

Frequently Asked Questions

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Vaccine safety and effectiveness

Why vaccines are important

- Vaccines are the most effective way to prevent infectious diseases.
- Vaccines save lives. After clean water, vaccination is the most effective public health intervention in the world.
- Vaccination is the most important thing we can do to protect ourselves and our children against ill health. Vaccines prevent up to 3 million deaths worldwide every year.
- Vaccines are the only way to eradicate disease. We have eradicated smallpox and are near to eradicating polio, both through using vaccines.
- Measles vaccination alone has prevented 20 million measles cases and 4,500 deaths in the UK.
- Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once a vaccine has trained your immune system to know how to fight a disease, it can often protect you for many years.
- Neither HIV nor malaria have vaccines, which shows just how challenging the process of developing a vaccine can be.

How vaccines work

To create a vaccine for a disease, the germ which causes it is weakened, or completely inactivated so that it cannot cause the disease in question. When this weakened or 'dead' germ is introduced to the immune system, it trains the immune system to recognise the disease and fight it off if you come into contact with it in the future.

Are vaccines safe?

Vaccines are now safer than ever before. 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 used.

What vaccines for COVID-19 are currently available?

Following extensive trials, two vaccines, Pfizer and Oxford-AstraZeneca have been approved by regulators and are now available.

Vaccines are now being delivered in hundreds of care homes, hospital hubs, from local vaccination centres and high street pharmacies. The NHS is continuing to prioritise those the Governments' Joint Committee on Vaccination and Immunisation (JCVI) has advised will benefit the most – specifically over-80s, care home residents and health and social care workers.

Should I contact my GP or hospital to arrange getting the COVID-19 vaccination?

No. When it is the right time people will receive an invitation to come forward. For most people this will be a letter, either from their GP or the national NHS. This letter will include all the information you will need to book appointments, including your NHS number. Please do not contact the NHS to get an appointment until you get this letter.

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

People currently unwell and experiencing COVID-19 symptoms should not receive the COVID-19 vaccine until they have recovered.

Are there any side effects?

The vaccine is very well tolerated with reported side effects similar to the flu jab – soreness or redness at the injection site and some have reported a headache. Further detail on side effects can be found in the leaflets below.

Are there any longer-term side effects?

These are important details which the MHRA will consider when assessing candidate vaccines for use. NHSE plans currently include provision for monitoring patients immediately after their dose is administered, and 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.

How long does immunity last for after the vaccination?

COVID-19 remains a new infection and close observation by experts continues. At this stage it is unclear whether the vaccine will need to be given yearly, like the flu vaccine, or less frequently.

Trials for length of vaccine protection continue and will also inform how vaccination for COVID-19 is recommended in the future.

How is the vaccine given?

The vaccine is given by injection into the arm or shoulder. You will need two doses of the vaccine to gain the maximum protection. These doses will be given three to twelve weeks apart. One dose of the vaccine offers important protection, at least in the short term. Updated guidance from the JCVI has recommended that as many people on the JCVI priority list should be offered a first vaccine dose as the initial priority. You will need to attend two appointments to receive both doses. If you do not have both doses the vaccine will not be fully effective.

The JCVI and the UK Chief Medical Officers have updated guidance for the NHS on the second dose for the both vaccines, meaning they can be safely offered up to 12 weeks apart. This will allow the greatest number of at-risk people to be vaccinated in the shortest possible time. Please see their statement here:

<https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines>

Does the vaccine contain the 'live' virus? Can it give me or anyone around me COVID-19?

No. The vaccines are designed to produce an immune response to just a small part of the virus, the spike protein. This is the part of the virus that allows it to enter into human cells and cause infection. No whole COVID-19 virus or live virus is used in the vaccines. This means the vaccine cannot give you COVID-19 and does not make you infectious after you have had the vaccine. This means it is also safe for people with a suppressed immune system.

How long does it take for immunity to take effect?

