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| **STAKEHOLDERS COVID-19 Vaccines Top lines and Q&A** |
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| CV19 Strategic comms team - DHSC18-06-2021 |



**COVID-19 Vaccines – Top lines and Q&A** Last updated 18/06/2021

Contents

[**Top lines** 1](#_Toc74931884)

[**Vaccine deployment statistics** 2](#_Toc74931885)

[**Q&A** 9](#_Toc74931886)

[**Blood clots and the Oxford/AstraZeneca vaccine** 9](#_Toc74931887)

[**Which vaccines have been authorised in the UK?** 11](#_Toc74931888)

[**Research, Development and Manufacturing** 11](#_Toc74931889)

[**Deployment and Timing** 12](#_Toc74931890)

[**Novavax** 15](#_Toc74931891)

[**Vaccine quantities in the UK, availability of supply** 19](#_Toc74931892)

[**People who are homeless or rough sleepers** 24](#_Toc74931893)

[**Children** 26](#_Toc74931894)

[**Time between first dose and second dose, changes to dosage interval** 27](#_Toc74931895)

[**New variants, virus mutations** 28](#_Toc74931896)

[**Vaccine efficacy, length of protection, impact on transmissibility, deaths prevented** 32](#_Toc74931897)

[**Vigilance, side effects and adverse incidents** 35](#_Toc74931898)

[**Vaccines as a condition of deployment** 38](#_Toc74931899)

[**BAME uptake** 39](#_Toc74931900)

[**Working with businesses and the private sector** 41](#_Toc74931901)

[**Lockdown restrictions, tiering, COVID-Status certification review (so-called ‘vaccine passports’)** 41](#_Toc74931902)

[**Vaccine Passports, International Travel** 42](#_Toc74931903)

[**Clinical trials** 43](#_Toc74931904)

[**Ingredients, Controversial Substances, Moral and Ethical Advisory Group (MEAG)** 43](#_Toc74931905)

[**Pregnancy, childbirth, fertility** 44](#_Toc74931906)

[**Vaccine hesitancy, misinformation, disinformation** 45](#_Toc74931907)

[**Community Champions scheme (updated 25/01/2021)** 46](#_Toc74931908)

# **Top lines**

* Vaccines are the way out of this pandemic. Vaccines are the best way to protect people from coronavirus and have saved thousands of lives.
* Vaccinated people are far less likely to get COVID with symptoms. Vaccinated people are even more unlikely to get serious COVID-19, to be admitted to hospital, or to die from it. There is growing evidence that vaccinated people are less likely to pass the virus to others.
* The first dose of the Pfizer/BioNTech, Oxford/AstraZeneca and Moderna vaccine offer good levels of protection, but to get maximum protection everyone will need to get a second dose, so we are urging people to come back when they are contacted or if they have an appointment booked.
* It is essential that everyone continues to follow COVID-19 restrictions whether they have had the vaccine or not. To follow social distancing guidance wear a face covering and remember hands, face, space and fresh air.
* 42.4 million people have now received their first COVID-19 vaccine dose. 30.8 million have had their second dose.
* Everybody in cohorts 1-9 - those aged 50 and over, the clinically vulnerable and health and social care workers - have been offered a vaccine, meeting the government’s 15 April target ahead of time.
* All those aged 18 and over can now book their vaccination through the NHS booking service. You can also call 119 free of charge, anytime between 7am and 11pm seven days a week.
* Social care workers can book a vaccine via the NHS booking service
* You can book via the NHS website here: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>
* The NHS will continue to offer vaccines to people in cohorts 1 to 9 who have not yet come forward and will be offering people their second doses within 8-12 weeks in line with the updated guidance from the JCVI.
* Our target is to offer a first vaccine dose to all adults by the 19 July.
* The Covid-19 vaccination programme is the biggest vaccination programme in NHS history.
* The UK has secured early access to 517 million doses of eight of the most promising vaccine candidates. Our supply and scheduled deliveries of the Oxford/AstraZeneca, Pfizer/BioNTech and Moderna vaccines will fully support offering a first vaccine dose to all adults by the end of July.
* We are in constant contact with the vaccine manufacturers and remain confident that the supply of vaccine to the UK will not be disrupted.

# **Vaccine deployment statistics**

Latest number on vaccines can be found on the gov.uk coronavirus dashboard [here](https://coronavirus.data.gov.uk/details/vaccinations).

NHS.uk statistics, updated weekly, can be found [here](https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/).

Total vaccination statistics - up to and including 17 June 2021:

UK total first dose: 42,460,632

UK total second dose: 30,898,467

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| --- | --- | --- | --- |
|   | 1st dose  | 2nd dose  | Total  |
| England  | 35,507,916  | 26,098,666 | 61,606,582 |
| Scotland  | 3,591,638  | 2,535,803 | 6,127,441 |
| Wales  | 2,228,532  | 1,473,927 | 3,702,459  |
| Northern Ireland  | 1,132,546 | 790,071 | 1,922,617  |

**Top announcements and lines in the last seven days:**

**NHS invites all adults to get a COVID jab in final push (17.06.2021)**

All adults can now book a life-saving COVID jab vaccine, NHS chief executive Sir Simon Stevens announced today.

Everyone aged 18 and over is being urged to arrange a jab if they have not had one as the NHS COVID Vaccination Programme, the biggest in health service history, begins the final push to protect the country.

The NHS will start to send around 1.5 million texts to people aged 18-20 from tomorrow morning in what Sir Simon called a “watershed moment”.

**NHS England chief executive Sir Simon Stevens said:** *“This is truly a watershed moment: whoever you are, wherever you live, if you are aged 18 or older and you are yet to book your COVID jab, today should be the day you make that happen.*

*“Only months after delivering the world-first first jab hard working NHS staff have given more than 60 million vaccinations in England alone, saving thousands of lives and giving the entire country hope for a brighter future.*

*“Extensive planning and the tireless hard work of staff and volunteers have made the NHS vaccine programme an historic success.*

*“Now we are delivering a final push to protect the country so when your time comes, or if you haven’t done so already, please play your part and come forward to make your first appointment or get your second dose.”*

**Prime Minister Boris Johnson said:** *“Offering all adults a jab less than 200 days after the programme launched is one of our country’s greatest collective achievements, saving over 14,000 lives so far.*

*“I cannot thank NHS staff, the Army, volunteers, manufacturers and all those involved in this extraordinary national effort enough.*

*“Today sees vaccines accelerate in their race with the virus – so now let’s finish the job. If you haven’t yet, come forward and get your jab.”*

**Health and Social Care Secretary Matt Hancock said:** *“This is a momentous occasion in our national mission. In just over six months the NHS has administered more than 72 million vaccines across the UK at lightning speed and reached 4 in 5 adults. Now we are offering a jab to every single person over the age of 18 in England.*

*“We started with the most vulnerable to COVID-19 and, so far, we have saved more than 14,000 lives and prevented 42,000 hospitalisations in England alone.*

*“In our race between the vaccine and the virus, we’re approaching the final stretch and we are doing all we can to vaccinate people as quickly as possible with first and second doses. When you get the call, get the jab so we can put this pandemic behind us for good.”*

[Full press release](https://www.england.nhs.uk/2021/06/nhs-invites-all-adults-to-get-a-covid-jab-in-final-push/)

**4 in 5 UK adults receive first dose of COVID-19 vaccine (17.06.2021):**

More than four in five adults in the UK have received their first dose of a COVID-19 vaccine, as the vaccination programme continues at unprecedented pace and scale.

With 72,891,861 doses administered in total, 42,216,654 people across the UK have now been vaccinated with a first dose (80%), while 30,675,207 people have had both doses (58%).

New analysis by Public Health England (PHE) shows that two 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 and the Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after both doses.

**Health and Social Care Secretary Matt Hancock said:***“Now that four in five adults in the UK have received their first dose of a COVID-19 vaccine and more than half of adults have had a second jab, we are entering the final furlong in our race against the virus.*

*“Vaccines save lives and have enabled us to restore many freedoms that we cherish. To allow us to ease restrictions fully, it is more important than ever that people come forward for their jabs when eligible and book a second dose to receive the fullest possible protection.*

*“We’re accelerating our vaccine programme by reducing the time between doses for all people aged 40 and over to eight weeks and the NHS will open invites for everyone aged 18 and above later this week. So if you get the call, get the jab to fight this virus.”*

**MHRA weekly COVID-19 vaccination adverse reaction data (17.06.21)**

* Up to 9 June 2021, the MHRA had received Yellow Card reports of 390 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) in the UK following vaccination with COVID-19 Vaccine AstraZeneca.
* These events occurred in 207 women and 180 men aged from 18 to 93 years
* The overall case fatality rate was 18% with 71 deaths.
* The overall incidence after first or unknown doses was 14.8 per million doses.
* The data shows that there is a higher reported incidence rate in the younger adult age groups following the first dose compared to the older groups (20.2 per million doses in those aged 18-49 years compared to 10.7 per million doses in those aged 50 years and over).
* On the basis of this ongoing review, the advice remains that the benefits of the vaccine outweigh the risks in the majority of people.

