the MHRA, once it has met robust standards of effectiveness, safety and quality. Right through the tests and the trials, teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available.
- The independent expert working group have supported MHRA proposals for a proactive safety monitoring strategy. This comprises the Yellow Card scheme and a special active monitoring programme which we are inviting people to join.
- Approved COVID-19 vaccines will be monitored continuously after roll out by the MHRA and PHE to ensure that the benefit of the vaccines continues to outweigh any risk.

Do we know how many adverse reactions there have been so far?

- The MHRA's ADR report summary, published 18 February 2021, is based on detailed analysis of data up to 07 February 2021. At this date, an estimated 7.5 million first doses of the Pfizer/BioNTech vaccine and 5 million doses of the Oxford University/AstraZeneca vaccine had been administered, and around 0.5 million second doses, mostly the Pfizer/BioNTech vaccine, had been administered.
- As of 07 February 2021, for the UK, 24,207 Yellow Cards have been reported for the Pfizer/BioNTech, 20,428 have been reported for the Oxford University/AstraZeneca vaccine, and 113 have been reported where the brand of the vaccine was not specified. For both vaccines the overall reporting rate is around 3 to 4 Yellow Cards per 1,000 doses administered.

What kind of adverse reactions have people had?

- The Oxford University/AstraZeneca vaccine was evaluated in clinical trials involving more than 23,000 participants. The most frequently reported adverse reactions in these trials were injection-site tenderness, injection-site pain, headache, fatigue, myalgia, malaise, pyrexia (fever), chills, arthralgia, and nausea; these were each reported in more than 1 in 10 people.
- The majority of adverse reactions were mild to moderate in severity and usually resolved within a few days of vaccination. Adverse reactions reported after the second dose were milder and reported less frequently than after the first dose. Adverse reactions were generally milder and reported less frequently in older adults (65 years and older) than in younger people.

Does the AstraZeneca vaccine cause blood clots?

- Following suspensions by some countries of the COVID-19 Vaccine AstraZeneca over suspected blood clots, the Medicines and Healthcare products Regulatory Agency (MHRA) confirms that the benefits of the vaccine in preventing COVID-19 far outweigh the risks. People should still go and get their COVID-19 vaccine when asked to do so.
- The UK regulator, following a rigorous scientific review of all the available data, said that the available evidence does not suggest that blood clots in veins (venous thromboembolism) are caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP

records. This has been confirmed by the Government's independent advisory group, the Commission on Human Medicines, whose expert scientists and clinicians have also reviewed the available data.

- Blood clots can occur naturally and are not uncommon. More than 11 million doses of the COVID-19 Vaccine AstraZeneca have now been administered across the UK, and the number of blood clots reported after having the vaccine is not greater than the number that would have occurred naturally in the vaccinated population.

Can the government be sure that safety won't be compromised due to the speed of development of a Covid-19 vaccine?

- There are extensive checks and balances required at every stage of the development of a vaccine, and this is no different for a Covid-19 vaccine. No stages in the vaccine development process are bypassed.
- All vaccines are tested through three phases of clinical trials to ensure they meet the gold standard. Phase 1 trials are with a small group of people to make sure there are no safety concerns and determines the appropriate dosage for the best immune response. Phase 2 trials are conducted on a larger group of people to check the vaccine works consistently and that the immune response is sufficient. Phase 3 trials test the vaccines on thousands of people for scientists to assess if the vaccine is producing immunity that will prevent disease.
- Usually, these phases are run in sequence, but in an effort to find a safe and effective Covid-19 vaccine as quickly as possible, once safety has been ascertained through Phase 1, Phases 2 and 3 are being run in parallel.
- The data from each phase then goes to the regulator in a "rolling" review rather than once the trials have completed, which means the regulator can start looking at the results earlier than normal.
- Companies have made decisions to begin large scale production of vaccines which are still in trials. This means that if the vaccines are not shown to be safe and effective and are not approved for use the companies will have to destroy what they have manufactured.

How can people be confident there won't be long term side effects?

- Every single vaccine authorised for use in the UK has been authorised by the MHRA and the three components of authorisation are a safety assessment, an effectiveness assessment and a manufacturing quality assessment.

Care home uptake

Why have 30%+ of care home staff not had their vaccine? Is the Government thinking of mandating it?

- The Government is determined that no communities are left behind by vaccine rollout, as this would expose them to a higher risk of further outbreaks in future. Through measures and case studies of best practice set out in the [UK COVID-19 Vaccine Uptake Plan](#) we are continuing to address the concerns of some groups, particularly in some ethnic minorities and those living in deprivation.
- We are also taking all possible steps to promote vaccine uptake among those caring for some of the most vulnerable in our society, including health and social care staff.

