

COVID-19 Vaccination Hesitancy and Information

One to One Pack for Care Home Staff

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Letter of Invitation

A Letter of Invitation form. This should be completed in conjunction with the staff, signed by the staff member and manager. A copy should be given to the staff member and a copy kept on their personal file.



**18th June 2021**

**South West London CCG**

Dear Care Home staff member,

The safe and effective Covid-19 vaccine is the best way to protect the most vulnerable people from coronavirus and is the biggest breakthrough since the pandemic began. It is a huge step forward in our fight against coronavirus, potentially saving tens of thousands of lives as well as protecting the most vulnerable including residents and staff in Care Homes. The NHS is in the process of rolling out the Covid-19 vaccine and has given over 30.5 million individuals 2 doses of the vaccine across the UK. Care home staff have been given top priority for the vaccine and **we are inviting you to have a Covid-19 vaccine**.

The Delta variant is the most predominant COVID-19 strain circulating in the UK at present. Cases of infection have been increasing in South West London. Vaccinations have now opened up to all adults over 18.

The recommendation from SAGE (the government’s scientific advisory group for emergencies) is that care homes should have 90% vaccination rates among residents and 80% vaccination rates among staff, for safety. However, not all homes in London have reached these levels, leaving residents at risk.

We invite you to book an appointment or attend one of the walk in centres for a vaccine, please see information below on making a booking and the sites available to staff who live or work in South West London. Vaccines types are indications only and may change daily.

**If you are concerned about receiving the vaccine,** please:

* Speak to your manager, we have shared factual information and resources with them to help address your concerns;
* Speak to a trusted healthcare professional;
* Contact [CareHome.CovidVaccine@swlondon.nhs.uk](mailto:CareHome.CovidVaccine@swlondon.nhs.uk) and ask to speak to a health care professional regarding your concerns. They can arrange a phone call with you.

We hope that you will take up this offer of the Covid Vaccine to protect the residents you look after, your loved ones and yourself.

**Important Information**

As you work in a Care Home, please ensure you tell your manager when you have had the vaccine and ask them to update on Capacity Tracker.

If you are having any difficulty booking a COVID-19 Vaccine,

please contact us at [Carehome.covidvaccine@swlondon.nhs.uk](mailto:Carehome.covidvaccine@swlondon.nhs.uk).

Further information and Queries about the Vaccines

[Carehome.covidvaccine@swlondon.nhs.uk](mailto:Carehome.covidvaccine@swlondon.nhs.uk)

If you have clinical questions regarding the vaccine, you can use this email address to email a question. Questions are reviewed and answered by qualified clinicians.

We aim to respond to your questions quickly, but this may take up to 5 working days.

To find out more about the Covid-19 vaccine please go to: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

|  |
| --- |
| Requirements when attending COVID-19 Vaccine appointment It would be very helpful if you could bring your NHS number to the appointment, but if needed this can be looked up by the administrators at the vaccination centre on the day.  You can find your NHS number on a GP or hospital letter or a prescription. Alternatively you can use the lookup service: <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>  **What should you bring to your appointment?**   * Bring one of the following:   + A paper copy of a letter of eligibility from your employer   + Your work identity badge   And:   * Another form of photographic ID (Driver licence/Passport) * Your NHS number if you have this available   **When you attend for your appointment you will:**   * Be asked to consent to the vaccine * Show your letter of eligibility and photo ID/ work identity badge   **Do not attend if you have symptoms of Covid-19 or are self-isolating – please cancel your appointment if you have one, and rebook for a later date.**If you have had a positive COVID test, please wait four weeks from the date you tested positive before you receive the vaccine. **Please arrive on time, but not too early to prevent overcrowding.** |

|  |
| --- |
| National Booking Link: Eligible staff can use: [nhs.uk/covid-vaccination](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nhs.uk%2Fcovid-vaccination&data=04%7C01%7Csamantha.mason%40southlondonpartnership.co.uk%7C22a2fa092b2b4cb0305708d8efab7eee%7Cd9d3f5acf80349be949f14a7074d74a7%7C0%7C0%7C637522867149372534%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=X7POq6Bw8Kruci3Ej7iTU%2BR7SttQdSJltkZXSITd6tw%3D&reserved=0) or call 119 to book a vaccination. Please note that the phone line may have long waits and it is advised to use the booking link provided.  You can choose from a number of vaccination centres close by, all through the same link above including:   * Croydon: Croydon University Hospital, Centrale Shopping Centre CR0 1TY and Crystal Palace FC SE25 6PU * Kingston: Hawks Road Health Centre KT1 3EW * Merton: AFC Wimbledon and Centre Course Shopping Centre * Richmond: Harlequins, The Stoop * Sutton: St Nicholas Shopping Centre SM1 1AY * Twickenham TW2 7SX * Wandsworth: St George’s Hospital, Battersea Arts Centre and Queen Mary’s Hospital car park   The COVID vaccines are safe, effective and will save lives. If you have any concerns about getting the COVID vaccine, speak to your GP or a healthcare professional. |

Risk Assessment Checklist

This should be completed in conjunction with the staff, signed by the staff member and manager. A copy should be given to the staff member and a copy kept on their personal file.

**(Insert Care Home Letter Head)**

Checklist for staff who have declined the Covid -19 vaccine

Name of Staff Member:

Name of Manager:

Date interview held:

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Circle | Actions | Notes |
| Interview held with staff? | Yes/No | If no, interview should be scheduled before completing checklist.  Additional points discussed: |  |
| Have you given the staff member the letter of invitation for a vaccine? | Yes/No | Insert staff member name and give letter to the staff. |  |
| Have you identified the reason for declining the vaccine and given the staff resources to address their concern? | Yes/No | See attached Resources guide which has specific information and resources, including videos/webinars to address many of the reasons for vaccine hesitancy.  Note which sections you recommended to the staff member:  Additional points discussed: |  |
| For all staff who have declined the vaccine, please run through the checklist points below.  Please note that the current guidance is that **ALL** staff should be wearing PPE, maintaining social distancing and practicing hand hygiene whether they have had the vaccine or not. As the pandemic subsides, guidance MAY change for people who have had the vaccine to require less protection. Please follow the government guidance.  This checklist highlights that these measures should be reinforced if they have not had the vaccine. | | |  |
| Question | Circle | Actions | Notes |
| Has staff member received IPC training? | Yes/No | If yes, record date:  If greater than 12 months ago, book staff member for refresher training via emailing: [infectioncontrol@swlondon.nhs.uk](mailto:infectioncontrol@swlondon.nhs.uk)  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to residents? | Yes/No | Explain to staff that as they are not vaccinated, they pose a higher risk to residents. Reinforce the strict importance of wearing PPE when working with residents – particularly appropriate mask usage – social distancing whenever not undertaking direct care and practicing meticulous hand hygiene.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to visitors? | Yes/No | Explain to staff that as they are not vaccinated, they pose a higher risk to visitors. Reinforce the strict importance of wearing PPE – particularly appropriate mask usage – social distancing and practicing meticulous hand hygiene when interacting with visitors.  Interaction with visitors should be avoided where possible.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to their family and friends? | Yes/No | Explain to staff that as they are not vaccinated, they pose a higher risk to their family and friends. Reinforce the importance of wearing masks when in public spaces, social distancing and practicing meticulous hand hygiene outside of the workplace as well as in work.  Additional points discussed: |  |
| Question | Circle | Actions | Notes |
| Has the staff member talked to their own GP and/or the clinical lead GP for the care home regarding their concerns? | Yes/No | Arrange for your Care Home clinical lead GP to talk to the staff member directly to discuss their concerns.  Date of meeting:  Additional points discussed: |  |
| Has staff member been provided with a uniform bag and been instructed in washing uniform? | Yes/No | Staff should travel to and from work in non-uniform clothes. Staff should change into the uniform when they arrive at work. When leaving work, used uniform should be put into a pillow slip/uniform bag and taken home. The bag and uniform should be washed on a hot wash with laundry wash and tumble dried or ironed.  Additional points discussed: |  |
| Have the staff members travel arrangements been discussed? | Yes/No | Driving – advise the staff member that they should not lift share.  Public transport – highlight the risks of travelling on public transport and that they must wear a mask and socially distance. Pending shift times, recommend travel outside of peak hours.  Consider rostering staff so that they don’t need to travel on public transport on peak hours where possible.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to their co-workers? | Yes/No | Explain to staff that as they are not vaccinated, they pose a higher risk to their colleagues.  Explain that during breaks they must maintain social distancing and wear a mask. Try to schedule breaks so they can eat/drink without co-worker’s present, as they will need to remove their mask. They should avoid sharing food and any physical contact with other staff members where possible.  Additional points discussed: |  |
| Question | Circle | Actions | Notes |
| Have you discussed that not having the vaccine may impact on their ability to take up a new role at another Care Home, should they choose to change employers? | Yes/No | Explain that some Care Home chains are only employing new staff who have had the vaccine and they should consider this if they look to change employers.  Note any additional points discussed: |  |
| Have you discussed any other risk reduction measures? | Yes/No | Note any additional points discussed here: |  |
| Have you explained to the staff member that they are able to change their mind in the future and do they know how to access a Covid Vaccine if so? | Yes/No | Explain that they remain eligible for a vaccine.  Explain how they can access a COVID-19 vaccine if they change their mind.  Additional points discussed: |  |
| Have you completed the interview and checklist and given copies to the staff member? | Yes/No | Additional points discussed: |  |