Full report

**Everyone working in care homes to be fully vaccinated under new law to protect residents (16.06.2021):**

Care home residents will be better protected from death and serious illness, following confirmation people working in care homes will need to be fully vaccinated against COVID-19.

The new legislation means from October – subject to parliamentary approval and a subsequent 16-week grace period - anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have two doses of a COVID-19 vaccine unless they have a medical exemption.

It will apply to all workers employed directly by the care home or care home provider (on a full-time or part-time basis), those employed by an agency and deployed by the care home, and volunteers deployed in the care home.

Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

The responses to the consultation made a case for extending this policy beyond care homes to other settings where people vulnerable to COVID-19 receive care, such as domiciliary care and wider healthcare settings.

Based on this evidence, the government will launch a further public consultation in due course on whether or not to make COVID-19 and flu vaccination a condition of deployment in health and care settings. This is a complex issue and the government is looking for a wide range of perspectives from across the health and care sector about whether this should be introduced and how it could be implemented.

[Full press notice](https://www.gov.uk/government/news/everyone-working-in-care-homes-to-be-fully-vaccinated-under-new-law-to-protect-residents)

**Health and Social Care Secretary, Matt Hancock said:**

*“Vaccines save lives and while staff and residents in care homes have been prioritised and the majority are now vaccinated we need to do everything we can to keep reducing the risk.*

*“Through our consultation we have listened to the experiences and concerns of providers and people living and working in care homes to help shape our approach.*

*“We have a responsibility to do all we can to safeguard those receiving care including in the NHS and so will be consulting further on whether to extend to other health and social care workers.*

*“This is the right thing to do and a vitally important step to continue protecting care homes now and in the future. I’d urge anyone working in care homes to get their jab as soon as possible.”*

There will be exceptions for visiting family and friends, under 18s, emergency services and people undertaking urgent maintenance work.

Data from[Public Health England](https://www.gov.uk/government/news/vaccines-highly-effective-against-b-1-617-2-variant-after-2-doses) indicates the COVID-19 vaccination programme has so far prevented 14,000 deaths and around 42,000 hospitalisations in older people in England (up to 30 May).

The new regulations follow an extensive consultation with the social care sector, staff, residents and their families on the issue.

**More than 30 million people in the UK have been vaccinated with a second dose of the COVID-19 vaccine, giving them the fullest possible protection. (15.06.2021)**

* More than 79% of people in the UK now vaccinated with a single dose
* Public urged to come forward for second doses to help protect against the threat of new variants

41,830,546 people across the UK have now been vaccinated with a first dose (79.4%), while 30,204,738 people have had both doses (57.3%).

New analysis by Public Health England (PHE) shows for the first time that two 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 and the Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after both doses.

The government met its target of offering a vaccine to the most vulnerable by 15 April and is on track to offer a first dose to all adults by 19 July, two weeks earlier than planned. NHS England has today extended the offer of a vaccine to everyone over the age of 23.

By 19 July, all those aged 50 and over and the clinically extremely vulnerable will have been offered their second dose.

**Health and Social Care Secretary Matt Hancock said:**“*Second doses are increasingly vital, so this is an incredibly important milestone. Day after day, our vaccination programme reaches new heights. With over 30 million people across the UK now receiving a second dose, we are giving the fullest possible protection to our loved ones in the face of new variants.*

*“The strength of the union has never been clearer than in the UK vaccination effort. All four corners of this country have pulled together for one common purpose - to get the jab and fight this virus.*

*“I want to pay tribute to everyone right across the country who has  answered our call to arms and rolled up their sleeves to get the jab. I encourage everyone over 23 to come forward and get the jab.”*

Our successful vaccination programme is weakening the link between cases and hospitalisations, but the latest evidence shows that two doses are needed to provide effective protection against the Delta variant.

To ensure people have the strongest possible protection against COVID-19, second doses for all over 40s will be accelerated by reducing the dosing interval from 12 weeks to 8 weeks. All over 40s who received a first dose by mid-May will be offered a second dose by 19 July.

The move follows advice from the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI), which has considered the latest available evidence and has recommended reducing the dosing interval to counter the threat of new variants of concern.

The government and its scientific experts are monitoring the evolving situation and rates of variants closely, and will not hesitate to take additional action as necessary.

**The UK government has appointed Sir Richard Sykes as the new chair of the Vaccine Taskforce. (14.06.2021).**

Sir Richard will use his extensive experience in biotechnology and pharmaceuticals to lead the significant programme of work to find, procure and deliver vaccines to support the largest vaccination programme in British history.

**Health and Social Care Secretary Matt Hancock said:** *“The Vaccine Taskforce has done a tremendous job of securing the world’s first clinically-proven vaccines for COVID-19 and it’s fantastic that Sir Richard will be joining our renowned team with his extensive expertise.*

*“I look forward to working closely with him going forward to ensure the COVID-19 vaccination programme continues to save lives and the country is well prepared for any health threats for years to come.”*

**Sir Richard Sykes said**: *“I’m delighted to be joining a brilliant team to continue its incredibly important work on the COVID-19 vaccination programme.*

*“I am determined to make sure the UK remains in the best possible position to beat this virus and has the tools it needs to respond to future public health threats.”*

Sir Richard will be overseeing the Vaccine Taskforce’s work as the UK’s vaccination programme continues at unprecedented pace. This includes helping with preparations for any potential booster programmes and working to make the UK a global centre of excellence for the next generation of vaccines.

[Full statement](https://www.gov.uk/government/news/sir-richard-sykes-appointed-chair-of-vaccine-taskforce)

**Vaccination programme accelerated as Step 4 is paused (14.06.2021)**

* Step 4 of the Roadmap paused for four weeks while vaccination programme is accelerated following significant rise in more transmissible variant
* Second dose brought forward to 8 weeks for over 40s to provide strongest protection gainst Delta variant sooner
* Restrictions to be lifted on weddings and wakes on 21 June

Step 4 will be delayed by up to four weeks and the vaccination programme accelerated to respond to the rapid spread of the Delta variant, the Prime Minister has confirmed.

By 19 July, all adults will have been offered a first dose and around two thirds of all adults will have been offered two doses of the vaccine.

Data suggests that the Delta variant is between 40% and 80% more transmissible than the Alpha variant and is rapidly driving up case numbers.

There are currently around 8,000 cases a day, the highest since the end of February, and these are increasing by around 64% each week.

Hospitalisations are starting to rise, with the average number of people admitted to hospital increasing in England by 50% per week, and 61% per week in the North-West.

Our successful vaccination programme is weakening the link between cases and hospitalisations, but the latest evidence shows that two doses are needed to provide effective protection against the Delta variant.

The Roadmap has always been led by data and not dates, and the government’s four tests have not been met. In order to offer two vaccine doses to more people, prevent thousands of unnecessary deaths and protect the NHS, Step 4 will be delayed by up to four weeks to Monday 19 July. If the data rapidly improves this could be brought forward to 5 July.

The four tests are:

* The vaccine deployment programme continues successfully
* Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
* Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
* Our assessment of the risks is not fundamentally changed by new Variants of Concern

Two vaccine doses have now been shown to be highly effective in reducing hospitalisation from the Delta variant, with the latest PHE data suggesting this could be up to 96% for Pfizer-BioNTech and 92% for the Oxford-AstraZeneca vaccine.

All adults aged 18 and over will now be offered a first dose by 19 July, 2 weeks earlier than planned. All adults aged 23 and 24 will be able to book their first dose from tomorrow (15 June).

By Monday 19 July, all those aged over 50 and the clinically extremely vulnerable will have been offered their second dose.

Second doses for all over 40s will be accelerated by reducing the dosing interval from 12 weeks to 8 weeks. All over 40s who received a first dose by mid-May will be offered a second dose by 19 July.

The school holidays will also begin at the end of July, further reducing transmission among the younger age groups.

Step 3 restrictions will continue in their current format with the following exceptions implemented from 21 June. No restrictions will be reimposed.

The 30-person limit will be lifted for weddings and wakes. There will be no set limit on the number of attendees, but venues must adhere to covid secure guidance, maintain social distancing and provide table service. All weddings in private settings, such as gardens, must have completed a covid risk assessment to ascertain how many guests they can host safely.

Event pilots will continue, including some Euro 2020 matches, Wimbledon, and some arts and music performances. Attendees will show proof of vaccination or a recent negative test.

Care home residents will no longer need to isolate if they leave their residence. Exceptions will include high risk visits including overnight stays in hospital.

Cases are expected to continue rising due to the transmissibility of the Delta variant, but with the acceleration of the vaccination programme hospitalisations are expected to stabilise.

Additional support is available for areas with high cases rates of the Delta variant, including surge testing, isolation support, and efforts to maximise vaccination uptake.