When will people in care homes be offered the vaccine?

- All care home residents and staff, health and social care workers, people aged 70 and over, and the clinically extremely vulnerable have been offered a vaccine. These groups account for 88 per cent of deaths from COVID-19, meaning potentially tens of thousands of lives will be saved.
- The second JCVI priority group covers all frontline social care workers directly working with people clinically vulnerable to COVID-19 who need care and support irrespective of where they work.
- This includes social care workers providing care in people's own homes, day centres, care homes for working age adults or supported housing; whether they care for clinically vulnerable adults or children; or who they are employed by, whether private companies, charities, local authorities or the NHS.

Social care workers booking a vaccination

- All eligible frontline social care workers can book their first COVID-19 vaccination appointment through the [National Booking Service](#) or by ringing 119.
- If you haven't received your vaccine yet, book now to help protect yourself, your loved ones, and the people you care for from the virus.
- You will be asked some questions at the point of booking to confirm your eligibility.
- When you attend your appointment, you will need to bring with you:
 - Your Notice of Eligibility letter issued by your Local Authority, or a recent letter from your employer
 - Photo identification which confirms your place of work
 - Your NHS number if you have it.
 - If you do not have a work photo ID then as a minimum a letter from your employer with another form of photo ID will be needed.

Are you working with local government to deliver the vaccine to care homes?

- Local authorities will be responsible for working with providers of frontline social care services to identify eligible care workers, including those employed as personal assistants to people clinically vulnerable to COVID-19:
<https://www.gov.uk/government/publications/covid-19-vaccinations-and-community-based-social-care-workers/covid-19-vaccinations-for-community-based-social-care-workers>
- Currently vaccinations for this group are being offered and arranged at a local level to best meet local need. They will either take place at a hospital hub or with their GP practice, a community pharmacy, or a vaccination centre. All eligible workers will be contacted when it's their turn to get the vaccine, and will receive a letter about how they should access their vaccination.
- Local authorities will be working with local employers and local NHS vaccination teams to make sure vaccinations are delivered as efficiently and effectively as possible to meet demand.

Did you hit your target to vaccinate all care home residents?

- We have offered the vaccine to residents and staff at every eligible care home with older residents across England.

Why have some care home residents not had the jab/ what would the reasons be?

- A small number of care homes have had their visits briefly delayed by local directors of public health for safety reasons due to a local outbreak. All of these homes will be visited and jabbed as soon as NHS staff are allowed to do so.
- Vaccination staff are also returning to homes that have already received their vaccines to jab any resident who was unable to have it because they had recently had Covid, or for other clinical reasons.
- We are confident all residents in care homes will have been offered their first vaccination dose but if people have a relative in a care home, who they think is eligible but has not yet been offered the jab. We are urging people to email covidvaccineASC@dhsc.gov.uk

True that housebound elderly people are not getting vaccinated?

- We are working hard to reach everyone who is eligible for a vaccine. NHS teams are visiting those who are housebound and cannot travel to a vaccination service.
- We now have 2,000 local vaccination sites up and running, including mobile teams, and some people will have received their jabs from their care workers.
- As of Sunday 14 February, all care home residents and staff, health and social care workers, people aged 70 and over, and the clinically extremely vulnerable have been offered a vaccine. These groups account for 88 per cent of deaths from COVID-19, meaning potentially tens of thousands of lives will be saved.

BAME uptake

What is the Government doing to drive uptake among BAME communities?

- COVID-19 vaccines are the best way to protect people from coronavirus and will save thousands of lives.
- DHSC and the NHS provide advice and information at every opportunity to those eligible, including how to get a vaccine and its benefits. Vaccines are only authorised for use if they have met the medicines regulator's strict standards of safety, quality and effectiveness.
- We are working with faith and community leaders to increase vaccine uptake, holding regular meetings to discuss the best ways to provide advice and information to their communities
- Vaccination uptake varies, however, initial data suggests that uptake amongst people on lower incomes and ethnic minorities is lower than for other groups. Weekly statistics on people vaccinated by ethnicity is available here: (<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>)
- The NHS continues to improve the detail and regularity of the data supplied to local authorities. We aim to publish even more granular data on those vaccinated in due course. We take our transparency obligations very seriously and are working with our colleagues at PHE and NHS England to ensure our data reporting is as accurate and robust as possible.
- We recognise the importance of raising awareness of the benefits of vaccination within Black, Asian and minority ethnic (BAME) communities who are known to be more at risk from COVID-19. We have met with faith leaders and the Moral and Ethical Advisory

Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about the benefits of the vaccine.