One dose of the vaccine offers important protection, at least in the short term. Updated guidance from the JCVI has recommended that as many people on the JCVI priority list should be offered a first vaccine dose as the initial priority. It is vital that you continue to adhere to social distancing, mask guidelines and practice good hand hygiene. No vaccine is 100% effective so it is also important you to continue to follow any government or workplace advice even after you have completed the vaccination course.

Will pregnant women be offered the vaccine?

Yes. The MHRA has advised that pregnant women can have the vaccine, however, recommend they discuss this with their clinical team first. Those who are breast feeding may have the vaccine also.

Can I have the flu vaccine at the same time?

No. You should have your flu jab either a minimum of 7 days before the first COVID-19 vaccination dose or 7 days after you have had the second dose.

Does the vaccine cure COVID-19 if you are positive?

You should not have the vaccine if you have had confirmed COVID-19 infection in the previous 28 days unless you are advised by your doctor that it is suitable for you to do so.

Is the vaccine suitable for vegans?

There are no animal products listed in the ingredients.

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

Yes, if they are in a priority group identified by the Joint Committee on Vaccination and Immunisation (JCVI). We don't yet know how long immunity lasts after having been infected with COVID-19, so getting vaccinated is just as important for those who have already had it as it is for those who haven't.

If I have antibodies do I need a vaccine?

Yes; it is unclear how long antibodies produced following infection may provide protection and whether the protection is as effective as that provided by vaccination. It is therefore recommended you have a vaccine if offered one.

Can people pick which vaccine they want?

No. Vaccine given will be based on availability, except for when a patient's medical history means a specific vaccine must be used. Any vaccines that are available will have been approved by the medicine regulatory authorities so you should be assured that whatever vaccine you are offered, it is safe and effective.

Once vaccinated can people stop wearing a mask/social distancing?

No. While the vaccination prevents the development of the infection in around 90-95% of people, there is still a chance of contracting the virus or transmission to others. It is therefore very important to continue wearing a mask, social distancing and practicing good hand hygiene.

Vaccine eligibility

Who are the priority groups and what's the order of priority?

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

How many people need to receive the Covid-19 vaccine in JCVI's first phase?

The JCVI recommendations of vaccination by age and risk factors is estimated to cover over 25 million people in phase 1. The vaccination of the top two groups is estimated to cover over 6 million people.

Who is being offered a COVID-19 vaccine currently?

The NHS is currently in the process of offering the vaccine to people aged 80 and over, those who live or work in care home, and frontline health and social care staff. When everyone in these groups has had the chance to get their first dose of the vaccine the programme will expand to other people that are at risk either due to their age group or medical condition in line with the advice from the Joint Committee on Vaccinations and Immunisations.

Read the latest JCVI advice on priority groups for the COVID-19 vaccination on the [GOV.UK website](https://www.gov.uk)

Why aren't BAME groups being prioritised?

There is clear evidence that certain Black, Asian and minority ethnic (BAME) groups have higher rates of infection, and higher rates of serious disease and mortality. The reasons are multiple and complex.

There is no strong evidence that ethnicity by itself (or genetics) is the sole explanation for observed differences in rates of severe illness and deaths. What is clear is that certain health conditions are associated with increased risk of serious disease, and these health conditions are often overrepresented in certain Black, Asian and minority ethnic groups.

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

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 will provide 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.

Why are care home workers prioritised over NHS staff?

There is evidence that infection rates are higher in residential care home staff, than in those providing home care or in healthcare workers. Care home workers are therefore considered a very high priority for vaccination.

Why aren't you vaccinating economically active people? Surely that would be a good approach to get the economy back up and running again?

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.

Given the current epidemiological situation in the UK, all evidence indicates that the best option for preventing morbidity and mortality in the initial phase of the programme is to directly protect persons most at risk of morbidity and mortality.

Why no priority for certain occupations?

JCVI does not advise further prioritisation by occupation during the first phase of the programme.