Signature Staff Member: Date:

Signature Manager: Date:

(Insert Care Home letter head)

Vaccination Decline Form

Within the context of the health and social care environment, immunisation of the workforce is a critical component of managing the Health and Safety of the employee at work and managing risks to residents, your work colleagues and yourself.

(insert Care Home name) advises all staff receive an immunisation against infectious disease that are prevalent within the workplace to all employed staff where their role indicates that an identified risk exists.

As per the Staff Immunisation Policy and Procedure, you have been advised on immunisation for (\*please delete as appropriate):

* Influenza
* COVID Vaccine

I acknowledge that I am aware of the following:

* I understand that, by not having the recommended immunisation schedule associated with my role, I may be at risk of contracting vaccine-preventable diseases.
* I understand that, by not having the immunisation schedule associated with my role, I can spread these vaccine-preventable diseases to other vulnerable adults and cause potential death.
* I understand the reason for the immunisations associated with my role.
* I understand by not accepting the Covid-19 vaccine could cause me personal harm and even death.
* I have had the benefit explained in full and I have had the opportunity to ask all the questions I needed to inform my decision.

I am choosing to decline the vaccination for the following reasons:

I understand that I can arrange to be vaccinated if I change my mind at a later date.

I understand that my employer will keep on my personnel file the record of my refusal to be vaccinated.

I have attended a risk assessment meeting with my line manager.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Full Name:** |  |
| **Job Title:** |  |
| **Date:** |  |

Frequently Asked Questions

A Frequently Asked Questions (FAQs) and Resources Guide which provides information to address common vaccine hesitancy issues. It is recommended to highlight the sections relevant to your staff member and give them a copy.



**Frequently Asked Questions**

**COVID-19 Vaccine**

**The objective of occupational immunisation of health and social care staff is to protect workers at high risk of exposure who provide care to vulnerable individuals. There is newly emerging evidence that the vaccination may lead to a reduction in transmission, a small effect may have major additional benefit for staff who could expose multiple vulnerable patients and other staff members.**

**Common reasons for vaccine hesitancy are listed below and the sections which address those reasons. Staff may wish to view the full document, or you may direct them to the most relevant sections.**

|  |  |
| --- | --- |
| **Reason for refusing vaccine** | **See section:** |
| Want to wait – see what happens to others | 12, 15, 17 |
| Being of Black Asian and Minority Ethnic background | 12, 16, 23 - 28 |
| Fertility Issues (Pregnant/Childbearing age/Long term concerns/Breastfeeding) | 12, 13, 14 |
| Vaccine came out too quickly (rushed) | 12, 15, 17 |
| Religion | 12, 23 - 28 |
| Seen colleagues have severe side effects to vaccine | 6, 20 |
| Allergies and health conditions | 9, 12, 29-39 |
| Myths/conspiracies | 9 |
| Young staff, “don’t need it” | 3, 12, 13, 14, 17 |
| Needle Phobia | The staff member should talk to their GP for referral to a needle phobia clinic |
| Had COVID so already have antibodies | 6, 7 |
| Men’s fertility | 12, 14, 17 |
| Awaiting a new vaccine | 1, 2 |
| Concern regarding new strains | 1, 2, 3 |
| Fear over ingredients e.g. containing animal products, alcohol etc. | 9, 10, 11, 12 |
| Fear of catching Covid 19 from the vaccine | 3, 6 |

# About the COVID-19 Vaccine

### What Vaccines are currently available?

* Pfizer-BioNTech
* Oxford/AstraZeneca
* Moderna
* Janssen (approved for UK May 2021)

Moderna Vaccine is now available at select sites in the UK.

Janssen is a single dose vaccine.

Any vaccines that the NHS will provide will have been approved by the MHRA. Vaccines must pass their rigorous tests on safety and efficacy, so people should be assured that whatever vaccine they get will be safe and effective.

### Why use the COVID-19 vaccine?

* Vaccines are crucial and part of our defense against infectious diseases.
* When enough people get vaccinated, it’s harder for a disease to spread to those who can’t have vaccines.
* Getting vaccinated protects not only you but also your family, friends and community.
* Vaccines are made to prevent people from getting serious infectious diseases. It’s much safer for your immune system to learn to fight illness through vaccination than by catching and treating them.

[Find out more about vaccines and why they are safe and important](https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/)

### How does the vaccine work?

The vaccine works by stimulating your body to produce the spike protein from the virus that is important for creating protection.

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

### Will the vaccines work against the new strains?

Scientists are also looking at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective. The predominant strain in the UK is the original virus and the Kent variant and we know both currently available vaccines are effective in preventing against severe disease. All vaccine manufacturers are testing their vaccine against the different variants, and new data is emerging all the time. It is important to protect yourself against the predominant strain in the UK, The Pfizer BioNTech, Oxford-AstraZeneca and Moderna vaccines will provide the protection you need.

All viruses, including coronaviruses, can change over time. This can lead to different strains of the virus with different characteristics. While there are many different tiny changes in the genetic sequence of the virus, there are three variants which are currently circulating. The UK (Kent) strain, the South African strain and the Brazilian strain are each identified through a specific combination of mutations. Even though these variants arose in different places, they share some of the same mutations.

It’s common for viruses to change over time – so it’s not surprising that coronavirus has mutated. When a virus such as Covid-19 enters the body, it begins to multiply quickly. Each time it multiplies, there is a chance that the virus may slightly change. This process is called mutation. More new strains are likely to arise and it’s also possible for new [strains](https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health/covid-variant) to mix to create even more new variants.

The Delta Variant is currently the UKs most dominant strain. (15/06/21)

A study published by Public Health England (PHE) on 22 May showed that, two weeks after the second dose, the Pfizer vaccine was 88% effective in preventing symptomatic cases of Covid caused by the Delta variant and  the Oxford/AstraZeneca vaccine was 60% effective in preventing symptomatic cases of Covid caused by the Delta variant

The same study showed that, three weeks after a single dose, the effectiveness of both vaccines is just 33% against the Delta variant – so it’s really important to have your second dose when you are offered it.

[Vaccines highly effective against hospitalisation from Delta variant](https://www.gov.uk/government/news/vaccines-highly-effective-against-hospitalisation-from-delta-variant)

### Is the Vaccine mandatory?

At present the COVID-19 vaccine is not compulsory. If this changes we will update you. Some European countries are currently requesting proof of vaccination before entry and some holiday firms including cruise lines require proof of double vaccination.

### Can the Vaccine give you COVID-19 infection?

The vaccine cannot give you COVID-19 infection, recieving two doses will reduce your chance of becoming seriously ill. None of the currently approved vaccines are using a live SARS-CoV-2 virus in them; you cannot get COVID-19 from them.