- We published [a vaccine uptake plan](#) on 13 February which outlines how we're working with local communities to boost vaccine uptake.
- Our communications include information and advice via TV, radio and social media. This has been translated into 13 languages including Bengali, Chinese, Filipino, Gujarati, Hindi, Mirpur, Punjabi and Urdu. Print and online material, including interviews and practical advice has appeared in over 600 national, regional, local and specialist titles including BAME media for Asian, Bangladeshi, Bengali, Gujarati and Pakistani communities.
- The Government is expanding the community champions scheme so that communities have trusted local leaders who can help answer questions about the vaccine and work with the NHS and public health teams to support local communities. £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up.
- Recognising that accessibility can be a factor, the NHS is supporting the work of local vaccination services - such as a mobile facility for people who cannot leave their home - to ensure that people with either seen or unseen disabilities can access a vaccine safely and easily when it is their turn. It is also taking steps to promote vaccine uptake among those caring for some of the most vulnerable in our society, including health and social care staff, and continues to monitor how effective these measures are.

Increasing take-up in BAME groups (Vaccine Uptake Plan 13 February 2021)

- [New vaccine update plan](#) published on 13 February to boost vaccine uptake in all communities, based upon local initiatives already in place that are successfully boosting uptake. The plan came ahead of 15 February target date to give all top 4 priority groups their first jabs.

Working with BAME communities?

- Vaccines are the best way to protect people from coronavirus and will save thousands of lives. We want every eligible person to benefit from the offer of a free vaccine, no matter their ethnicity or religious beliefs.
- The Department of Health and the NHS are working closely with Black, Asian, and minority ethnic communities to support those receiving a vaccine and help anyone who may have questions about the vaccination process.
- As part of this we're working with faith and community leaders to give them advice and information about the universal benefits of vaccination and how their communities can get a vaccine.
- We are investing a huge amount of time and effort to strengthen the partnership between central and local government and to bring communities closer together in this effort.
- The Government is expanding the community champions scheme so that communities have trusted local leaders who can help answer questions about the vaccine and work with the NHS and public health teams to support local communities.
- We are working with faith leaders, grassroots organisations representing our diverse communities and charities and have listened to their ideas about how we can protect our communities from coronavirus and get vaccines to as many people as possible

- £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up,
- Through the **Community Champions scheme** councils and voluntary organisations will deliver a wide range of measures to communicating accurate health information.
- The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people, and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19. Each of the sixty councils have developed their own plan to improve communications with these groups including helplines, school programmes, workplace engagement, phoning those in at risk groups as well as training sessions to help people provide information and advice.
- The Community Champions will tap into their local networks to provide advice about COVID-19 and the vaccines. Champions will also work with councils to identify barriers to accessing accurate information and to provide tailored support, such as phone calls for people who are digitally excluded, helplines, and linking to GP surgeries.

Operational delivery (NHS)

How are patients invited for a vaccination?

- When it is the right time people will receive an invitation to come forward. For most people this will be in the form of a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number.
- We know lots of people will be eager to get protected but we are asking people not to contact the NHS to get an appointment until they get their letter.

Do you need an NHS number to receive the vaccine?

- Whilst an individual's NHS number might be used for administration purposes, having an NHS number is not a pre-requisite to be offered the coronavirus vaccine.
- The provision of the Covid-19 vaccine is a primary medical service and will be offered to all individuals living in the UK. This will include those who are living in the UK without permission when provided by GP practices or community pharmacies.
- If individuals are registered with a GP, then their GP will contact them in due course. If they are not registered with a GP, NHS Regional teams, working with various appropriate local systems will reach out to unregistered people to ensure they are offered the vaccine.

Is it a postcode lottery on how quickly you will be invited to receive the Covid-19 vaccine?

- The NHS vaccination programme began in hospital hubs chosen by their ability to deliver the Pfizer vaccine, with all the logistical challenges it presents, and provide a geographical spread.
- GPs were also invited to deliver the vaccine through Primary Care Networks. The overwhelming majority, but not all, PCNs opted to take part.
- In those areas where PCNs did not opt in the NHS will deliver the vaccinations by other means.
- Vaccinations have now been rolled to almost 2,000 sites, the majority of which are many GP-led local vaccination centres.
- Local NHS leaders were asked to prioritise areas with high numbers of people aged 80 or over in line with the prioritisation set out by the independent Joint Committee on

Vaccination and Immunisation. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0938_PCN-notice-letter-4-December-2020.pdf

- Vaccination figures, including a breakdown by age, are published here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>
- This new dataset will be reported daily and will develop over time as we are able to quality assure data.