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| **Vaccines highly effective against hospitalisation from Delta variant (14.06.2021)**  |
| New analysis by Public Health England (PHE) shows for the first time that two doses of the 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.**

These are comparable with vaccine effectiveness against hospitalisation from the Alpha variant. Further work remains underway to establish the level of protection against mortality from the Delta variant. However, as with other variants, this is expected to be high. The analysis included 14,019 cases of the Delta variant – 166 of whom were hospitalised – between 12 April and 4 June, looking at emergency hospital admissions in England. PHE has [previously published analysis](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F993198%2FVariants_of_Concern_VOC_Technical_Briefing.pdf&data=04%7C01%7CJamie.Mills%40phe.gov.uk%7C5a21c6b822df4e7fded308d92f3c552b%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637592758548093566%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=6TZMulxcUekfHSbVYGJb0pxQZC53o1cObxpaoctABf8%3D&reserved=0) showing that one dose is 17% less effective at preventing symptomatic illness from the Delta variant, compared to Alpha, but there is only a small difference after two doses. **Health and Social Care Secretary Matt Hancock said:***“Our UK vaccination programme continues at pace and has already saved thousands of lives. It is our way out of this pandemic.* *“This evidence of the effectiveness of two doses against variants shows just how crucial it is to get your second jab.* *"If you have had your first dose but haven’t booked your second yet – please do so. It will help save lives and boost us on the road to recovery.”*  **Dr Mary Ramsay, Head of Immunisation at PHE, said:***“These hugely important findings confirm that the vaccines offer significant protection against hospitalisation from the Delta variant.* *“The vaccines are the most important tool we have against COVID-19. Thousands of lives have already been saved because of them.* *“It is absolutely vital to get both doses as soon as they are offered to you, to gain aximum protection against all existing and emerging variants.”*  **Link**   |

# **Q&A**

# **Blood clots and the Oxford/AstraZeneca vaccine**

(07/04/2021)

* The MHRA has issued updated guidance for healthcare professionals on how to minimise risks, as well as further advice on symptoms for vaccine recipients to look out for 4 or more days after vaccination. As a precautionary measure, anyone who has symptoms four days or more after vaccination is advised to seek prompt medical advice, such as:
	+ a new onset of severe or persistent headache, blurred vision, confusion or seizures
	+ develop shortness of breath, chest pain, leg swelling or persistent abdominal pain,
	+ unusual skin bruising or pinpoint round spots beyond the injection site
* Anyone who suspects they have experienced a side effect linked with their COVID-19 vaccine should report it to the [Coronavirus Yellow Card website.](https://coronavirus-yellowcard.mhra.gov.uk/)
* If you need more information on the COVID-19 vaccination please visit: [**www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/**](http://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/)

**MHRA Quote on blood clots and the Oxford/AZ vaccine**

**(20/05/21)**

**Dr June Raine, MHRA Chief Executive said:**

“Over 58 million doses of vaccines against COVID-19 have now been administered in the UK, saving thousands of lives through the biggest vaccination programme that has ever taken place in this country.

“No effective medicine or vaccine is without risk. These specific kinds of blood clots with low platelets reported following COVID-19 Vaccine AstraZeneca remain extremely rare and unlikely to occur.  Our advice remains that the benefits of the vaccine outweigh the risks in the majority of people.

“It is still vitally important that people come forward for their vaccination and for their second dose when invited to do so.

“We ask anyone who suspects they have experienced a side effect linked with their COVID-19 vaccine to report it to the [Coronavirus Yellow Card website](https://coronavirus-yellowcard.mhra.gov.uk/).”

As a precautionary measure, anyone who has symptoms four days or more after vaccination is advised to seek prompt medical advice, such as:

a new onset of severe or persistent headache, blurred vision, confusion or seizures

develop shortness of breath, chest pain, leg swelling or persistent abdominal pain

unusual skin bruising or pinpoint round spots beyond the injection site

**What are the incidence rates per age group?**

The estimated risk remains extremely rare overall, at approximately 10.9 per 1 million doses administered. We are currently considering the best way to provide the incidence rates per individual age group and these will be available in due course.

**JCVI quote and statement on blood clots and the Oxford/AZ vaccine**

* [Full statement](https://www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement)
* **Professor Wei Shen Lim, COVID-19 Chair for JCVI, said:** “Safety remains our number one priority – based on the available data and evidence, JCVI has advised that it is preferable for adults aged under 30 with no underlying conditions to be offered an alternative to the AstraZeneca vaccine where available. This weighs up the risks of being seriously ill or dying from COVID-19 against the extremely small risk of a serious adverse event. The COVID-19 vaccines have already saved thousands of lives and the benefit for the majority of the population is clear – if you are offered a vaccine, you should take it.”

**Government spokesperson quote and statement**

* [Full statement](https://www.gov.uk/government/news/statement-on-astrazeneca-covid-19-vaccine-following-mhra-update)
* “The Oxford/AstraZeneca vaccine is safe, effective and has already saved thousands of lives.

“As the MHRA – the UK’s independent regulator – and the JCVI have said, the benefits of the vaccine far outweigh the risks for the vast majority of adults.

“Everybody who has already had a first dose of the AstraZeneca vaccine should receive a second dose of the same brand, irrespective of age, except for the very small number of people who experienced blood clots with low platelet counts from their first vaccination.

“The government will follow today’s updated advice, which sets out that, as a precaution, it is preferable for people under the age of 30 with no underlying health conditions to be offered an alternative vaccine where possible once they are eligible.

“When people are called forward, they should get their jab. Vaccines are the best way out of this pandemic and provide strong protection against Covid-19.

“We are very grateful for the work of our world-leading regulator and our expert advisors as they continue to address this issue.

“More than 37 million jabs overall have already been administered, and we are on track to offer jabs to all over 50s by 15 April and all adults by the end of July.”.

* effectiveness for Pfizer). PHS analysis of first dose effect only.

# **Which vaccines have been authorised in the UK?**

* Four vaccines have been authorised in the UK. Pfizer/BioNTech, AstraZeneca/Oxford, Moderna and Janssen.
* The University of Oxford/AstraZeneca vaccine, BioNTech/Pfizer and Moderna vaccine are now available across the UK.
* Janssen’s single-dose COVID-19 vaccine has been authorised for use by the UK medicines regulator.

# **Research, Development and Manufacturing**

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

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

**How many vaccines are being manufactured in the UK?**

* Three of the UK's eight COVID19 vaccines are being manufactured in the UK, this includes Valneva's whole inactivated virus vaccine, Novavax VLP protein adjuvant vaccine and Oxford/AstraZeneca's vaccine, which is delivered through a majority UK supply chain.​
* We have invested over £300m into manufacturing any successful vaccine and an enormous amount of planning and preparation has taken place across Government to be able to quickly roll out the vaccine, including ensuring we have adequate provision, transport, PPE and logistical expertise to do so.

**How much money has been spent on vaccines?**

* As announced in the Spending Review, the Government has made available more than £6 billion to develop, manufacture and procure Covid-19 vaccines.
* This funding will also be allocated to manufacturing, research and development and other areas needed to develop vaccines, including fully funding the University of Oxford’s clinical trials, as well as funding trials for other vaccines such as Novavax, Janssen and Valneva.
* The total cost to purchase, manufacture and deploy a vaccine will be approx. £11.7bn

**Are trials ongoing?**

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

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

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

# **Deployment and Timing**

* From 18 June, everybody aged 18 and over have been invited to book their vaccination through the NHS booking system.

**Should people who have already had Covid get vaccinated?**

* Yes. The MHRA have looked at this and decided that getting vaccinated is just as important for those who have already had Covid-19 as it is for those who haven’t.
* As with all new viruses, we won’t know how long those who have recovered from coronavirus or the level of their immunity.

**Details on specific vaccines/manufacturers**

**Oxford University/AstraZeneca**

**Does the Oxford / AstraZeneca vaccine cause blood clots?**

1. MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed.
* By 31 March 20.2 million doses of the COVID-19 Vaccine AstraZeneca had been given in the UK meaning the overall risk of these blood clots is approximately 4 people in a million who receive the vaccine
* The data suggest there is a slightly higher incidence reported in the younger adult age groups and the MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine.
* The MHRA is now issuing updated guidance for healthcare professionals on how to minimise risks, as well as further advice on symptoms for vaccine recipients to look out for 4 or more days after vaccination
* Vaccines are the best way to protect people from COVID-19 and have already saved thousands of lives. Everyone should continue to get their vaccination when asked to do so unless specifically advised otherwise.
* [Full MHRA statement (07/04/2021)](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)

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

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

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

* MHRA advice regarding blood clots and the Oxford / AstraZeneca vaccine (07/04/2021)
	+ MHRA is not currently recommending new age restrictions in COVID-19 Vaccine AstraZeneca vaccine use
	+ The benefits of vaccination continue to outweigh any risks but 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 data suggest there is a slightly higher incidence reported in the younger adult age groups and the MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine.
	+ [Full statement](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots) (07/04/2021)
	+ Update to JCVI advice to include all those under 40 to be given an alternative vaccine where possible (07.05.2021). [Full statement](https://www.gov.uk/government/news/jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40)

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

* MHRA advice regarding blood clots and the Oxford / AstraZeneca vaccine (07/04/2021)
	+ The data suggest there is a slightly higher incidence reported in the younger adult age groups and the MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine.
	+ Anyone who experienced cerebral or other major blood clots occurring with low levels of platelets after their first vaccine dose of COVID-19 Vaccine AstraZeneca should not have their second dose. Anyone who did not have these side effects should come forward for their second dose when invited.
	+ [Full statement](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)
* The vaccine has been thoroughly assessed by MHRA – the UK medicines regulator – for its safety and efficacy.
* Routine safety monitoring and analysis of the approved COVID-19 vaccines by the UK’s medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), shows that the safety of these vaccines remains as high as expected from the clinical trial data that supported the approvals. (5 February)

**Pfizer/BioNTech**

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

**How effective is the Pfizer vaccine?**

* **Public Health England data (17/03/21)** shows efficacy of 60% for those aged 70 and over against symptomatic COVID19 from either vaccine. [Full report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971017/SP_PH__VE_report_20210317_CC_JLB.pdf).