### Should I get the COVID-19 vaccine if I’ve already had COVID-19?

It is recommended that you have the COVID-19 Vaccine, even if you have already had COVID-19. It is not known how long antibodies last for following an infection with Covid-19 and the vaccine will provide you with the best protection against further infection. As deterioration in some people with COVID-19 can occur up to two weeks after infection, ideally vaccination should be deferred until they have recovered and around four weeks after onset of symptoms or four weeks from the first positive test in those who are asymptomatic.

### Who is the Vaccine for?

Below is the list of those eligible for the COVID-19 Vaccinations by priority group.

|  |  |
| --- | --- |
| **Priority** | **Risk Group** |
| 1 | * Residents in a care home for older adults and staff working in care homes for older adults. |
| 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 (not including pregnant women and those under 16 years of age) |
| 5 | * All those 65 years of age and over |
| 6 | * Adults aged 16 to 65 years in an at-risk groups (see [Priority Groups](https://www.gov.uk/government/publications/covid-19-vaccination-care-home-and-healthcare-settings-posters/covid-19-vaccination-first-phase-priority-groups) for additional information) |
| 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 |
| 10 | * Rest of the population |

# Ingredients of the COVID-19 Vaccines

### Ingredients; is it suitable for me?

|  |  |  |
| --- | --- | --- |
| **Pfizer/BioNTech vaccine** | **Oxford/AstraZeneca vaccine** | **COVID-19 Vaccine Moderna** |
| * ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate) * ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide * 1,2-Distearoyl-sn-glycero-3-phosphocholine * cholesterol * potassium chloride * potassium dihydrogen phosphate * sodium chloride * disodium hydrogen phosphate dihydrate * sucrose * water for injections * <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19> | L-Histidine   * L-Histidine hydrochloride monohydrate * Magnesium chloride hexahydrate * Polysorbate 80 * Ethanol * Sucrose * Sodium chloride * Disodium edetate dihydrate * Water for injections   <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca> | The active substance in each dose is 0.10 mg mRNA encoding the pre-fusion stabilized Spike glycoprotein of SARS-CoV-2 embedded in lipid nanoparticles.  The other ingredients are:   * lipid SM-102, cholesterol * 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC) * 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG) * trometamol (tris) * trometamol hydrochloride (tris HCl) * acetic acid * sodium acetate trihydrate * sucrose * water for injections |

### Does the Vaccine Contain any animal product?

The Vaccines **do not** contain any animal or egg products and are suitable for vegetarians.

### Does the Covid-19 vaccine contain alcohol?

The AstraZeneca vaccine does contain alcohol (ethanol) but at 0.002mg per dose this is much less than found in a slice of bread or a banana for example. A [statement from the British Islamic Medical Association](https://britishima.org/operation-vaccination/hub/statements/#VAX) supports this.

# Safety of the COVID-19 Vaccine

### Is the vaccine safe?

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

The MHRA, the official UK regulator, have said that all three currently available vaccines are safe and offer a high level of protection, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products.

There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

New guidance has been released that People under the age of 30 years should have a clinical consultation prior to receiving a first dose Astra Zeneca (Oxford) Covid-19 Vaccine. The clinical consultation will assess the level of risk in relation to clotting.

You can access further information here: [Covid-19 Vaccination and blood clotting](https://www.gov.uk/government/publications/covid-19-vaccination-and-blood-clotting/covid-19-vaccination-and-blood-clotting) (updated 14th June 2021)

### Is the vaccine safe for women who are of childbearing age, pregnant or breastfeeding?

Pregnancy

Pfizer and Moderna vaccines are the preferred vaccines for pregnant women of any age, because of more extensive experience of their use in pregnancy. Pregnant women who commenced vaccination with AstraZeneca, however, are advised to complete with the same vaccine.

Pregnant women who are frontline health or social care workers, including carers in a residential home, can discuss vaccination with their GP. This is because the risk of exposure to COVID-19 may be higher, even if they have a low risk of experiencing complications if they are otherwise well.

If you are eligible for and have been offered a COVID-19 vaccine, in pregnancy, we would recommend that you discuss the potential risks and benefits with your GP. JCVI has therefore advised that women who are pregnant should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group.

The risks and benefits of vaccination will need to be assessed on an individualised basis. This may include factors such as your ethnicity, whether you are overweight or obese, any underlying health conditions you may have as well as occupational exposure and ability to socially distance at work.

Public health advice is that, until further data are available, those who are vaccinated should continue to observe all current guidance and transmission reduction measures, including social distancing and the wearing of personal protective equipment (PPE).

If you are a pregnant health or social care worker, having a vaccine will not change your [occupational risk assessment](https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees). This includes not working in high-risk areas if you are 28 weeks pregnant and beyond, or if you have an underlying health condition that puts you at a greater risk of severe illness from COVID-19 at any gestation.

How can you say the COVID-19 vaccine won’t affect pregnancy when there isn’t any data?

COVID-19 vaccines do not contain ingredients that are known to be harmful to pregnant women or to a developing foetus. Studies of the vaccines in animals to look at the effects on pregnancy have shown no evidence that the vaccine causes harm to the pregnancy or to fertility.

The COVID-19 vaccines that we are using in the UK are not ‘live’ vaccines and so cannot cause COVID-19 infection in you or your baby. Vaccines based on live viruses are avoided in pregnancy in case they infect the developing baby and cause harm. However, non-live vaccines have previously been shown to be safe in pregnancy (for example, flu and whooping cough). Pregnant women are offered other non-live vaccines, such as those against flu.

What are the benefits of vaccination in pregnancy?

Vaccination is effective in preventing COVID-19 infection. More than half of women who test positive for COVID-19 in pregnancy have no symptoms at all but some pregnant women can get life-threatening illness from COVID-19, particularly if they have underlying health conditions.  
  
In the later stages of pregnancy women are at increased risk of becoming seriously unwell with COVID-19. If this happens, it is about three times more likely that your baby will be born prematurely, which can affect their long-term health.

The benefits of vaccination include:

* reduction in severe disease for the pregnant woman
* reduction in the risk of prematurity for the baby
* potentially reducing transmission to vulnerable household members

To read more about this you can access [RCOG](https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/)

Breastfeeding

The JCVI says there is no known risk in giving available COVID-19 vaccines to breastfeeding women.

Breastfeeding women will now be offered vaccination when they are eligible. The benefits of breast-feeding are well known. The JCVI has recommended that the vaccines can be received whilst breastfeeding. This is in line with recommendations from the USA and the World Health Organization. You can find further information at [Breastfeeding and the COVID-19 Vaccine](https://www.breastfeedingnetwork.org.uk/coronavirus/)

Childbearing Age

The JCVI says that women who are trying to become pregnant do not need to avoid pregnancy after vaccination.

If you are in one of the groups offered the vaccine, getting vaccinated before pregnancy will help prevent COVID-19 infection and its serious consequences. In some cases, women will need to make a decision about whether to delay pregnancy until after the vaccine becomes available to them.

If you receive a dose of the vaccine before finding out you are pregnant, or unintentionally while you are pregnant, you should be reassured that it will not affect the vaccine’s success. If a woman finds out she is pregnant after she has started a course of vaccine, she may complete vaccination during pregnancy using the same vaccine product.

Will the COVID-19 vaccine affect development or fertility?

There is no evidence to suggest that COVID-19 vaccines will have affect developmental or affect fertility.

There is​ ​no biologically plausible mechanism by which current vaccines would cause any impact on women's fertility. Evidence has not been presented that women who have been vaccinated have gone on to have fertility problems. Please see [this statement from the RCOG and the RCM](https://www.rcog.org.uk/en/news/RCOG-and-RCM-respond-to-misinformation-around-Covid-19-vaccine-and-fertility/?fbclid=IwAR0WvTMENRQOhRmbQ3pa4e-vdaDabPpYvgwfo8SyrInmKkqtWtrTiu_fTPI) which provides confirmation that there is no evidence to suggest that COVID-19 vaccines will affect fertility.