What data is available to break down who is getting the vaccines?

- Vaccination data is currently being published by age, ethnicity, location, and the NHS will publish more data once it has been fully verified.
- DHSC is working closely with NHSE and the health services in the Devolved Authorities to collate data on the vaccine rollout.
- We will aim to publish even more granular data on those vaccinated in due course.
- We take our transparency obligations very seriously and are working with our colleagues at PHE and NHS England to ensure our data reporting is as accurate and robust as possible
- The vaccination programme is committed to publishing clear and simple updates. Since 24 December, we have published weekly UK-wide data on the total number of vaccinations, and the breakdown between over and under 80s for England. From 11 January, daily data for England will be published showing the total number vaccinated to date, including first and second doses. On 14 January and then on a weekly basis, NHSEI will publish a more detailed breakdown of vaccinations in England. Data published by NHS England now covers:
 - All NHS COVID-19 vaccinations administered in the reporting period
 - Count of vaccinations by age band, defined as 80+ and under 80 years old
 - Count of vaccinations by dose
 - Count of vaccinations by NHS Region
 - Count of vaccinations by Integrated Care Systems (ICSs)/Sustainability and Transformation Partnerships (STPs)
 - Count of vaccinations by ethnicity
- Vaccination Data, published daily, is available here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/> and <https://coronavirus.data.gov.uk/details/vaccinations>

Working with businesses and the private sector

Are you accepting help and offers from the private sector on the Covid-19 vaccine delivery?

- We are hugely grateful for all offers of support and assistance as we continue to expand our vaccination programme - the biggest vaccination programme in this country's history.
- This is a huge national effort and the NHS is putting into practice the decades of experience it has spent delivering large scale vaccination programmes, and it has already vaccinated nearly 5 million people nationwide.

Lockdown restrictions, tiering, domestic vaccine passports, vaccine certification

Are you introducing vaccine passports/ certification?

- The Government will review whether Covid-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. This will include assessing to what extent certification would be effective in reducing risk, and the potential uses to enable access to settings or a relaxation of COVID-secure mitigations.
- The Government will also consider the ethical, equalities, privacy, legal and operational aspects of this approach and what limits, if any, should be placed on organisations using certification. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security.
- COVID-status certification is using testing, vaccination or immunity data to confirm that they have a lower risk of transmitting COVID-19.
- We are always looking at ways technology can support the pandemic response but have no plans to incorporate vaccination data into the NHS Covid-19 app or to introduce domestic immunity certificates.

If we are vaccinating everyone what scientific basis is there for maintaining restrictions?

- Not everyone is protected by the vaccine and no vaccine offers full protection.
- It is essential that everyone continues to follow national guidance and restrictions whether they have had the vaccine or not.
- We do not yet know the impact of the vaccine on transmission of the virus. So even after you have had both doses of the vaccine, you may still give COVID-19 to someone else and transmission will then continue. If you change your behaviour you could still be spreading the virus, keeping the number of cases high and putting others at risk who also need their vaccine but are further down the queue.
- SAR-CoV-2 is highly contagious. If we do not limit our interaction with others until many more are vaccinated then there could be another sharp rise in COVID-19 cases which will again put pressure on the NHS and unfortunately lead to further deaths.
- The Government wants the UK to return to as near normal as quickly as possible and as sustainably as possible. As we continue the vaccine roll out, the level of risk will decrease for individuals and the population as a whole over time.
- As large numbers of people from at-risk groups are given an effective vaccine, we will be able to gather the evidence to understand the impact of the vaccine on the spread and severity of the virus. This will allow us to review and change the social distancing advice when it is safe to do so.
- However, until this point, we must continue to practise safe behaviours and implement measures which we know are effective in limiting transmission.
- Ahead of Step 4, we will also conduct a review of social distancing and other long-term measures that have been put in place to limit transmission. This will inform when and how we can lift restrictions.

Can people do what they want after they have been vaccinated?

- It is essential that everyone continues to stay at home if possible whether they have had the vaccine or not.
- This means it is important to:
 - continue to follow [social distancing guidance](#)
 - Wearing a face mask and remembering hands, face, space

- Really importantly we do not yet know the impact of the vaccine on transmission of the virus. So even after you have had both doses of the vaccine you may still give COVID to someone else and the chains of transmission will then continue.
- If you change your behaviour you could still be spreading the virus, keeping the number of cases high and putting others at risk who also need their vaccine but are further down the queue.
- We still have a very high number of hospitalisations and deaths. A quarter of hospital admissions for COVID-19 are in people under the age of 55. Despite the speed of the rollout, these are people who will not have the vaccine for a while yet.