Are you going to prioritise giving teachers the vaccine so schools can reopen?

We are following the advice from independent experts on the JCVI on which groups of people to prioritise for Covid-19 vaccines.

JCVI advised that the immediate priority should be to prevent deaths and protect health and care staff, with older age deemed the single biggest factor determining mortality.

We understand this is a challenging period for many, and the NHS is working hard to vaccinate those most at risk as soon as possible.

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.

Treatments containing COVID-19 neutralising antibodies have been secured from AstraZeneca to support immunocompromised people who will not be able to benefit from a COVID-19 vaccine.

The antibody treatment currently being developed by AstraZeneca is a combination of two monoclonal antibodies and has the potential to be given as a preventative option for people exposed to the virus, and to treat and prevent disease progression in patients already infected by the virus if successful.

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.

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. JCVI 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.

Is the vaccine safe for people with pre-existing conditions?

The trials have involved people with chronic underlying conditions deliberately, and they have involved people from very broad age ranges and quite a lot of people in the elderly bracket. The JCVI have looked at this, there's no indication that there should be any difficulty in giving it to people with chronic underlying conditions.

The JCVI has picked out, not just by age, but people 18 to 65 with at-risk conditions and the reason for that is that they are at extremely high risk from coronavirus compared with the general population.

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

The JCVI has amended its previous precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding. The new advice sets out that vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed.

The Pfizer/BioNTech vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the mother and baby. Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. Women who are breastfeeding can also be given the vaccine.

Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman's clinical need for immunisation against COVID-19. The UK Chief Medical Officers agree with this advice.

When will clinically extremely vulnerable people be offered a vaccine?

People classed as clinically extremely vulnerable should have already been contacted by the NHS. If you have not been contacted and think you should have been, please speak to your GP or hospital care team. People defined as clinically extremely vulnerable are listed on the [NHS website](#).

As one of the top four priority groups, clinically extremely vulnerable people should be contacted for their first vaccine appointment in the coming weeks, with all clinically vulnerable people expected to have been offered a vaccine by February 15.

Can I go back to work after having my vaccine?

Yes, you should be able to work as long as you feel well. If your arm is particularly sore, you may find heavy lifting difficult. If you feel unwell or very tired you should rest and avoid operating machinery or driving.

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. However, you will need to continue to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

If I am an informal (unpaid) carer, caring for someone who is clinically vulnerable can I have my Covid-19 vaccine?

If you provide unpaid care or live with someone eligible to receive a vaccine, you will be offered a vaccine as part of cohort 6 as defined by the Joint Committee on Vaccinations and Immunisations (JCVI). At this time, we are therefore not able to also offer you a vaccine. All eligible people will be contacted when we begin vaccinating the relevant cohort. If you have not been contacted, please be patient as the vaccine rollout continues. We recognise the vital role unpaid carers play in caring for vulnerable individuals and we will provide further details on their access to the vaccine in due course.

Patient vaccinations

How will patients be 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.

How do GPs know who to vaccinate?

The JCVI set criteria on an ongoing basis for who should get the vaccine and when. GPs will be able to call in or go out to patients based on this, using their patient records. A national invite and recall system, drawn from GP patient records, is also being used.

Where will the vaccination centres for the public be?

You will be invited to attend a vaccination appointment at a local GP service, a local hospital service, a local pharmacy or at a large vaccination centre. A list of coronavirus (COVID-19) Vaccination Centres available in the Shropshire, Telford and Wrekin area are detailed below, and are also available to view on [NHS England's website](#)

How are second appointments being booked?

If you have had your first jab already through a hospital or GP services, the local NHS will contact you about getting your second.

If you have received a letter from the national booking service and you have already had your first dose of the vaccination, please ignore the letter. This service will require you to book appointments for both doses of the vaccination at the same time.

I have received a letter but I have already booked or attended an appointment at a local GP service. What should I do?