**Moderna**

**How effective is the Moderna vaccine?**

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

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

* The Moderna vaccine has started to be rolled out in Wales (first dose administered on 6/4/2021) and England (first dose administered 13/4/2021)
* The UK has an agreement to purchase 17 million doses of Moderna.
* Moderna are currently scaling up their European supply chain.
* There have been some revisions to Moderna’s supply chain (16/4/2021):
	+ **A Moderna spokesperson said:** “In response to continuing high levels of global demand, Moderna and its drug substance manufacturing partner Lonza are working to deliver a sustained supply of COVID-19 Vaccine Moderna, in the shortest possible timeframe. However, taking into account the current supply, demand and distribution landscape, Moderna will be making adjustments to expected Q2 delivery quantities in a number of countries, including the UK and others...

“The Company remains in close contact with all governments, recognizing the importance of delivery planning for vaccination rollout. Moderna maintains the highest level of quality across all its manufacturing operations with its partners. Moderna continues to make substantial capital investments to support production increases of the COVID-19 Vaccine Moderna globally and explore other potential collaboration opportunities.

[See full statement](https://investors.modernatx.com/news-releases)

**A Department of Health and Social Care spokesperson said:**
“Our vaccination programme continues to make phenomenal progress – with over 41 million vaccines administered so far. We’ve always been clear supply will fluctuate. We remain in constant contact with all vaccine manufacturers to understand and manage supply issues. We have hit our target to offer a vaccine to everyone in phase one of the vaccination programme and we remain on track to offer a jab to all adults by the end of July.”

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

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

# **Novavax**

A press statement from Novavax on 11/03/2021 said they had confirmed high efficacy against both original and variant COVID-19 strains in United Kingdom and South Africa Trials. In it’s [**press statement**](https://ir.novavax.com/news-releases/news-release-details/novavax-confirms-high-levels-efficacy-against-original-and), the company said:

“100% protection against severe disease

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

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

[Read full statement.](https://ir.novavax.com/news-releases/news-release-details/novavax-confirms-high-levels-efficacy-against-original-and)

**How effective is the Novavax vaccine?**

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

**Janssen (Johnson & Johnson)**

**DHSC press release: Janssen Covid-19 vaccine authorised by UK Medicines Regulator** **(28/05/21)**

* Janssen single-dose COVID-19 vaccine authorised by the MHRA
* Government has secured 20 million doses for all of UK
* Doses expected to be available from later this year

**Health and Social Care Secretary Matt Hancock said:**

*“This is a further boost to the UK’s hugely successful vaccination programme.*

*“As Janssen is a single-dose vaccine, it will play an important role in the months to come as we redouble our efforts to encourage everyone to get their jabs and potentially begin a booster programme later this year.”*

[Full statement](https://www.gov.uk/government/news/janssen-coronavirus-covid-19-vaccine-authorised-by-uk-medicines-regulator)

MHRA [Statement](https://www.gov.uk/government/news/one-dose-janssen-covid-19-vaccine-approved-by-the-mhra)

**When will doses arrive?**

Doses will become available later this year.

**Who will the vaccine be given to as a priority?**

We will follow the advice of the independent Joint Committee on Vaccination and Immunisation (JCVI) on which groups to prioritise for vaccination.

**This is a single dose vaccine so could be used for people who are unlikely to come back for a second dose, such as homeless people. Is this something you are considering?**

We will follow the advice of the independent Joint Committee on Vaccination and Immunisation (JCVI) on which groups to prioritise for vaccination.

**Are you concerned about the risk of blood clots? Will this vaccine only be given to the over-40s like AstraZeneca?**

We will follow the advice of the independent Joint Committee on Vaccination and Immunisation (JCVI) on which groups to prioritise for vaccination.

There have been very rare cases of thrombosis occurring together with thrombocytopenia (low levels of platelets) reported in other countries where the vaccine is already approved. The MHRA is working closely with international counterparts in understanding the global safety experience of COVID-19 vaccines and on the rapid sharing of safety data and reports.

**How effective is it?**

Results from a clinical trial involving people in the United States, South Africa and Latin American countries found that COVID-19 Vaccine Janssen was effective at preventing COVID-19 in people from 18 years of age. This study involved over 44,000 people. Half received a single dose of the vaccine and half were given placebo (a dummy injection). People did not know if they had been given COVID-19 Vaccine Janssen or placebo.

The trial found a 67% reduction in the number of symptomatic COVID-19 cases after 2 weeks in people who received COVID-19 Vaccine Janssen (116 cases out of 19,630 people) compared with people given placebo (348 of 19,691 people). This means that the vaccine had a 67% efficacy. Similar efficacy was seen after 4 weeks.

**How long does protection last?**

Protection with COVID-19 Vaccine Janssen starts around 14 days after vaccination but we do not currently know how long protection lasts. The people who were vaccinated in the clinical trials will continue to be followed for 2 years to gather more information on effectiveness over time.

**Is the vaccine effective against the Indian variant?**

We have not received any data about how well the vaccine works against the Indian variant. Should data on this be submitted we will review it as soon as it becomes available.

**Valneva**

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

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

**‘Mix and Match’, Heterologous Prime Boost**

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

* The Pfizer/BioNTech vaccine is rapidly being rolled out across the UK, starting with the highest priority groups.
* The AstraZeneca/Oxford vaccine and other candidates will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme.
* More evidence is needed to understand whether a seasonal vaccination or booster dose might be needed.
* The vaccines people are offered will be appropriate for them. This decision is based on clinical judgement supported by the advice of Joint Committee on vaccination and immunisation. This will take into account individual vaccine characteristics, which may mean they are more suitable for some groups of people, and not others – for example, some may be less well tolerated or effective in certain age groups.
* MHRA advice on blood clots resulting from the Oxford / AstraZeneca vaccine (07/04/2021)
	+ MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed. Anyone who did not have these side effects should come forward for their second dose when invited.
	+ Anyone who experienced cerebral or other major blood clots occurring with low levels of platelets after their first vaccine dose of COVID-19 Vaccine AstraZeneca should not have their second dose. Anyone who did not have these side effects should come forward for their second dose when invited
	+ [Full statement](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)

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

* No. Any vaccines that are available will have been approved because they pass the MHRA’s tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from coronavirus.
* The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. Now authorised, the AstraZeneca/Oxford vaccine will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.
* A new clinical trial, backed by £7 million of government funding, is looking into alternating Covid-19 vaccine doses. The study, run by the National Immunisation Schedule Evaluation Consortium (NISEC) across eight National Institute for Health Research (NIHR) supported sites, will examine whether different vaccines can safely be used for two dose regimes in the future. The current programme of two doses of the same vaccine over twelve weeks remains unchanged
* The study will also gather immunological evidence on different intervals between the first and second dose for a mixed-vaccine regimen against control groups when the same vaccine is used for both doses.

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

* We do not recommend mixing the COVID-19 vaccines – if your first dose is the Pfizer vaccine you should not be given the AstraZeneca vaccine for your second dose and vice versa.
* However, there may be extremely rare occasions where the same vaccine is not available, or where it is not known what vaccine the patient received.
* Our guidance is very clear that every effort should be made in these instances to give the same vaccine to the patient, but where this is not possible it is better to give a second dose of another vaccine than not at all.
* This is a reasonable measure on a very exceptional basis, when the alternative is to leave someone with an incomplete course – which is the greater concern, especially if the individual is likely to be at immediate high risk or is considered unlikely to attend again. In these rare circumstances, as both vaccines are based on the spike protein, it is likely the second dose will help to boost the response to the first dose.
* While there is no evidence on the interchangeability of the COVID-19 vaccines at this time, this is a pragmatic and scientific approach agreed by many scientists and vaccine experts, including the UK’s Deputy Chief Medical Officer.
* MHRA advice on blood clots resulting from the Oxford / AstraZeneca vaccine (07/04/2021)
	+ MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed.
	+ Anyone who did not have these side effects should come forward for their second dose when invited.
	+ Anyone who experienced cerebral or other major blood clots occurring with low levels of platelets after their first vaccine dose of COVID-19 Vaccine AstraZeneca should not have their second dose. Anyone who did not have these side effects should come forward for their second dose when invited
	+ [Full statement](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)
	+ Update to JCVI advice to include all those under 40 to be given an alternative vaccine where possible (07.05.2021). [Full statement](https://www.gov.uk/government/news/jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40)