Developmental and reproductivity testing of the Pfizer BioNTech, Moderna and AstraZeneca vaccines in animals have not raised any concerns. Adenovirus vectors, similar to those used in the AstraZeneca COVID-19 vaccine, have been widely used to vaccinate women against Ebola without raising any concern; formal trials of these vaccines in pregnancy are due to proceed.

Further information on the Vaccine and Fertility can be accessed at: [Fertility\_pregnancy\_FAQs](https://mcusercontent.com/ec5dea9536bde16d5a3153530/files/50653253-94a4-4162-91e0-189e837b7621/Fertility_pregnancy_FAQs_v9.pdf)

### Can the vaccine alter my DNA?

Whilst these technologies both use genetic codes to produce the spike protein inside the body, this code cannot be incorporated into the body’s DNA. This is because:

* mRNA vaccines like the Pfizer/BioNTech vaccine cannot reach the part of the cell that holds the DNA, called the nucleus.
* mRNA cannot be translated back into DNA.
* Both mRNA and adenovirus vaccines do not contain the “specialised tools” needed to “copy” or “edit” DNA.

These vaccines cannot replicate inside the body and only stay in the body for a few days. After helping the cells to produce an immune response against the spike protein, the vaccine is removed by the body.

For more information about the genetic technologies used in the COVID-19 vaccines, please see [COVID-19 vaccines](https://vk.ovg.ox.ac.uk/vk/covid-19-vaccines).

### These vaccines have been developed so quickly; how do I know that they have been tested properly?

The COVID-19 pandemic led to an international effort in vaccine development. The urgent need to control the pandemic, and save lives, meant that clinical trials were able to recruit people quickly as a global effort meant that thousands of people were willing to volunteer. The different phases of the clinical trial were also delivered to overlap instead of running sequentially which sped up the clinical process. This does not mean that steps were skipped, or that safety was compromised. All medicines, including vaccines, are highly regulated and this is no different for the approved Covid-19 vaccines.

### What is the evidence to show the vaccine is safe for Black Asian and Minority Ethnic communities?

We know that Black Asian and Minority Ethnic communities are amongst the group that are at higher risk of becoming critically ill and dying as a result of contracting COVID-19. Vaccination is therefore a vital step in protecting already vulnerable communities from further harm. There is no evidence that the vaccines affect the Black Asian and Minority Ethnic community any differently to other communities, and Black Asian and Minority Ethnic residents took part in all the vaccine trials. The vaccine is just as effective in Black Asian and Minority Ethnic individuals and there is no evidence that Black Asian and Minority Ethnic people suffer more side effects. The vaccine has been tested in individuals from a range of communities including Black Asian and Minority Ethnic, is safe and protects against the virus whatever your ethnic background.

The phase three study of the Pfizer BioNTech COVID-19 vaccine demonstrated a vaccine efficacy of 95%, with consistent efficacy across age, gender and ethnicity. The participants were White, Black or African American, Hispanic/Latino, Asian and Native American/Alaskan.

The safety data for the AstraZeneca vaccine from over 20,000 participants enrolled across four clinical trials in the UK and Brazil and South Africa has shown that there were no serious safety events related to the vaccine. Participants were from diverse racial and geographic groups who are healthy or have stable underlying medical conditions.

All vaccines approved for use in the UK have been trialled on people from a variety of different ethnic groups.

Out of the participants in the Pfizer/BioNTech vaccine trial, there was a broad range of diverse backgrounds included in the trials, the diversity of backgrounds and specifics can be viewed at [Pfizer.com](https://www.pfizer.com/science/coronavirus/vaccine)

Out of the participants in the Oxford/AstraZeneca vaccine trial, the 75.5% of recipients were White,10.1% were Black and 3.5% were Asian.

Out of the participants in the Moderna vaccine trial, 19.7% were Hispanic or Latino, and 9.7% were African American.

There is no evidence either of the vaccines will work differently in different ethnic groups.

Further information on the vaccine trial can be found here:

* [Pfizer/BioNTech](https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine)
* [Oxford/Astrazeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca)
* [Moderna](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna/information-for-uk-recipients-on-covid-19-vaccine-moderna)

### What are the long-term side effects of the vaccine?

So far, millions of people have been given a COVID-19 vaccine and reports of serious side effects, such as allergic reactions, have been very rare. No long-term complications have been reported. Like every other vaccine in the world – and indeed like every medicine and treatment – COVID-19 vaccines may cause side effects in some people who are vaccinated. This does not mean that every person who has a vaccine will experience side effects, or that the side effects will be particularly bad or damaging. It’s also important to remember that no vaccine will be approved – or even be tested in a phase 3 clinical trial – if it hasn’t first passed other safety checks. At every stage of a vaccine’s development, from animal studies right through to phase 1 and phase 2 trials, safety is always being checked and side effects monitored. Further information can be accessed at [who side-effects-of-covid-19-vaccines](https://www.who.int/news-room/feature-stories/detail/side-effects-of-covid-19-vaccines)

### Is there a link between the COVID-19 Vaccine and Blood Clots?

The benefits of vaccination continue to outweigh any risks but the MHRA advises careful consideration be given to people who are at higher risk of specific types of blood clots because of their medical condition. The MHRA has undertaken a thorough review into UK reports of a very rare and unlikely to occur specific type of blood clot. As a precaution, administration of COVID-19 Vaccine AstraZeneca in people of any age who are at higher risk of blood clots because of their medical condition should be considered only if benefits from the protection from COVID-19 infection outweighs potential risks. The JCVI also advises those age 40 and over can still receive the AZ Vaccine. As with other intramuscular injections, COVID-19 Vaccine AstraZeneca should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals. It is best to seek advice and discuss with your clinician. [jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40](https://www.gov.uk/government/news/jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40)

# Locations

### Where will the vaccine be given?

The vaccine is being offered at larger vaccination centres, pharmacies and some local NHS services such as hospitals or GP surgeries.

Please try to attend the vaccination centre you are offered.

If you cannot attend that centre, you may have to wait to get the vaccine in a more convenient location.

### I’m from overseas. Will having the vaccine impact my immigration status in the UK?

Overseas visitors to England, including anyone living in the UK without permission, will not be charged for:

* testing for COVID-19 (even if the test shows they do not have COVID-19)
* treatment for COVID-19, including for a related problem called multisystem inflammatory syndrome that affects some children
* vaccination against COVID-19

No immigration checks take place for overseas visitors related to testing, treatment or vaccination for COVID-19. For more information [read the COVID-19: migrant health guide.](https://www.gov.uk/guidance/covid-19-migrant-health-guide)

As an overseas visitor in England you can register and consult with a GP without charge. You do not need proof of address or immigration status. [Details of how to register with a GP are available here](http://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/).

# Side effects and effectiveness

### Are there any side effects?

Most side effects of the COVID-19 vaccine are mild and should not last longer than a week, such as:

* a sore arm at site of injection
* feeling tired
* a headache
* feeling achy
* feeling or being sick

You can take painkillers, such as paracetamol, if you need to. Symptoms following vaccination normally last less than a week. If your symptoms seem to get worse or if you are concerned, call NHS 111.

If you have a fever (temperature >37.8C) for more than 48 hours after the Covid-19 vaccination it may be a vaccine side effect but could also mean you had an infection at the time of vaccination. Therefore, you should arrange a Covid-19 test and self-isolate at least until you receive the result. Anyone in your household should also self-isolate (and anyone in your support bubble who has been in close contact with you since 48 hours prior to your fever) at least until you receive the result. More information on possible side effects can be found at [NHS COVID-19 Vaccine](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/)

### How long will the Vaccine be effective for?

Currently, we do not how long immunity lasts for. This is something that scientists are looking into and will become clearer in with more research. It may be that further courses will be required on an annual basis, like the flu vaccination to ensure individuals are sufficiently protected. The UK are preparing for a booster programme in the Autumn with plans for this to be available for the most vulnerable based on clinical need in ensure stronger protection ahead of Winter. Further details can be accessed at: [Booster Programme preparation](https://www.gov.uk/government/news/uk-secures-extra-60-million-pfizerbiontech-covid-19-vaccines)

### How long does the vaccine take to work?

The first dose of the COVID-19 vaccine should give you good protection from coronavirus. Depending on the vaccine you may take 2 or 3 weeks to develop immunity. You need to have the two doses of the vaccine to give you longer lasting protection.