Now that we have vaccines, can we end restrictions and lockdowns?

- Effective vaccines will be the best way to protect the most vulnerable from coronavirus and the biggest breakthrough since the pandemic began. A huge step forward in our fight against coronavirus, potentially saving tens of thousands of lives.
- We will closely monitor the impact of vaccinations on individuals, on NHS pressures and on the spread of the virus.
- As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to prove the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions
- The full impact on infection rates will not become clear until a large number of people have been vaccinated, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

I/my family have had the vaccine - what does that mean I can do?

- It is essential that everyone continues to follow national guidance and restrictions whether they have had the vaccine or not.
- Not everyone is protected by the vaccine and no vaccine offers full protection.
- We do not yet know the impact of the vaccine on transmission of the virus. So even after you have had both doses of the vaccine, you may still give COVID to someone else and transmission will then continue. If you change your behaviour you could still be spreading the virus, keeping the number of cases high and putting others at risk who also need their vaccine but are further down the queue.
- This means it is important to: continue to follow [social distancing guidance](#), wear a face covering and remember hands, face, space and the value of fresh air.

My friend / relative who is in a care home has had both doses of the vaccine now - surely I can visit and hug them now?

- While the vaccines provide protection to a vaccinated person from serious disease, we do not yet know if they prevent someone from passing on the virus to others. This means it is still important to follow the visiting guidance.
- We have been consistently clear in our messaging that everyone must continue to follow the rules to protect the NHS and save lives, even after they have been vaccinated, remembering “hands, face, space”.

Do we still need Social distancing once a person has been vaccinated? (updated 30/01/21)

- At this early stage in the vaccination programme, scientists do not have sufficient data to advise how the vaccine may affect onward transmission.

- As large numbers of people from at risk groups are vaccinated, we will be able to gather the evidence to assess the impact on infection rates, hospitalisation and reduced deaths.
- It's important to continue following the national restrictions, instructions from NHS Test & Trace, and to self-isolate if you are instructed to do so, even if you have had the vaccine.

Will my workers be required to have the vaccine in public facing roles?

- The Government will review whether Covid-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety, taking account of discrimination and privacy risk, and will set out its approach in advance of step 4.
- The review will include assessing to what extent certification would be effective in reducing risk, and the potential uses to enable access to settings or a relaxation of COVID-secure mitigations. The Government will also consider the ethical, equalities, privacy, legal and operational aspects of this approach and what limits, if any, should be placed on organisations using certification. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security.

If everyone has had the vaccine/ Covid test, can my business event go ahead?

- The Government will review whether Covid-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. This will include assessing to what extent certification would be effective in reducing risk, and the potential uses to enable access to settings or a relaxation of COVID-secure mitigations.
- The Government will also consider the ethical, equalities, privacy, legal and operational aspects of this approach and what limits, if any, should be placed on organisations using certification. It will draw on external advice to develop recommendations that take into account any social and economic impacts, and implications for disproportionately impacted groups and individuals' privacy and security.

Why are some patients receiving Covid-19 vaccination record cards?

- When patients are vaccinated, they are likely to receive a vaccine record card that notes the date of their vaccination, the suggested date for their second dose and details of the vaccine type and batch.

Is this a vaccine ID card showing proof of vaccination?

- This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine.
- It is not intended to be used for any other purpose, or as an immunity certificate.
- All vaccinations are recorded on the patient's record with their GP.

- As with other vaccination programmes, a vaccine record card will be issued to patients with the relevant details about the vaccine, including the date of their vaccination and their vaccine type. But this card is not an immunity passport and cannot not be used as a form of identification.

Will you make the vaccine compulsory?

- There are no plans to make the Covid-19 vaccine compulsory. The UK operates a system of informed consent for vaccinations.

Vaccine Passports, International Travel

The Prime Minister responding to a question on vaccine passports at a press conference on 08/03/2021, 16:00:

“We’re looking at the way these types of vaccination certificates might work. They do raise all sorts of issues for those, like under 16 year olds, who might not have had a vaccination for one reason or another. Also those who are not medically able to get a vaccination, for instance. There are some complexities. We are looking at what they are thinking in other countries, and will be making sure we report back to everybody as soon as we possibly can. As you may know, work is being done by Michael Gove, the Chancellor of the Duchy of Lancaster, on that whole issue. It’s a novel one for our country, we’ve never had this type of question before within the domestic UK economy, in our own home market. Though clearly vaccine passports as an idea are not new when it comes to international travel - there have been certificates for things like yellow fever and other diseases in the past and I’m sure that will be a feature of our life in the future.”