If you already have a vaccination booked through your GP, please ignore the letter. There is nothing more you need to do.

I've received a letter but someone I live with who is in the same priority group hasn't yet. Can we get vaccinated together?

The NHS is inviting eligible people as supplies of the vaccine allow. If you have received a letter and live with someone who is also eligible but has not been contacted, it is likely that they will be contacted shortly after. You can wait and book at the same time if you would like to.

Will you be running vaccine clinics over weekends and bank holidays?

The NHS will be working hard to ensure the vaccine gets to those who need it, including on weekends and bank holidays – just as other vital services run 365 days a year.

Rollout plan in Shropshire, Telford and Wrekin

How many vaccines are you expecting to do?

This will depend on the number of doses we get, but the NHS aims to vaccinate as many people as safely and quickly as possible.

If two vaccines are proved safe and effective, will the NHS have capacity to deliver both vaccines onwards or will one have to be prioritised?

The NHS has begun vaccinating the priority cohorts. When we get more vaccine supplies this will potentially allow us to go further and faster, but we are not there yet.

Where/how are vaccines going to be administered?

The NHS has been working together with local partners to ensure that people are not disadvantaged because of where they live, whether they own a car or if they are not able to get about. This is why the NHS has developed three different models of delivery.

NHS Trusts will provide Hospital Hubs where vaccines can be safely stored and those in the highest priority groups can be vaccinated.

Vaccination Centres will be opening in the near future which will provide vaccination on a large scale. These sites will be in well-connected public venues.

GPs and Pharmacies will also provide vaccination services locally in the community.

How will housebound residents be vaccinated?

We are working hard to vaccinate all housebound residents in Shropshire, Telford and Wrekin. The Covid-19 vaccination team will support primary care networks where additional capacity is needed to ensure we vaccinate housebound residents that are eligible as quickly and safely as possible. Housebound residents will be vaccinated for Covid-19 in line with the priority groups recommended by the Joint Committee on Vaccination and Immunisation.

A resident is deemed to be housebound when they are unable to leave their home environment through physical and/or psychological illness. Those who are housebound will have been identified by their registered GP.

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 more than 700 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.

Workforce

Who is going to be administering the vaccines?

Recruitment of workforce has focused on those who already have experience in handling vaccinations but may currently work outside of NHS settings, for example, independent nurses or allied health care professionals. Existing schemes such as NHS Bring Back scheme have also been utilised in order to fill roles.

What is the training for vaccinators?

A comprehensive training package has been put together by NHS England and NHS Improvement (NHSE-I), with professional groups and Public Health England (PHE). New vaccinators will have undergone both a comprehensive training programme and competency assessment to ensure they can safely administer vaccines to patients under the clinical supervision of an experienced health care professional. This training will include how to deal with possible adverse reactions to a vaccine.

Will you be pulling staff away from other urgent and emergency care?

Our planning will ensure that there is as little as possible impact on other vital services by drawing on a pool of experienced NHS professionals through the NHS Bring Back Scheme, recruiting new vaccinators from amongst a wider group of healthcare professionals and others who complete training, and using independent Occupational Health providers.

Further information:

JVCI Prioritisation

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

National booking system

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>

Dr Van-Tam Briefing on COVID-19 Vaccine

<https://www.bbc.co.uk/sounds/play/p090c7wr>

Public Health England – Green Book (published 27/11/20)

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

This chapter includes information on:

- the coronavirus (COVID-19) vaccines.
- the dosage and schedule for the UK.
- recommendations for the use of the vaccine.

Data / stats

- Released daily. Please signpost those asking for data to this verified info: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Downloads

- [Why do I have to wait](#)
- [Covid-19 vaccination – a guide for older adults](#)
- [What to expect after your Covid-19 vaccination](#)

- COVID-19 vaccination – a guide for those currently pregnant, planning a pregnancy or breastfeeding
- A guide for healthcare workers
- A guide for social care workers