There is a chance you might still get or spread coronavirus even if you have the vaccine.

This means it is important to:

* continue to follow social distancing guidance.
* Continue to wear PPE that covers your nose and mouth in places where it’s hard to stay away from other people not in your own household.

### Second Dose of COVID-19 Vaccine

Vaccines have been authorised on the basis of two doses because the evidence from the clinical trials shows that this gives the maximum level of protection. To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second doses of the Oxford/AstraZeneca, the Pfizer-BioNtech and Moderna vaccines should be scheduled up to 12 weeks apart. This has recently changed to 8-9 weeks for cohorts 1-9 and health and social care professionals. The evidence doesn’t show any risk to not having the second dose other than not being as protected as you otherwise would be. We would urge everyone to show up for both of their appointments for their own protection as well as to ensure we don’t waste vaccines or the time of NHS staff.

[covid-19-vaccination-programme-faqs-on-second-dose-v2.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1254-covid-19-vaccination-programme-faqs-on-second-dose-v2.pdf)

### Will the vaccine reduce transmission?

A study by Public Health England has shown that the COVID-19 Vaccine can reduce household transmission by up to half. [This new research](https://khub.net/documents/135939561/390853656/Impact+of+vaccination+on+household+transmission+of+SARS-COV-2+in+England.pdf/35bf4bb1-6ade-d3eb-a39e-9c9b25a8122a?t=1619601878136) shows that those who do become infected 3 weeks after receiving one dose of the Pfizer-BioNTech or AstraZeneca vaccine were between 38% and 49% less likely to pass the virus on to their household contacts than those who were unvaccinated.

Previous PHE studies have shown that both the Pfizer-BioNTech and AstraZeneca vaccines are highly effective in [reducing COVID-19 infections](https://www.gov.uk/government/news/new-data-show-vaccines-reduce-severe-covid-19-in-older-adults) among older people, with [10,400 deaths prevented](https://www.gov.uk/government/news/covid-19-vaccines-have-prevented-10-400-deaths-in-older-adults) in the over-60s by the end of March.

PHE is also undertaking separate studies on the effect of vaccination on transmission in the wider population.

The new analysis adds to growing evidence that the vaccines are working and are highly effective in protecting people against severe illness, hospitalisation and death.

Further information can be accessed here: [covid-19-vaccine-can-cut-household-transmission](https://www.gov.uk/government/news/one-dose-of-covid-19-vaccine-can-cut-household-transmission-by-up-to-half)

### Will the vaccine prevent hospitalisation?

New analysis by PHE shows for the first time that 2 doses of Covid-19 vaccines are highly effective against hospitalisation from the Delta (B.1.61.2) variant. The analysis suggests:

The Pfizer-BioNTech vaccine is 96% effective against hospitalisation after 2 doses.

The Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after 2 doses.

An earlier report from this month can be accessed at the below link:

[. gov.uk Vaccine surveillance report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992741/Vaccine_surveillance_report_-_week_23.pdf)

# Religious and Cultural Implications

### Buddhism

Tibetan spiritual leader the Dalai Lama received his first dose of the COVID-19 Vaccination on 6th March 2021 you can see his message encouraging people to receive the vaccination here: [Dalai Lama shares message on COVID-19 Vaccine](https://www.dalailama.com/videos/his-holiness-the-dalai-lama-receives-covid-19-vaccine)

### Christianity

#### Catholic

Right Reverend Richard Moth of the [Catholics Bishops Conference of England and Wales](https://www.cbcew.org.uk/home/our-work/health-social-care/coronavirus-guidelines/update-on-covid-19-and-vaccination/) has stated ‘Catholics may in good conscience receive any of these vaccines for the good of others and themselves. In good conscience, one may refuse a particular vaccine but continues to have a duty to protect others from infection.’ Further information from the Vatican can be read here: [Catholic News, Vaccines are morally acceptable](https://www.catholicnews.com/vatican-without-alternatives-current-covid-19-vaccines-are-morally-acceptable/)

The development of a vaccine against COVID-19 presents an important breakthrough in protecting others as well as oneself from the virus; a virus which has not only caused a global pandemic and led to a huge loss of life but has also placed a great burden on healthcare workers and systems.

We understand that some of you might be hesitant to get vaccinated since the original technology around vaccines in general were developed and researched using genetic material; however, the current vaccine doesn’t contain genetic material.

The [Congregation for the Doctrine of the Faith](https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html) and the [Pontifical Academy of Life](http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html) said that one does not sin by receiving the Covid vaccine and each Catholic must educate his or her conscience on this matter and decide what to do, also bearing in mind that a vaccine must be safe, effective, and universally available, especially to the poor of the world.

#### Protestant

Ecumenical groups, such as[Churches Together in South London, have issued joint statements](https://www.ctslondon.org.uk/resources.htm) encouraging uptake of the Covid-19 vaccine as the best way to control the pandemic and save lives.

#### Baptist

Bishops and church leaders in the Church of England have been speaking out amid warnings that misinformation and low uptake among some communities poses a risk to the programme's effectiveness in protecting the whole population. Watch their video here: [Church of England Leaders encourage Vaccine](https://www.youtube.com/watch?v=XOEdAXGBGCo&t=152s)

#### Methodist

[The Methodist Church](https://www.methodist.org.uk/about-us/news/the-methodist-blog/one-arm-at-a-time-together-we-are-offering-hope-which-will-change-the-world/) have shared: There is no doubt that with the advent of the regulated vaccines, comes hope that a new normal is within our grasp. Offering the space for a Vaccine Centre enables us as a church building and community of faith, to hold that hope and offer that place for restoration – of society, of creation, as well as for individuals.

### Hinduism

Co-Chair of the Hindu Council UK welcome and fully supports existing and proposed nationwide programmes initiated by the government. We believe this is the best option available at the present time to protect us from various forms of coronavirus. We urge all members to dispel rumours that vaccination does contain any animal fat. We have been categorically assured by scientist as well as the government ministers that both vaccines do not contain animal products. So let we wholeheartedly involve in this vital campaign and look for a healthy, happy and Normal life.

### Islam

[The British Islamic Medical Association](https://britishima.org/operation-vaccination/hub/statements/) have written statements on the COVID-19 Vaccine: ‘We Recommend the Oxford Astra-Zeneca COVID Vaccine for eligible individuals in Muslim Communities’ and ‘We recommend the Pfizer/BioNTech COVID-19 Vaccine for eligible at-risk individuals in Muslim Communities.’

**Can I have the vaccine during Ramadan/does the vaccine invalidate fasting?**

The British Islamic Medical Association have issued specific advice urging Muslims observing Ramadan not to delay getting the vaccine, drawing on analysis from Islamic scholars which says that injections for non-nutritional purposes do not invalidate the fast. Further information is available here: <https://britishima.org/operation-vaccination/hub/statements/#FAST>

The British Islamic Medical Association have issued specific advice urging Muslims observing Ramadan and not to delay getting the vaccine, drawing on analysis from Islamic scholars which says that injections for non-nutritional purposes do not invalidate the fast. Further information is available here: <https://britishima.org/operation-vaccination/hub/statements/#FAST>

Ramadan started on the 12th April 2021 and runs through until the 12th May 2021.

Getting an injection does not break the fast as it’s not nutrition so there is absolutely no reason why you shouldn’t have it if you are eligible and have been invited for your Covid-19 vaccine. those scheduled for their second dose, are able to receive the dose.