Clinical trials

Human Challenge

- Researchers call on healthy young people to volunteer for the study, which will play a key role in developing effective Covid-19 vaccines and treatments
- Up to 90 volunteers aged 18 - 30 years will be exposed to Covid-19 in a safe and controlled environment to increase understanding of how the virus affects people
- **Human Challenge Programme begins (08/03/2021)**
- The Human Challenge study (HCP) begins, with the volunteers entering quarantine at the Royal Free for a fortnight. They will be injected with the virus on Monday 8/3/2021.
- The doctors/scientists there will then closely monitor them over the fortnight to see how the symptoms develop, and they will be able to leave quarantine around 23 March. Over this time, the scientists will be establishing the smallest amount of virus needed to cause infection, which will give doctors greater understanding of COVID-19 and help support the pandemic response by aiding vaccine and treatment development.
- **A Department of Health and Social Care spokesperson said:** “The Human Challenge Programme will improve and accelerate the development of vaccines and treatments against COVID-19, and the first group of volunteers have now started the virus

characterisation study at the Royal Free Hospital in London. These carefully selected adults will be exposed to the virus in a safe and controlled environment, with medics and scientists on hand to monitor and look after them 24 hours a day.”

Regulation and Authorisation

How are vaccines regulated and authorised for use?

- The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK’s independent regulator. Their role is to ensure medicines, devices and vaccines work effectively and are safe for use.
- Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be authorised once it has met robust standards of effectiveness, safety and quality.
- Teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available, and have done so throughout all tests and trials
- The data looked at includes all the results from laboratory studies, clinical trials, manufacturing and quality controls and testing the product. The public on that basis should be very confident that all tests are done to the very highest standards, and only then will a COVID-19 vaccine be made available

Why did MHRA publish the changes to the conditions for off-label prescribing of the Covid-19 vaccine? (updated 27/01/2021).

- We are committed to offering the vaccine to as many at-risk people as possible, in order to protect the most vulnerable.
- The UK medicines regulator has updated the conditions attached to our three approved vaccines to allow clinicians, in exceptional circumstances, to prescribe doses to those outside of the instructions for use.
- This change is standard practice for the authorisation of new medicines and vaccines and should only be used if a patient is at risk of serious illness from the virus and is considered clinically extremely vulnerable to COVID-19.
- This will be a decision for clinicians to make on a case-by-case basis, as they will know the needs of their individual patients best.”

Why would a vaccine be made available before a formal licence is issued?

- Until the end of December, and as part of the transition period, any vaccines must be authorised via the European Medicines Agency and that authorisation will automatically be valid in the UK.
- EU legislation which we have implemented allows us to temporarily authorise the supply of a medicine or vaccine, based on public health need. The UK would only take this approach should there be delay with the EU process relative to when we can safely deploy in the UK.
- In response to certain public health threats, supply of a medicine may be temporarily authorised for use by the licensing authority, ahead of formal marketing authorisation, when it is satisfied there is robust evidence to show the safety and effectiveness of the medicine.

Ingredients, Controversial Substances, Moral and Ethical Advisory Group (MEAG)

COVID-19 vaccine ingredients

- A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found at point 2 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).
- A full list of ingredients for the excipient composition of the vaccine can be found at point 6.1 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).
- 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 COVID-19 Vaccine AstraZeneca](#).

Do the vaccines contain animal products? What engagement has DHSC had with faith/vegetarian/vegan groups on vaccine components?

- The MHRA has confirmed that the COVID-19 Vaccine AstraZeneca and Pfizer/BioNTech COVID-19 vaccine do not contain any components of animal origin.
- We have met with faith leaders and the Moral and Ethical Advisory Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about potential COVID-19 vaccines candidates.

Do the vaccines contain foetal material?

- No foetal material is present in the final vaccine; it is all removed during the manufacturing process.
- Some vaccines are made by growing cultures of the target virus (including modified viruses such as found in the AstraZeneca vaccine) in cells and so some vaccines can be grown in cell-lines derived from mammals, including humans. Such cell lines used to grow the virus are derived from a primary culture of cells from an organ of a single animal which has then been propagated repeatedly in the laboratory, often over many decades.
- The best-known human cell line is MRC5. These cells derive from a pregnancy that was terminated for medical reasons in 1966. This cell-line is used to grow viruses for vaccines against rubella, chickenpox and hepatitis A. Other foetal cell lines have been used for other vaccines, including influenza vaccine and some of the new COVID-19 vaccines.
- The HEK293 cell line which is used in the manufacture of the AstraZeneca vaccine was derived in Holland from a single aborted foetus in the early 1970s.
- The issues around the use of vaccines grown on foetal cell lines have been discussed within the Catholic church. The church distinguishes between the ethics of the initial termination, compared to the acceptance of such vaccines where there is no appropriate alternative. In 2017, the Pontifical Academy for Life in Rome issued a statement that said: “We believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion.”