# **Vaccine quantities in the UK, availability of supply**

**Will there be a sufficient numbers of vaccine doses?**

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

**Why won’t you publish UK wide figures?**

* Our focus remains on getting the vaccine to those who need it.
* We publish daily statistics around the number of people who have received the 1st and 2nd dose of the vaccine and more detailed data on a weekly basis.
* We have signed deals for substantial future supply of both approved vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

**How does the UK supply chain work?**

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

**What happens to the unused doses that may be left over at the end of the day? Can they be given to people to avoid being wasted?**

* No vaccines should be wasted.
* Local vaccination sites should be managing their appointment lists to ensure all appointments are filled and they have a back-up list of patients and staff who can receive the vaccine at short notice.
* The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise Government on which vaccine/s the United Kingdom should use and provide advice on prioritisation at a population level.
* It is estimated that vaccinating everyone in the priority groups would prevent 99% of deaths, including those associated with occupational exposure to infection.
* Everybody aged 30 and over, the clinically vulnerable and health and social care workers - have been offered a vaccine.
* The NHS will continue to offer vaccines to people in cohorts 1 to 9 who have not yet come forward and will be offering people their second doses within 12 weeks in line with the guidance from the JCVI.
* Our target remains to offer a vaccine to all adults by the end of July.
* The NHS guidance to Primary Care Networks/GPs is that vaccines should not be given to people outside of the eligible cohorts. It is absolutely permissible, and indeed encouraged, to have reserve lists of recipients, who can come in at short notice if vaccine is still available. However, these lists should only be drawn from eligible recipients in these cohorts.

**Vaccine Roll Out**

* Everybody aged 18 and over can now get a COVID-19 vaccine
* We remain on course to have offered the vital first dose to all adults by 19 July.

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

* All adults aged 18 and over are receiving texts inviting them to book appointments
* People aged 18 and over are invited to make an appointment through the national booking service will be given a choice between a vaccination centre or a pharmacy service.

**How do I book my appointment?**.

* You will need your ten-digit NHS number, it will be on the letter sent to you. You can also find it on your prescriptions or through your GP online service.
* If a patient cannot go to one of the large vaccination centers, they can choose to have their vaccination at their GP surgery when it’s available there or a pharmacy.

**Are there plans for a booster programme?**

We are preparing for a booster programme to take place later this year and we continue to plan for all scenarios.

Final decisions on what a booster programme would look like will depend on the data from ongoing clinical trials, such as the Cov-Boost trial, and advice from the independent medical experts at the JCVI.

The government remains firmly on track to offer a first dose to all adults by 19 July.

**Disabilities and vaccine**

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

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

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

**Learning disabilities and the vaccine**

* The advice of the Joint Committee on Vaccination and Immunisation (JCVI) remains that adults with severe and profound learning disabilities, and those with learning disabilities in long-stay nursing and residential care settings, should be offered the vaccine in priority group 6 (people with Down’s syndrome are included in group 4). Adults with less severe learning disabilities are not currently prioritised.
* However, GP systems may not always capture the severity of someone’s disability, meaning some adults who are more severely affected by learning disabilities may not be invited for vaccination alongside people with other long-term health conditions.
* JCVI asked the [OpenSAFELY](https://opensafely.org/) team to perform an updated analysis in those with various code sets for learning disabilities on GP systems and to include data from wave 2 of the pandemic.
* The updated analysis confirmed a higher risk of mortality and morbidity in those on the GP register with learning disabilities – it’s expected that individuals with more severe learning disabilities are more likely to be on the list.
* To ensure those most at risk of death or hospitalisation are prioritised for vaccination, JCVI supports the plan to invite anyone on the GP Learning Disability Register – as well as adults with other related conditions, including cerebral palsy – for vaccination as part of priority group 6.
* JCVI also supports an approach for the NHS to work with local authorities to identify adults in residential and nursing care, and those who require support, for example as part of assisted living in the community, and those in shared accommodation with multiple occupancy.
* This will mean at least 150,000 more people with learning disabilities will now be offered the vaccine more quickly.

**Reference - Vaccinations for people with Learning Disabilities**

* JCVI advises inviting all people on the Learning Disability Register for vaccine - [Gov.uk news story](https://www.gov.uk/government/news/jcvi-advises-inviting-people-on-learning-disability-register-for-vaccine)
* Letters from the Health and Social Care Secretary and JCVI on COVID-19 vaccination in people with learning disabilities [Read letters here](https://www.gov.uk/government/publications/letter-from-the-health-and-social-care-secretary-on-covid-19-vaccination-in-people-with-learning-disabilities)

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

**How will consent be gained for the vaccine to be administered to people with reduced capacity to make independent decisions? (12/4/2021)**

* Everyone who receives a vaccine will be required to have completed a consent form.
* A standardised consent form is available to download from the [Health Publications](https://www.healthpublications.gov.uk/Home.html) website.
* Some people who will be offered the vaccine may lack mental capacity to make decisions about vaccination. This will include some (but not all) people living with dementia, learning disabled and autistic people, people with mental health difficulties and people with acquired brain injury. These people, if they are aged 16 or over, are protected by the empowering, decision-making framework set out under the Mental Capacity Act 2005.

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

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

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

* The Government is exploring all avenues available to us, to ensure that a treatment for COVID-19 is found.
* [Letter to the NHS system](https://www.england.nhs.uk/coronavirus/publication/vaccination-of-adult-household-contacts-of-severely-immunosuppressed-individuals-alongside-jcvi-priority-cohort-6-and-completion-of-cohorts-1-9/) setting out how vaccines will be offered to this group.
* A separate “[Operational Guide](https://www.england.nhs.uk/coronavirus/publication/jcvi-cohort-6-adult-household-contacts-of-adults-with-severe-immunosuppression-operational-guide/)” setting out more details of the rollout and how the NHS plans to maximise uptake in this group
* A [separate letter to secondary care](https://www.england.nhs.uk/coronavirus/publication/vaccination-of-permanent-adult-household-contacts-of-severely-immunosuppressed-individuals-alongside-jcvi-priority-cohort-6/) with the steps needed to identify immunosuppressed individuals in secondary care
* JCVI advice on the Oxford / AZ vaccine specifically states ““There are some adults <30 without underlying health conditions who are in Phase 1, who were prioritised due to an increased risk of exposure and/or to reduce the risk of passing the infection on to vulnerable individuals. This includes health and social care workers, unpaid carers and household contacts of immunosuppressed individuals. Acting on a precautionary basis, if these persons are still unvaccinated, it is preferable for them to be offered an alternative COVID-19 vaccine, if available. [Full statement](https://www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement)

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

* The RECOVERY trial funded by the UK Government, has found the use of dexamethasone effective in the treatment of COVID-19 with a risk reduction of mortality of 20% for those on oxygen and 35% for ventilated patients. This is the first robust clinical trial anywhere in the world showing a treatment which significantly reduces patient mortality for those with COVID-19.
* The international REMAP-CAP trial, part-funded by the UK Government, found in January that tocilizumab and sarilumab reduced the relative risk of death by 24%, when administered to patients within 24 hours of entering intensive care. Patients receiving these drugs, typically used to treat rheumatoid arthritis, left intensive care between 7 to 10 days earlier on average.
* Such a breakthrough has only been made possible through the rigour of world-class British life-sciences. From the beginning we have focussed on undertaking robust clinical research, which enables us to take the proper evidenced-based decisions backed by rigorous science to improve the care of UK patients.
* We continue to consider and trial promising new treatments and are focusing more on novel treatments.
* When treatments are proven to be effective, the RAPID C-19 group works to get treatments for COVID-19 to NHS patients quickly and safely, by providing a streamlined process from horizon scanning, regulatory approval, to patients.
* RAPID C-19 is a multi-agency initiative including NIHR, NICE, MHRA, NHSE-I and representatives from the Devolved Administrations. This initiative has already enabled rapid patient access to therapeutics including dexamethasone and remdesivir.

**Can people working on coronavirus testing get vaccinations?**

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

**How and when will unpaid carers be able to access their COVID-19 vaccination? (17/05/2021)**

* Unpaid carers who are eligible under JCVI priority group 6 have been invited to receive their COVID-19 vaccination.
* All unpaid carers who are already known to health and care services and whose contact details were passed to the NHS have now been invited to receive their first COVID-19 vaccination. They can use their NHS vaccine invitation to book an appointment online through the National Booking Service here: [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination)
* Those carers who have not already made themselves known as an unpaid carer to their local health and care services, should contact their GP practice to be assessed and registered as a carer so they can receive their COVID-19 vaccination.
* There are many benefits to being registered with a GP as a carer. By doing so carers can be advised of local support services and be prioritised for certain vaccines including COVID-19 and the flu vaccine.

# **People who are homeless or rough sleepers**

**JCVI advises prioritising homeless people and rough sleepers for COVID-19 vaccine (11/03/2021)** ([press release](https://www.gov.uk/government/news/jcvi-advises-prioritising-homeless-people-and-rough-sleepers-for-covid-19-vaccine)).