You can access posters that you can print and laminate for the workplace on Ramadan at [Covid-19 Vaccine during Ramadan Posters](https://www.gov.uk/government/publications/covid-19-vaccination-care-home-and-healthcare-settings-posters?utm_medium=email&utm_campaign=govuk-notifications&utm_source=5cc39bc7-a6ec-4085-ab51-85ac64ab23c8&utm_content=daily)

### Judaism

There is much work to be done, but the light at the end of the pandemic tunnel is brightening. We urge members of our community and beyond to support the vaccine effort and continue to follow Government advice on Covid security in a fastidious and responsible manner. Gillian Merron, Board of Deputies of British Jews chairs a webinar titled Tiers, Fears and Vaccine Engineers which is shared here: [The Jewish Community and Coronavirus](https://youtu.be/QqWOELm2ZMA).

### Sikhism

[Sikh Council UK](https://sikhcouncil.co.uk/vaccine/) have been sharing information to the community and encouraging the uptake of the vaccine by presenting a recent webinar on the COVID-19 Vaccine and guidance on how to stay safe.

# Allergies and Health Conditions

### Allergies

There are very few individuals who cannot receive the Pfizer BioNTech, Moderna or Oxford AstraZeneca COVID-19 vaccines. Where there is doubt appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team. The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

● a previous dose of the same COVID-19 vaccine

● any component (excipient) of the COVID-19 vaccine e.g. polyethylene glycol

Further information on allergies from page 19 of [The Green Book](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978508/Green_book_chapter_16April2021.pdf)

### Immunocompromised or Immunosuppressed

[British Society for Immunology](https://www.immunology.org/news/bsi-statement-covid-19-vaccines-for-patients-immunocompromised-immunosuppressed) have stated: All three of the COVID-19 vaccines (Pfizer/BioNTech; AstraZeneca/Oxford; Moderna) that have currently been approved for use in the UK are safe to use for people who are immunocompromised or immunosuppressed. While COVID-19 vaccination might provide a lower level of protection in people who are immunosuppressed or immunocompromised compared with the rest of the population, it is still very important that you get vaccinated as it will offer you a certain amount of protection against catching COVID-19. It is important that you receive two doses of the vaccine to maximise the protection that vaccination offers you.

If you have any questions or concerns, you should talk to your medical team or GP in the first instance.

### Minor illness

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness (including COVID-19) by wrongly attributing any signs or symptoms to the adverse effects of the vaccine. There is no evidence of any safety concerns from vaccinating individuals with a history of COVID-19 infection, or with detectable COVID-19 antibody.

### 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) should receive the COVID-19 Vaccination to offer protection from the virus.

### Heart Disease

You are recommended to receive the COVID-19 Vaccination if you have 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.

### Kidney Disease

It is recommended to have the COVID-19 Vaccination for those with chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.

### Liver Disease

If you have Liver disease including cirrhosis, biliary atresia, chronic hepatitis it is recommended to receive the COVID-19 Vaccination.

### Neurological Disease

It is recommended to have the COVID-19 Vaccine for individuals who have a history of 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.

### Mental Health Conditions

Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment are recommended to have the COVID-19 Vaccine.

### Diabetes

For individual with Diabetes mellitus it is recommended to have the COVID-19 Vaccine this includes any diabetes TYPE1 or TYPE2, including diet-controlled diabetes.

### Dysfunction of the Spleen

It is advised for individuals whom have dysfunction of the spleen to have the COVID-19 Vaccination. This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.

# Links to videos on COVID-19 Vaccine expand links 43 and 45 to see hyperlink to time stamp for questions.

### [COVID-19 Q&A with Dr Agnelo Fernandes and COVID-19 experience shared by Erik Cortez](https://youtu.be/mo5Bng-ClqI)

### [COVID-19 Vaccine Q&A with Dr Agnelo Fernandes, Dr Aditi Shah and COVID-19 experience shared by Vanessa Vyapooree](https://www.youtube.com/watch?v=5IesnLadLU8&feature=youtu.be)