<http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>

- The Catholic church re-confirmed this position in a statement in December 2020 clarifying the original statement as follows: “When ethically irreproachable Covid-19 vaccines are not available (e.g. in countries where vaccines without ethical problems are not made available to physicians and patients, or where their distribution is more difficult due to special storage and transport conditions, or when various types of vaccines are distributed in the same country but health authorities do not allow citizens to choose the vaccine with which to be inoculated) *it is morally acceptable to*

receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process”.

Vaccine safety

- Any vaccine must first go through the usual rigorous testing and development process and be shown to strict standards of safety, quality and effectiveness before it can be deployed.
- The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK's independent regulator. Its role is to ensure medicines, devices and vaccines work effectively and are safe for use.
- Each COVID-19 vaccine candidate is assessed on a case by case basis and will only be authorised once it has met robust standards of effectiveness, safety and quality by the medicines regulator, the MHRA.
- Teams of scientists and clinicians carefully, methodically, scientifically and rigorously review all data on safety, effectiveness and quality as soon as they become available, and have done so throughout all tests and trials
- The data looked at includes all the results from laboratory studies, clinical trials, manufacturing and quality controls and testing the product. The public on that basis should be very confident that all tests are done to the very highest standards, and only once these tests have demonstrated that the vaccine meets the expected standards of safety, quality and efficacy will a COVID-19 vaccine be made available

Pregnancy, childbirth, fertility

Can pregnant women have the Pfizer/BioNTech or Oxford/AstraZeneca vaccines?

- The COVID-19 vaccines available in the UK have been shown to be effective and to have a good safety profile. The early COVID-19 vaccines do not contain organisms that can multiply in the body, so they cannot infect an unborn baby in the womb.
- The latest advice, from the Joint Committee on Vaccination and Immunisation (JCVI) is that the vaccine should be considered for pregnant women when their risk of exposure to the virus infection is high and cannot be avoided, or if the woman has underlying conditions that place her at a very high risk of complications of Covid-19.
- There is no evidence to suggest any safety concerns for pregnant women however, as a highly precautionary step, the guidance advises that women are not routinely vaccinated if they are pregnant.
- Pregnant women should discuss the benefits and risks of having the vaccine with their GP, or healthcare professional, and reach a joint decision based on individual circumstances.
- As more data becomes available, the independent experts at the Joint Committee on Vaccination and Immunisation will keep their advice under constant review
- Women who are breastfeeding can also be given the vaccine.

Can women who are trying to conceive have the vaccine?

- Those who are trying to become pregnant do not need to avoid pregnancy after vaccination. The UK Chief Medical Officers agree with this advice.

Does the Covid-19 vaccine affect fertility?

- There is no evidence that the vaccine affects fertility. The theory that immunity to the spike protein could lead to fertility problems is not supported by evidence. Most

people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.

- Read the latest advice from the Royal College of Obstetricians and Gynaecologists: <https://www.rcog.org.uk/covid-vaccine>
- The RCOG has prepared this [information sheet](#) to help pregnant women who are eligible for and have been offered vaccination make an informed choice. Please also read the RCOG [Q&As on COVID-19 vaccination, pregnancy and breastfeeding](#).
- Public Health England has produced [advice in a range of formats for pregnant, breastfeeding and women of childbearing age](#).
- **A Department of Health and Social Care spokesperson said (8/3/2021):** “There is no evidence to suggest any safety concerns for pregnant women however, as a highly precautionary step, the guidance advises that women are not routinely vaccinated if they are pregnant or are planning a pregnancy within three months of the first dose. As more data becomes available, the independent experts at the Joint Committee on Vaccination and Immunisation will keep their advice under constant review.”

Vaccine hesitancy, misinformation, disinformation

Is enough being done to tackle vaccine hesitancy? (Updated 09.02.2021)

- Effective vaccines are the best way to protect people from coronavirus and will save thousands of lives.
- The Department of Health and Social Care together with the NHS and Public Health England are providing advice and information at every possible opportunity to support those getting the vaccine and to anyone who might have questions about the vaccination process.
- Our communications includes targeted information and advice via TV, radio and social media. This has been translated into 13 languages including Bengali, Chinese, Filipino, Gujarati, Hindi, Mirpur, Punjabi and Urdu.
- Print and online material, including interviews and practical advice has appeared in hundreds of national, regional, local and specialist titles including BAME media for Asian, Bangladeshi, Bengali, Gujarati and Pakistani communities.
- The vaccines minister has previously said that he is concerned about vaccine uptake within BAME communities, and is spending a great deal of time talking to community leaders.
- The Department of Health and Social Care, the Ministry of Housing, Communities and Local Government and the NHS are holding regular meetings with local authorities, faith leaders and BAME organisations to provide advice and information about COVID-19 vaccines and how they will be made available.