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

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

**Are we prioritising homeless people?**

* The Government is following the independent advice of the Joint Committee on Vaccination and Immunisation (JCVI), which agrees priority groupings for vaccine.
* We know those who are rough sleepers or experiencing homelessness aren’t always able to access healthcare routinely and therefore can often have a range of health issues which can leave them at an increased risk of this virus.
* The independent experts at the JCVI have recommended local teams now consider vaccinating those experiencing homelessness and rough sleeping in their area.
* The government has immediately accepted the advice of the independent experts at the JCVI to prioritise all homeless people and those rough sleeping for vaccination alongside priority group 6. We have asked the NHS to put the change of approach into action This will mean we will save more lives, among those most at risk
* This continues to be a challenging period for people right across the country, particularly vulnerable people who are homeless and we have invested over £700 million on concerted efforts to tackle homelessness and rough sleeping through a range of initiatives.
* The NHS is working tirelessly to bring an end to this pandemic through vaccinations. NHSEI are working with Voluntary Community and Social Enterprise partners, inclusion health providers and others to develop an accessible model for delivery of the vaccine to people from inclusion health populations. As a result of having two vaccines now deployable, we are considering a number of options and will co-design these with partners based on the different local and logistical considerations.
* We are asking partners to support their clients and service users to register with a General Practice, where they are not already, and, if they have health conditions that would make them clinically vulnerable / clinically extremely vulnerable that this is recorded to ensure they receive the vaccine in line with the Joint Committee on Vaccinations and Immunisations advice on prioritisation.

**Can people who are homeless get the vaccine?**

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

# **Children**

**Current position on vaccinating 12 to 17 year olds (15/06/21)**

**A Department of Health and Social Care spokesperson said:**

*“No decisions have yet been made on whether people aged 12 to 17 should be routinely offered COVID-19 vaccines.*

*“The government will continue to be guided by the advice of the independent Joint Committee on Vaccination and Immunisation and has asked for its formal recommendation. We will update in due course.”*

**The MHRA concludes positive safety profile for Pfizer/BioNTech vaccine in 12 to 15-year-olds (04.06.2021):** followinga rigorous review of the safety, quality and effectiveness of the vaccine in this age group.

**Dr June Raine, MHRA Chief Executive said**: *“We have carefully reviewed clinical trial data in children aged 12 to 15 years and have concluded that the Pfizer/BioNTech COVID-19 vaccine is safe and effective in this age group and that the benefits of this vaccine outweigh any risk.”*

**A Department of Health and Social Care spokesperson said:** *“Following a robust review of the evidence, the MHRA has concluded that the Pfizer/BioNTech COVID-19 vaccine meets the high standards of safety, effectiveness and quality required and has authorised its use for young people aged 12 to 15.*

*“The government has asked the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI) to advise whether routine vaccination should be offered to younger people aged 12 to 17.*

*“We will be guided by the expert advisors and will update in due course.”*

[Full statement](https://www.gov.uk/government/news/the-mhra-concludes-positive-safety-profile-for-pfizerbiontech-vaccine-in-12-to-15-year-olds)

**Pfizer-BioNTech announce positive top line results of COVID-19 vaccine study in adolescents (31/03/2021)**
Pfizer-BioNTech announced that, in a Phase 3 trial in adolescents 12 to 15 years of age with or without prior evidence of SARS-CoV-2 infection, the Pfizer-BioNTech COVID-19 vaccine BNT162b2 demonstrated 100% efficacy and robust antibody responses, exceeding those recorded earlier in vaccinated participants aged 16 to 25 years old, and was well tolerated. [See full release.](https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-announce-positive-topline-results-pivotal)**The U.S. Food and Drug Administration has expanded the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine to include adolescents of 12 years old through to 15 years of age** **(10/05/21).** [See full announcement](https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use)

FDA Commissioner Dr Janet Woodcock said the move was aimed at "bringing us close to returning to a sense of normality and to ending the pandemic".

Dr Woodcock said: "Parents and guardians can rest assured that the agency undertook a rigorous and thorough review of all available data, as we have with all of our Covid-19 vaccine emergency use authorisations.

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

**Secretary of State for Health Matt Hancock statement to Parliament (17/05/2021)**

**Dosing interval:**

“Since January, we’ve been following a dosing interval of twelve weeks for second doses. Because of the extra protection you get from the second dose, particularly amongst those most likely to end up in hospital or dying, it is incredibly important that everyone comes forward for that second dose.

“Now, it is important to accelerate the second doses of all those most vulnerable to ending up in hospital or dying. So, our vaccination strategy for all parts of the UK, including the areas of surge vaccination, will stick by the clinical advice set out by the JCVI.

“First, prioritise anyone over 50 who has not yet been vaccinated. Next, second doses to those over 50 are vital which will now be done at a schedule of eight weeks. Then, follow the cohorts in priority order, and the age groups as we open them. This clinically approved approach is the best way to save the most lives rather than jumping ahead with first doses for younger people.

“While the JCVI of course keeps this under constant review, we are clear that their advice is the best way to protect those most in need of protection and so, save as many lives as we can.

“The NHS will be reiterating this advice to all vaccination centres, and all directors of public health, and I’m very, very grateful to everyone in the NHS, in local authorities and in the whole system supporting this vaccination programme for following it.”

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

* The MHRA authorisation includes conditions that the Oxford/AstraZeneca vaccine should be administered in two doses, with the second dose given between 4 and 12 weeks after the first.
* The MHRA has also clarified that for the Pfizer/BioNTech vaccine, the interval between doses must be at least 3 weeks (21 days). This also aligns with the EMA position on the Pfizer vaccine.
* For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.
* Further data on vaccine efficacy for the Oxford/AstraZeneca and Pfizer-BioNTech vaccines has been published by PHE showing how vaccines reduce severe Covid in older adults. ([Full statement and research here](https://www.gov.uk/government/news/new-data-show-vaccines-reduce-severe-covid-19-in-older-adults)).

# **New variants, virus mutations**

|  |
| --- |
| **Vaccines highly effective against hospitalisation from Delta variant (14.06.2021)**  |
| New analysis by Public Health England (PHE) shows for the first time that two doses of the 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.**

These are comparable with vaccine effectiveness against hospitalisation from the Alpha variant. Further work remains underway to establish the level of protection against mortality from the Delta variant. However, as with other variants, this is expected to be high. The analysis included 14,019 cases of the Delta variant – 166 of whom were hospitalised – between 12 April and 4 June, looking at emergency hospital admissions in England. PHE has [previously published analysis](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F993198%2FVariants_of_Concern_VOC_Technical_Briefing.pdf&data=04%7C01%7CJamie.Mills%40phe.gov.uk%7C5a21c6b822df4e7fded308d92f3c552b%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637592758548093566%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=6TZMulxcUekfHSbVYGJb0pxQZC53o1cObxpaoctABf8%3D&reserved=0) showing that one dose is 17% less effective at preventing symptomatic illness from the Delta variant, compared to Alpha, but there is only a small difference after two doses. **Health and Social Care Secretary Matt Hancock said:***“Our UK vaccination programme continues at pace and has already saved thousands of lives. It is our way out of this pandemic.* *“This evidence of the effectiveness of two doses against variants shows just how crucial it is to get your second jab.* *"If you have had your first dose but haven’t booked your second yet – please do so. It will help save lives and boost us on the road to recovery.”*  **Dr Mary Ramsay, Head of Immunisation at PHE, said:***“These hugely important findings confirm that the vaccines offer significant protection against hospitalisation from the Delta variant.* *“The vaccines are the most important tool we have against COVID-19. Thousands of lives have already been saved because of them.* *“It is absolutely vital to get both doses as soon as they are offered to you, to gain aximum protection against all existing and emerging variants.”*  **Link**   |

**Vaccines highly effective against B.1.617.2 variant after 2 doses (22.05.2021)**

A study by PHE shows for the first time that 2 doses of the COVID-19 vaccines are highly effective against the B.1.617.2 variant first identified in India. Vaccine effectiveness against symptomatic disease from the B.1.617.2 variant is similar after 2 doses compared to the B.1.1.7 (Kent) variant dominant in the UK, and we expect to see even higher levels of effectiveness against hospitalisation and death

***Dr Meera Chand, COVID-19 Incident Director at PHE said, (20/05/21)***

*“We are very grateful to those who have turned out in their thousands in Bolton to be vaccinated. As per advice from the Joint Committee on Vaccines and Immunization (JCVI), we particularly urge anyone who is yet to have their second dose to make sure they come forward and take up the offer as soon as it is due.*

*“This is vitally important in the light of our current assessment that VOC-21APR-02 has grown rapidly in England and may be highly transmissible. PHE will continue to monitor all variants closely, paying particular attention to the impact on hospitalisations and deaths which will help us to understand the protective effects of the vaccine.”*

There is currently no evidence to suggest the vaccines will be less effective in protecting people against severe illness and hospitalisation from VOC-21APR-02. It is highly likely that the vaccines offer significant protection against severe disease, hospitalisation and death, which is why it’s vital to get both vaccine doses as soon as you are offered them. Further work is being rapidly carried out to understand more about the protection the vaccines offer, including impact on transmission

For more information, please see the most recent [PHE Variant Technical Briefing](https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201)

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

* The models were constructed using the latest epidemiological data available, but do not take into account the risk of new variants of concern.
* We are working hard to ensure that our vaccine portfolio is resilient to new variants. This includes assessing the impact of new and future variants on the efficacy of the vaccines currently in our portfolio.
* There is currently no strong evidence that the existing vaccines will not work to a degree against new variants, particularly preventing serious illness and mortality. So the existing vaccine rollout is mission critical for tackling new variants.
* We will continue to monitor the picture with variants as it develops.