|  |  |  |
| --- | --- | --- |
| **Question Time:** | **Answer time:** | **Question** |
| [01:44](https://youtu.be/5IesnLadLU8?t=104) | [02:04](https://youtu.be/5IesnLadLU8?t=122) | Is it safe to take the vaccine when someone is planning a baby? |
| [01:55](https://youtu.be/5IesnLadLU8?t=104) | [02:04](https://youtu.be/5IesnLadLU8?t=122) | How does it affect people that want to get pregnant, there seem to be some conflicting messages? |
| [01:56](https://youtu.be/5IesnLadLU8?t=112) | [02:04](https://youtu.be/5IesnLadLU8?t=122) | Is it safe to take the vaccine if you are pregnant? |
| [03:13](https://youtu.be/5IesnLadLU8?t=192) | [03:19](https://youtu.be/5IesnLadLU8?t=198) | Is it safe to have the vaccine if you are breastfeeding? |
| [03:46](https://youtu.be/5IesnLadLU8?t=224) | [04:32](https://youtu.be/5IesnLadLU8?t=272) | Side effects: What are the side effects that are expected? |
| [04:03](https://youtu.be/5IesnLadLU8?t=240) | [04:09](https://youtu.be/5IesnLadLU8?t=249) | Can the side effects be worse than the symptoms of COVID? |
| [05:07](https://youtu.be/5IesnLadLU8?t=303) | [05:11](https://youtu.be/5IesnLadLU8?t=310) | Is it likely to be worse for people that come from a BAME background? |
| [05:32](https://youtu.be/5IesnLadLU8?t=328) | [05:54](https://youtu.be/5IesnLadLU8?t=353) | Will I still have to use PPE, Social distancing? Isolating when I come back from somewhere? |
| [05:32](https://youtu.be/5IesnLadLU8?t=328) / [7:22](https://youtu.be/5IesnLadLU8?t=441) | [07:27](https://youtu.be/5IesnLadLU8?t=447) | Once you have had the vaccine can you still transmit COVID to other people? |
| [08:09](https://youtu.be/5IesnLadLU8?t=484) | [08:15](https://youtu.be/5IesnLadLU8?t=495) | Is there are separate vaccine for Black and White people? Is that the case? |
| [08:50](https://youtu.be/5IesnLadLU8?t=527) | [08:53](https://youtu.be/5IesnLadLU8?t=537) | How has the vaccine been rolled out so quickly compared to other vaccines that take years of trials? |
| [10:38](https://youtu.be/5IesnLadLU8?t=637) | [10:42](https://youtu.be/5IesnLadLU8?t=642) | Does this vaccine contain any microchips? How can you be sure that there aren't any? |
| [11:47](https://youtu.be/5IesnLadLU8?t=704) | [12:05](https://youtu.be/5IesnLadLU8?t=725) | I've heard that the vaccine can alter your DNA, is this true? |
| [12:53](https://youtu.be/5IesnLadLU8?t=772) | [13:08](https://youtu.be/5IesnLadLU8?t=789) | You say the vaccine is effective, how do you know if it's effective after only one dose? |
| [14:59](https://youtu.be/5IesnLadLU8?t=899) | [15:27](https://youtu.be/5IesnLadLU8?t=928) | If you have had COVID in the past, what level of immunity do you have? |
| [14:59](https://youtu.be/5IesnLadLU8?t=899) | [15:52](https://youtu.be/5IesnLadLU8?t=949) | If you have had the vaccine, what level of immunity do you have? |
| [16:47](https://youtu.be/5IesnLadLU8?t=1006) | [16:58](https://youtu.be/5IesnLadLU8?t=1018) | It says that it is not mandatory to have the Vaccine, but I hear that you will need to show proof of the vaccine when travelling overseas? |
| [19:20](https://youtu.be/5IesnLadLU8?t=1160) | [19:27](https://youtu.be/5IesnLadLU8?t=1167) | How do I get a Vaccine? |
| [20:35](https://youtu.be/5IesnLadLU8?t=1235) | [20:42](https://youtu.be/5IesnLadLU8?t=1247) | If someone tests positive, after how long after can you have the vaccine? |
| [21:27](https://youtu.be/5IesnLadLU8?t=1287) | [21:42](https://youtu.be/5IesnLadLU8?t=1305) | I have an elderly mother with signs of Dementia who is vaccine resistant, he/she has received a referral letter and is not interested, what can I do to encourage her to get vaccinated? |
| [23:39](https://youtu.be/5IesnLadLU8?t=1419) | [23:41](https://youtu.be/5IesnLadLU8?t=1421) | Which vaccines are being rolled out? |
| [23:57](https://youtu.be/5IesnLadLU8?t=1435) | [23:58](https://youtu.be/5IesnLadLU8?t=1440) | Is there a difference between the Pfizer and Oxford AstraZeneca vaccine? |
| [26:06](https://youtu.be/5IesnLadLU8?t=1565) | [26:07](https://youtu.be/5IesnLadLU8?t=1565) | Can you mix the vaccines? |
| [27:23](https://youtu.be/5IesnLadLU8?t=1642) | [27:29](https://youtu.be/5IesnLadLU8?t=1645) | Why have we not vaccinated everyone? |
| [28:17](https://youtu.be/5IesnLadLU8?t=1696) | [28:34](https://youtu.be/5IesnLadLU8?t=1715) | Allergies, does this affect people that have skin conditions, those allergic to Penicillin or people who take imferon injections? |
| [29:30](https://youtu.be/5IesnLadLU8?t=1771) | [29:39](https://youtu.be/5IesnLadLU8?t=1779) | What are the employment risks for those who refuse the vaccine |
| [31:40](https://youtu.be/5IesnLadLU8?t=1899) | [31:46](https://youtu.be/5IesnLadLU8?t=1907) | People with sickle cell disease, people with Coeliac disease, can they still have the vaccine? |
| [32:07](https://youtu.be/5IesnLadLU8?t=1925) | [32:09](https://youtu.be/5IesnLadLU8?t=1925) | How can I get the vaccine? And are there going to be enough vaccines? |
| [33:00](https://youtu.be/5IesnLadLU8?t=1982) | [33:13](https://youtu.be/5IesnLadLU8?t=1993) | Will I still have to isolate? will I still have to socially distance? I still have to do the COVID-19 test weekly? |
| [34:35](https://youtu.be/5IesnLadLU8?t=2075) | [34:39](https://youtu.be/5IesnLadLU8?t=2078) | Why are we not in a position to choose the vaccine that we want? |
| [35:05](https://youtu.be/5IesnLadLU8?t=2105) | [35:07](https://youtu.be/5IesnLadLU8?t=2108) | How do I find out what the ingredients are in the vaccine? |
| [35:21](https://youtu.be/5IesnLadLU8?t=2116) | [35:23](https://youtu.be/5IesnLadLU8?t=2116) | Someone asking about having their Thyroid removed and currently having Tyroxine, can I find out what is the best vaccine options for me? |
| [35:43](https://youtu.be/5IesnLadLU8?t=2141) | [35:50](https://youtu.be/5IesnLadLU8?t=2150) | Is there a period of time after having the vaccine that you will be vulnerable due a low immune system fighting off the vaccination? |
| [38:08](https://youtu.be/5IesnLadLU8?t=2286) | [50:32(end)](https://youtu.be/5IesnLadLU8?t=3040) | |  |  | | --- | --- | | **Interview with Vanessa Vyapooree** | | | [38:29](https://youtu.be/5IesnLadLU8?t=2305) | Tell us a little bit about you and when you contracted COVID-19? | | [41:02](https://youtu.be/5IesnLadLU8?t=2460) | How were you feeling at this point? | | [42:43](https://youtu.be/5IesnLadLU8?t=2563) | What had happened during that time in a coma? | | [44:15](https://youtu.be/5IesnLadLU8?t=2654) | Vanessa, what else did they do to you to help you get through this time? | | [44:45](https://youtu.be/5IesnLadLU8?t=2685) | Can you give a brief overview of what the ECMO (Iron Lung) is? | | [46:40](https://youtu.be/5IesnLadLU8?t=2800) | When you came out of the coma, how many weeks were you still in hospital? | | [46:50](https://youtu.be/5IesnLadLU8?t=2810) | When you came out of the come, how did you feel, what was your experience when you woke up? | | [48:00](https://youtu.be/5IesnLadLU8?t=2878) | You are now experiencing Long COVID-19, how has that affected you? | | [49:47](https://youtu.be/5IesnLadLU8?t=2986) | If you had been given the opportunity to have the vaccine before having COVID-19, would you have taken up the offer? | |
| [50:54](https://youtu.be/5IesnLadLU8?t=3049) | [51:09](https://youtu.be/5IesnLadLU8?t=3069) | How do the Health complications after having the vaccine compare to what can potentially happen after having COVID-19? |
| [54:43](https://youtu.be/5IesnLadLU8?t=3282) | [55:59](https://youtu.be/5IesnLadLU8?t=3358) | Telephone question: I want to know the pros and cons of the vaccine regarding fertility? |
| [58:00](https://youtu.be/5IesnLadLU8?t=3476) | [59:35](https://youtu.be/5IesnLadLU8?t=3495) | Is there an impact to your contraceptive implant and having the vaccine? |
| [59:45](https://youtu.be/5IesnLadLU8?t=3585) | [01:00:29](https://youtu.be/5IesnLadLU8?t=3629) | I have problems with Iron levels, will the vaccine impact my iron levels? |
| [01:01:30](https://youtu.be/5IesnLadLU8?t=3690) | [01:01:48](https://youtu.be/5IesnLadLU8?t=3708) | Would me anaemia get worse? |
| [01:03:15](https://youtu.be/5IesnLadLU8?t=3795) | [01:03:25](https://youtu.be/5IesnLadLU8?t=3805) | Do you have a choice to have either vaccine? |

### [COVID-19 Vaccine Q&As with a Focus on Allergies and Health Conditions with Dr Paul Riley and Dr Vasa Gnanapragasam](https://www.youtube.com/watch?v=qNBjiMpKOIM&feature=youtu.be)

### [Young Fit and Healthy, Why do I need the COVID-19 Vaccine? With Dr Paul Riley, Gassan Yacob and COVID-19 experience shared by Erik Cortez](https://youtu.be/HM4lvFY_N_c)