What is the government doing about the spread of disinformation?

- False information about COVID-19 vaccines could cost lives.
- The Department of Health, NHS and PHE are providing information and advice at every possible opportunity for all those eligible for vaccination and anyone who has questions about COVID-19 vaccines.
- The Government’s Counter-Disinformation Unit, led by DCMS, works to tackle disinformation and misinformation relating to COVID-19.
- The Unit works closely with social media platforms to help them identify and take action to remove incorrect claims about coronavirus, and to promote authoritative advice and information.

- The Government published the Full Government Response to the Online Harms White Paper consultation in December 2020, which sets out new expectations on companies to keep their users safe online.
- The new laws will have robust and proportionate measures to deal with disinformation that could cause significant physical or psychological harm to an individual, such as false information about Covid-19 and COVID-19 vaccines.
- The Department for Digital, Culture, Media and Sport (DCMS) has launched a new social media campaign to tackle false vaccine information shared amongst ethnic minority communities. The campaign is fronted by trusted local community figures such as imams, pastors and clinicians in short, shareable videos which include simple tips on how to spot misinformation and what to do to stop its spread. The key message is to check before you share, signposting to the NHS for the best source of information.

Community Champions scheme (updated 25/01/2021)

- The expansion of the Community Champions scheme will help everyone get the advice and information they need about COVID-19 vaccines.
- £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up,
- Through the Community Champions scheme councils and voluntary organisations will deliver a wide range of measures to communicating accurate health information.
- The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people, and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19. Each of the sixty councils have developed their own plan to improve communications with these groups including helplines, school programmes, workplace engagement, phoning those in at risk groups as well as training sessions to help people provide information and advice.
- The Community Champions will tap into their local networks to provide advice about COVID-19 and the vaccines. Champions will also work with councils to identify barriers to accessing accurate information and to provide tailored support, such as phone calls for people who are digitally excluded, helplines, and linking to GP surgeries.

Fraud, Crime, Scams

Statement about people requesting vaccines directly from pharmacists as an attempt to fast-track their vaccine when they have no underlying health condition or reason for early vaccination, including when people are declaring themselves as carers to get earlier priority (10/03/2021).

A Department of Health and Social Care spokesperson said: “To protect the most vulnerable, it is important that everyone waits their turn to be called for a jab.

“Pharmacists play a vital role in delivering life-saving vaccines to their communities, using their clinical expertise to ensure each dose is delivered in line with current guidance.

“We continue to follow the advice of the independent JCVI to vaccinate those most at risk severe outcomes first. The priority order is primarily based on age, which is the biggest factor in determining mortality.”

What is government doing to stop vaccine fraud?

- Coronavirus vaccines approved for use in the UK are only available via the National Health Services of England, Northern Ireland, Wales and Scotland.
- According to the prioritisation guidance, you will be contacted by the NHS, your employer, a GP surgery or pharmacy local to you, to receive your vaccine.
- The vaccine is free of charge and at no point will you be asked to pay or provide your bank account or card details.
- The NHS has a clear vaccine delivery plan and the vaccine is being rolled out as quickly as doses can be supplied and quality checked.
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- The UK Government has secured and purchased vaccines on behalf of the whole United Kingdom, and we are distributing them quickly, fairly and proportionately to all four nations.
- Adverts purporting to be selling vaccines are likely to be a scam or offering vaccines that are not authorised for use in UK and if purchased from outside the legitimate NHS supply route cannot be guaranteed to meet standards of quality, safety and
 - effectiveness.

Advice from Action Fraud:

- 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 license, bills or pay slips.

Foreign Nationals (FNs)

Are Foreign Nationals (FNs) eligible for the vaccine in the UK

- Yes. In general, access to free NHS medical services is based on ordinary residence in the UK, rather than nationality or payment of UK taxes.
- Being 'ordinarily resident' broadly means living in the UK on a lawful and properly settled basis
- In order of priority, most people already resident in the UK will be contacted by their GP to book their vaccine via an online or telephony system.

Can non-British Nationals come over to UK and access a vaccine?

- Foreign nationals living overseas should obtain the vaccine in their country of residence. They cannot arrange a vaccine in the UK from overseas.