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

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

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

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

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

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

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

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

**MHRA announcement on fast tracking covid variant vaccines.** [Full press notice](https://www.gov.uk/government/news/modified-covid-19-vaccines-for-variants-to-be-fast-tracked-says-mhra-and-other-regulators)

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

**Should we be worried about the reports from Russia of the first case of H5N8 avian flu jumping from birds to Humans?**

* UK scientists are closely monitoring the situation, but at this stage there is no evidence that this poses a danger to the UK population.

**What is the UK doing to prevent future pandemics?**

* The UK is leading on a global approach to preventing future pandemics. The UK’s Five Point Plan sets out our ambitions for: a global network of zoonotic research hubs, increased research and development and manufacturing capacity for treatments and vaccines, improved horizon scanning and early warning systems, strengthened global protocols and guidance, and reduced trade barriers.

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

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

# **Vaccine efficacy, length of protection, impact on transmissibility, deaths prevented**

**New PHE analysis shows individuals who receive a single dose of the AstraZeneca vaccine have approximately 80% lower risk of death (10/05/2021)**

* The report also shows protection against death from the Pfizer-BioNTech vaccine rises from approximately 80% after one dose to 97% after 2 doses.
* Separate [new PHE analysis](https://khub.net/documents/135939561/430986542/Effectiveness%2Bof%2BBNT162b2%2BmRNA%2Band%2BChAdOx1%2Badenovirus%2Bvector%2BCOVID-19%2Bvaccines%2Bon%2Brisk%2Bof%2Bhospitalisation%2Bamong%2Bolder%2Badults%2Bin%2BEngland.pdf/9e18c525-dde6-5ee4-1537-91427798686b) also confirms the Pfizer-BioNTech vaccine is highly effective in reducing the risk of hospitalisation, especially in older ages.
* [Full statament](https://www.gov.uk/government/news/covid-19-vaccines-further-evidence-of-success)

**Observational study using national surveillance data in Israel: Two Pfizer Covid vaccine doses give over 95% protection (06/05/2021)**

* Two doses of the Pfizer/BioNTech vaccine have proved more than 95pc effective against infection, hospitalisation and death from Covid-19 in Israel, a country where the proportion of vaccinated people is the highest in the world, said researchers.
* One shot of this vaccine was partially effective, offering 58% protection against infection, 76pc against hospitalisation, and 77pc against death, the study found.
* The authors of the observational study said this showed the importance of people having the second vaccine injection, and demonstrated the power of vaccines to end the toll of coronavirus.

[See full study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900947-8)

**One dose of COVID-19 vaccine can cut household transmission by up to half (27/4/2021)**

* A new study by Public Health England (PHE) has shown that one dose of the COVID-19 vaccine reduces household transmission by up to half.
* Studies have already demonstrated that being vaccinated against COVID-19 significantly reduces your risk of being infected.
* This new research 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.

**Have vaccines stopped any deaths from happening?**

* COVID-19 vaccines have prevented 10,400 deaths in adults over the age of 60.
* From 8 December 2020 to the end of March 2021, over 15 million vaccine doses were given to adults aged 60 and over.
* PHE analysis compared the observed number of deaths with the number of deaths that would have been expected if the vaccine hadn’t been given during this time period.
* Using this method, PHE estimates that around 10,400 deaths were prevented to the end of March – 9,100 in those aged 80 and over, 1,200 in those aged 70 to 79 and 100 in those aged 60 to 69.
* Expected deaths with coronavirus (COVID-19) were estimated using real-world data on how effective the vaccines are at preventing death and vaccine uptake.

[Full statement announcing the research](https://www.gov.uk/government/news/covid-19-vaccines-have-prevented-10-400-deaths-in-older-adults)

**Do vaccines have an impact on infections?**

* Findings from the latest COVID-19 REACT-1 study show infections fell by approximately 60% from the last REACT study in February, with only 1 in 500 people infected.
* there were substantial falls in regional prevalence from February to March: in South East from 0.36% in February to 0.07% in March; London from 0.60% to 0.16%; East of England from 0.47% to 0.15%; East Midlands from 0.59% to 0.19%; and North West from 0.69% to 0.31%
* Data suggests infections have led to fewer deaths since December, which coincides with the vaccination rollout and ‘Stay at Home’ rules during this period
* Infections may have produced fewer hospitalisations and deaths since the start of widespread vaccination.
* Over 140,000 volunteers were tested in England between 11 to 30 March 2021 as part of one of the largest and most significant COVID-19 studies in the world, conducted by Imperial College London and Ipsos MORI and published 8/4/2021.

[Full press release.](https://www.gov.uk/government/news/findings-from-the-latest-covid-19-react-1-study-published)**Public Health England data (01/03/2021)** shows that both the Pfizer and Oxford-AstraZeneca vaccines are highly effective in reducing COVID-19 infections among older people aged 70 years and over. Since January, protection against symptomatic COVID, 4 weeks after the first dose, ranged between 57 and 61% for one dose of Pfizer and between 60 and 73% for the Oxford-AstraZeneca vaccine. In the over 80s, data suggest that a single dose of either vaccine is more than 80% effective at preventing hospitalisation, around 3 to 4 weeks after the jab. There is also evidence for the Pfizer vaccine, which suggests it leads to an 83% reduction in deaths from COVID-19. ([Full statement and data here](https://www.gov.uk/government/news/new-data-show-vaccines-reduce-severe-covid-19-in-older-adults)).

**Coronavirus infections vaccination study (29/03/2021)**
A single dose of either the Oxford-AstraZeneca or Pfizer vaccines gives residents of care homes substantial protection against SARS-CoV-2 infection after four weeks, according to new pre-print findings from the Vivaldi study led by UCL researchers. It found that a single vaccine dose was effective at preventing 56% of infections after four weeks, rising to 62% of infections after five weeks. [See full release](https://www.ucl.ac.uk/news/2021/mar/covid-19-vaccine-care-home-residents-gain-62-protection-one-dose)

**New study led by Sheffield and Oxford Universities finds that 99% of people have robust immune response against COVID-19 after one dose of Pfizer vaccine (26/03/2021).** [Full report.](https://www.gov.uk/government/news/new-study-finds-strong-immune-response-following-covid-19-vaccination)

**COVID-19 vaccines have prevented thousands of deaths in older adults, new data shows (25/03/2021):** Analysis carried out by Public Health England suggests that the COVID-19 vaccination programme prevented 6,100 deaths in England up to the end of February 2021. (25/03/21). [Full statement.](https://www.gov.uk/government/news/covid-19-vaccines-have-prevented-thousands-of-deaths-in-older-adults-new-data-shows)

**Speaking about the efficacy of the CV19 vaccine on people with cancer, a Department of Health and Social Care spokesperson said (11/03/2021):**

“We are focused on saving lives and the antibody response is only part of the protection provided by the vaccine.

“The independent Joint Committee on Vaccination and Immunisation, which advises government on vaccine use and prioritisation, regularly reviews data and evidence on vaccine efficacy and effectiveness.

“Over 22.8 million people have now received their first COVID-19 vaccine dose and everyone in priority groups 1-4, including those who are clinically extremely vulnerable, have been offered their first jab.”

**When will you know if the vaccines prevent transmission?**

* PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
* It is likely to be some time until we have sufficient data to provide a clear picture of how vaccination impacts on onward transmission.
* While the Pfizer and AstraZeneca vaccines provide protection to a vaccinated person from serious disease, we do not yet know if they prevent someone from passing on the virus to others.
* We have been consistently clear in our messaging that everyone must continue to follow the rules to protect the NHS and save lives, even after they have been vaccinated, remembering hands, face, space.

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

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

# **Vigilance, side effects and adverse incidents**

**Are there any side effects with Covid vaccines?**

* Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, lasting no longer than a week, and not everyone gets them. These may include:
	+ a sore arm where the needle went in
	+ feeling tired
	+ a headache
	+ feeling achy
	+ feeling or being sick
* The MHRA always considers side effects when assessing candidate vaccines for use.
* MHRA advice on blood clots resulting from the Oxford / AstraZeneca vaccine (07/04/2021)
	+ MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed.
	+ By 31 March 20.2 million doses of the COVID-19 Vaccine AstraZeneca had been given in the UK meaning the overall risk of these blood clots is approximately 4 people in a million who receive the vaccine
	+ The data suggest there is a slightly higher incidence reported in the younger adult age groups and the MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine.
	+ Vaccines are the best way to protect people from COVID-19 and have already saved thousands of lives. Everyone should continue to get their vaccination when asked to do so unless specifically advised otherwise.
	+ [Full statement](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)
	+ Update to JCVI advice to include all those under 40 to be given an alternative vaccine where possible (07.05.2021). [Full statement](https://www.gov.uk/government/news/jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40)
* For the Pfizer/BioNTech vaccine, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the over 43,000 people involved in trials.
* All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

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

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

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

* We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine.
* However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose.
* Standard clinical procedure advises that vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment
* This updated advice follows enhanced surveillance since the initial precautionary advice was issued, which has found no evidence of an increased risk of anaphylaxis in those with prior severe allergic reactions, other than to the vaccine and its ingredients.