|  |  |  |
| --- | --- | --- |
| **Question time:** | **Answer time:** | **Question** |
| [04:30](https://youtu.be/HM4lvFY_N_c?t=269) | [04:38](https://youtu.be/HM4lvFY_N_c?t=278) | Why should I have the vaccine if I'm young fit and healthy |
| [07:00](https://youtu.be/HM4lvFY_N_c?t=419) | [08:28](https://youtu.be/HM4lvFY_N_c?t=506) | Dr Riley tells personal anecdote about a young patient with COVID at start of pandemic |
|  | [09:29](https://youtu.be/HM4lvFY_N_c?t=567) | Gassan answers |
| [10:48](https://youtu.be/HM4lvFY_N_c?t=647) | [11:07](https://youtu.be/HM4lvFY_N_c?t=666) | If infected but have no or minor symptoms do I have COVID? |
| [12:24](https://youtu.be/HM4lvFY_N_c?t=744) | [12:40](https://youtu.be/HM4lvFY_N_c?t=760) | If most people have no or minor symptoms, why not just vaccinate the vulnerable? |
| [15:24](https://youtu.be/HM4lvFY_N_c?t=923) | [15:31](https://youtu.be/HM4lvFY_N_c?t=931) | If I have anti-bodies, do I need vaccine? |
| [18:49](https://youtu.be/HM4lvFY_N_c?t=1129) | [19:00](https://youtu.be/HM4lvFY_N_c?t=1140) | How can I get the vaccine? |
| [19:20](https://youtu.be/HM4lvFY_N_c?t=1159) | [19:46](https://youtu.be/HM4lvFY_N_c?t=1186) | What is the difference between SARS/COVID 2 and COVID 19? If have tested positive for SARS & have antibodies do I need vaccine |
| [22:16](https://youtu.be/HM4lvFY_N_c?t=1335) | [22:20](https://youtu.be/HM4lvFY_N_c?t=1340) | If you test positive for COVID when can you have the vaccine? |
| [24:39](https://youtu.be/HM4lvFY_N_c?t=1479) | [26:10](https://youtu.be/HM4lvFY_N_c?t=1570) | Will the vaccine protect you from the new strains? |
| [28:17](https://youtu.be/HM4lvFY_N_c?t=1695) | [28:29](https://youtu.be/HM4lvFY_N_c?t=1709) | Has the vaccine been tested on the BAME community? |
|  | [31:14](https://youtu.be/HM4lvFY_N_c?t=1873) | Why was the vaccine approved so quickly? |
|  |  | How long does the vaccine last? Will we need a booster? |
| [33:24](https://youtu.be/HM4lvFY_N_c?t=2004) | [34:05](https://youtu.be/HM4lvFY_N_c?t=2044) | What are the long term side effects? |
| [33:34](https://youtu.be/HM4lvFY_N_c?t=2004) | [34:05](https://youtu.be/HM4lvFY_N_c?t=2044) | How long was vaccine tested for? |
| [36:46](https://youtu.be/HM4lvFY_N_c?t=2206) | [37:32](https://youtu.be/HM4lvFY_N_c?t=2249) | Social media hs been accused of spreading fake news, however there have been genuine unethical practices in the past. Can these be addressed? |
| [42:40](https://youtu.be/HM4lvFY_N_c?t=2561) | | Erik outlines his experience of having COVID |
| [55:45](https://youtu.be/HM4lvFY_N_c?t=3344) | | Paul comments on Erik's experience |
| [57:31](https://youtu.be/HM4lvFY_N_c?t=3449) | [58:10](https://youtu.be/HM4lvFY_N_c?t=3488) | Pfizer/AZ/Modena cannot be sued. This adds uncertainty, especially in BAME community |
| [1:04:35](https://youtu.be/HM4lvFY_N_c?t=3875) | [1:05:03](https://youtu.be/HM4lvFY_N_c?t=3905) | Can I have the vaccine if I suffer from Graves disease? |
| [1:06:00](https://youtu.be/HM4lvFY_N_c?t=3960) | [1:06:20](https://youtu.be/HM4lvFY_N_c?t=3980) | If on immune suppressants can I have vaccine? |
| [1:08:44](https://youtu.be/HM4lvFY_N_c?t=4124) | [1:09:39](https://youtu.be/HM4lvFY_N_c?t=4175) | Vaccination policies coming through that may discriminate against those who not had vaccine. Is this fair? |

### [COVID-19 Vaccine Q&A with BSL, focusing on Race Religion Background or Beliefs with Dr Vasa Gnanapragasam and Chief Pharmacist Sedina Agama](https://youtu.be/eEsY63EmhmM)

### [BSL interpreted FAQs on COVID-19 Vaccine with Dr Paul Riley and COVID-19 experience shared by Lisa Royle](https://youtu.be/mbQczkChffg)

### [COVID-19 Vaccine Q&A with a Focus on Women's Health with Dr Aditi Shah and Fiona White](https://youtu.be/_kFI6Cmc86I)

### [COVID-19 Vaccine Q&As with Dr Patrick Gibson and Dr Marek Jarzembowski with Polish translation](https://www.youtube.com/watch?v=EDa4O8mH5mk)

**Risk Assessment Checklist**

This should be completed in conjunction with the staff, signed by the staff member and manager. A copy should be given to the staff member and a copy kept on their personal file.

(Insert Care Home Letter Head)

Checklist for staff who have declined the Covid 19 vaccine

Name of Staff Member:

Name of Manager:

Date interview held:

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Circle | Actions | Notes |
| Interview held with staff? | Yes/No | If no, interview should be scheduled before completing checklist.  Additional points discussed: |  |
| Have you given the staff member the letter of invitation for a vaccine? | Yes/No | Insert staff member name and give letter to the staff. |  |
| Have you identified the reason for declining the vaccine and given the staff resources to address their concern? | Yes/No | See attached Resources guide which has specific information and resources, including videos/webinars to address many of the reasons for vaccine hesitancy.  Note which sections you recommended to the staff member:  Additional points discussed: |  |
| For all staff who have declined the vaccine, please run through the checklist points below.  Please note that the current guidance is that **ALL** staff should be wearing PPE, maintaining social distancing and practicing hand hygiene whether they have had the vaccine or not. As the pandemic subsides, guidance MAY change for people who have had the vaccine to require less protection. Please follow the government guidance.  This checklist highlights that these measures should be reinforced if they have not had the vaccine. | | |  |
| Has staff member received IPC training? | Yes/No | If yes, record date:  If greater than 12 months ago, book staff member for refresher training via emailing: [infectioncontrol@swlondon.nhs.uk](mailto:infectioncontrol@swlondon.nhs.uk)  Additional points discussed: |  |
| Question | Circle | Actions | Notes |
| Have you discussed that as they are not vaccinated, they pose a higher risk to residents? | Yes/No | Explain to staff that as they are not vaccinated they pose a higher risk to residents. Reinforce the strict importance of wearing PPE when working with residents – particularly appropriate mask usage – social distancing whenever not undertaking direct care and practicing meticulous hand hygiene.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to visitors? | Yes/No | Explain to staff that as they are not vaccinated they pose a higher risk to visitors. Reinforce the strict importance of wearing PPE – particularly appropriate mask usage – social distancing and practicing meticulous hand hygiene when interacting with visitors.  Interaction with visitors should be avoided where possible.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to their family and friends? | Yes/No | Explain to staff that as they are not vaccinated they pose a higher risk to their family and friends. Reinforce the importance of wearing masks when in public spaces, social distancing and practicing meticulous hand hygiene outside of the work place as well as in work.  Additional points discussed: |  |
| Has the staff member talked to their own GP and/or the clinical lead GP for the care home regarding their concerns? | Yes/No | Arrange for your Care Home clinical lead GP to talk to the staff member directly to discuss their concerns.  Date of meeting:  Additional points discussed: |  |
| Has staff member been provided with a uniform bag and been instructed in washing uniform? | Yes/No | Staff should travel to and from work in non-uniform clothes. Staff should change into the uniform when they arrive at work. When leaving work, used uniform should be put into a pillow slip/uniform bag and taken home. The bag and uniform should be washed on a hot wash with laundry wash and tumble dried or ironed.  Additional points discussed: |  |
| Question | Circle | Actions | Notes |
| Have the staff members travel arrangements been discussed? | Yes/No | Driving – advise the staff member that they should not lift share.  Public transport – highlight the risks of travelling on public transport and that they must wear a mask and socially distance. Pending shift times, recommend travel outside of peak hours.  Consider rostering staff so that they don’t need to travel on public transport on peak hours where possible.  Additional points discussed: |  |
| Have you discussed that as they are not vaccinated, they pose a higher risk to their co-workers? | Yes/No | Explain to staff that as they are not vaccinated they pose a higher risk to their colleagues.  Explain that during breaks they must maintain social distancing and wear a mask. Try to schedule breaks so they are able to eat/drink without co-workers present, as they will need to remove their mask. They should avoid sharing food and any physical contact with other staff members where possible.  Additional points discussed: |  |
| Have you discussed that not having the vaccine may impact on their ability to take up a new role at another Care Home, should they choose to change employers? | Yes/No | Explain that some Care Home chains are only employing new staff who have had the vaccine and they should consider this if they look to change employers.  Note any additional points discussed: |  |
| Have you discussed any other risk reduction measures? | Yes/No | Note any additional points discussed here: |  |
| Have you explained to the staff member that they are able to change their mind in the future and do they know how to access a Covid Vaccine if so? | Yes/No | Explain that they remain eligible for a vaccine.  Explain how they can access a Covid vaccine if they change their mind.  Additional points discussed: |  |
| Have you completed the interview and checklist and given copies to the staff member? | Yes/No | Additional points discussed: |  |

Signature Staff Member: Date:

Signature Manager: Date:

**Vaccine Decline Form**

This should be completed in a meeting with the staff, signed by the staff member and manager. A copy should be given to the staff member and a copy kept on their personal file.