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

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

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

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

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

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

**Is the COVID-19 vaccine part of the Vaccine Damage Payments Scheme? (added 19/4/2021)**

* The vaccine damage payments scheme (VDPS) covers all approved COVID-19 vaccines.
* There have been 32 applications relating to two vaccines currently being processed, with no payments made so far.
* Personal confidentiality regulations means we are unable to comment on individual cases.
* Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be authorised once it has met globally recognised standards of effectiveness, safety and quality by the medicine’s regulator, the MHRA.
* To be eligible for VDPS applicants will need to prove, on the balance of probabilities that the vaccination caused the disability and be assessed as being 60% disabled.
* The VDPS is not a compensation scheme. Rather, it provides a one-off, tax-free lump sum - currently £120,000 - for those suffering a severe disability as a result of a vaccine against a disease listed under the Vaccine Damage Payments Act.
* All claims must be filed within 6 years of receiving the vaccination in question. Time taken to assess a case varies depending on individual circumstances
* [A list of existing diseases included within VDPS eligibility](https://www.gov.uk/vaccine-damage-payment/eligibility)
* [Full information on the VDPS and COVID-19 vaccine can be found](https://www.gov.uk/vaccine-damage-payment/eligibility)

# **Vaccines as a condition of deployment**

**Everyone working in care homes to be fully vaccinated under new law to protect residents (16.06.2021):**

Care home residents will be better protected from death and serious illness, following confirmation people working in care homes will need to be fully vaccinated against COVID-19.

The new legislation means from October – subject to parliamentary approval and a subsequent 16-week grace period - anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have two doses of a COVID-19 vaccine unless they have a medical exemption.

It will apply to all workers employed directly by the care home or care home provider (on a full-time or part-time basis), those employed by an agency and deployed by the care home, and volunteers deployed in the care home.

Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

The responses to the consultation made a case for extending this policy beyond care homes to other settings where people vulnerable to COVID-19 receive care, such as domiciliary care and wider healthcare settings.

Based on this evidence, the government will launch a further public consultation in due course on whether or not to make COVID-19 and flu vaccination a condition of deployment in health and care settings. This is a complex issue and the government is looking for a wide range of perspectives from across the health and care sector about whether this should be introduced and how it could be implemented.

[Full press notice](https://www.gov.uk/government/news/everyone-working-in-care-homes-to-be-fully-vaccinated-under-new-law-to-protect-residents)

**Health and Social Care Secretary, Matt Hancock said:**

*“Vaccines save lives and while staff and residents in care homes have been prioritised and the majority are now vaccinated we need to do everything we can to keep reducing the risk.*

*“Through our consultation we have listened to the experiences and concerns of providers and people living and working in care homes to help shape our approach.*

*“We have a responsibility to do all we can to safeguard those receiving care including in the NHS and so will be consulting further on whether to extend to other health and social care workers.*

*“This is the right thing to do and a vitally important step to continue protecting care homes now and in the future. I’d urge anyone working in care homes to get their jab as soon as possible.”*

There will be exceptions for visiting family and friends, under 18s, emergency services and people undertaking urgent maintenance work.

Data from[Public Health England](https://www.gov.uk/government/news/vaccines-highly-effective-against-b-1-617-2-variant-after-2-doses) indicates the COVID-19 vaccination programme has so far prevented 14,000 deaths and around 42,000 hospitalisations in older people in England (up to 30 May).

The new regulations follow an extensive consultation with the social care sector, staff, residents and their families on the issue.

# **BAME uptake**

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

* COVID-19 vaccines are the best way to protect people from coronavirus and will save thousands of lives.
* DHSC and the NHS provide advice and information at every opportunity to those eligible, including how to get a vaccine and its benefits. Vaccines are only authorised for use if they have met the medicines regulator’s strict standards of safety, quality and effectiveness.
* We are working with faith and community leaders to increase vaccine uptake, holding regular meetings to discuss the best ways to provide advice and information to their communities
* Vaccination uptake varies, however, initial data suggests that uptake amongst people on lower incomes and ethnic minorities is lower than for other groups. Weekly statistics on people vaccinated by ethnicity is available here: (<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>)
* The NHS continues to improve the detail and regularity of the data supplied to local authorities. We aim to publish even more granular data on those vaccinated in due course. We take our transparency obligations very seriously and are working with our colleagues at PHE and NHS England to ensure our data reporting is as accurate and robust as possible.
* We recognise the importance of raising awareness of the benefits of vaccination within Black, Asian and minority ethnic (BAME) communities who are known to be more at risk from COVID-19. We have met with faith leaders and the Moral and Ethical Advisory Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about the benefits of the vaccine.
* We published [a vaccine uptake plan](https://www.gov.uk/government/publications/covid-19-vaccination-uptake-plan) on 13 February which outlines how we’re working with local communities to boost vaccine uptake.
* Our communications include information and advice via TV, radio and social media. This has been translated into 13 languages including Bengali, Chinese, Filipino, Gujarati, Hindi, Mirpur, Punjabi and Urdu. Print and online material, including interviews and practical advice has appeared in over 600 national, regional, local and specialist titles including BAME media for Asian, Bangladeshi, Bengali, Gujarati and Pakistani communities.
* The Government is expanding the community champions scheme so that communities have trusted local leaders who can help answer questions about the vaccine and work with the NHS and public health teams to support local communities. £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up.
* Recognising that accessibility can be a factor, the NHS is supporting the work of local vaccination services - such as a mobile facility for people who cannot leave their home - to ensure that people with either seen or unseen disabilities can access a vaccine safely and easily when it is their turn. It is also taking steps to promote vaccine uptake among those caring for some of the most vulnerable in our society, including health and social care staff, and continues to monitor how effective these measures are.

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

* [New vaccine update plan](https://www.gov.uk/government/publications/covid-19-vaccination-uptake-plan) published on 13 February to boost vaccine uptake in all communities, based upon local initiatives already in place that are successfully boosting uptake. The plan came ahead of 15 February target date to give all top 4 priority groups their first jabs.

**Working with BAME communities**

* Vaccines are the best way to protect people from coronavirus and will save thousands of lives. We want every eligible person to benefit from the offer of a free vaccine, no matter their ethnicity or religious beliefs.
* The Department of Health and the NHS are working closely with Black, Asian, and minority ethnic communities to support those receiving a vaccine and help anyone who may have questions about the vaccination process.
* As part of this we’re working with faith and community leaders to give them advice and information about the universal benefits of vaccination and how their communities can get a vaccine.
* We are investing a huge amount of time and effort to strengthen the partnership between central and local government and to bring communities closer together in this effort.
* The Government is expanding the community champions scheme so that communities have trusted local leaders who can help answer questions about the vaccine and work with the NHS and public health teams to support local communities.
* We are working with faith leaders, grassroots organisations representing our diverse communities and charities and have listened to their ideas about how we can protect our communities from coronavirus and get vaccines to as many people as possible
* £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up,
* Through the **Community Champions** **scheme** councils and voluntary organisations will deliver a wide range of measures to communicating accurate health information.
* The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people, and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19. Each of the sixty councils have developed their own plan to improve communications with these groups including helplines, school programmes, workplace engagement, phoning those in at risk groups as well as training sessions to help people provide information and advice.
* The Community Champions will tap into their local networks to provide advice about COVID-19 and the vaccines. Champions will also work with councils to identify barriers to accessing accurate information and to provide tailored support, such as phone calls for people who are digitally excluded, helplines, and linking to GP surgeries.

# **Working with businesses and the private sector**

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

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

# **Lockdown restrictions, tiering, COVID-Status certification review (so-called ‘vaccine passports’)**

**Are you introducing vaccine passports/ COVID certification?**

* The Government is reviewing whether COVID-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. [Original press notice](https://www.gov.uk/government/news/government-asks-for-views-on-covid-19-certification) (15/03/2021), [updated state of play](https://www.gov.uk/government/publications/covid-19-response-spring-2021-reviews-terms-of-reference/roadmap-reviews-update) (05/04/2021)

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

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

# **Vaccine Passports, International Travel**

**Demonstrating your COVID-19 vaccination status when travelling abroad (11/05/2021)**

* Demonstrating your COVID-19 vaccination status allows you to show others that you’ve had a full course of the COVID-19 vaccine when travelling abroad to some countries or territories.
* A full course is currently 2 doses of any approved vaccine.
* COVID-19 vaccination status is available to people who live in England.
* You can get your vaccination status in digital or paper format.
* The service will go live from Monday 17 May.
* [Further guidance on COVID-19 vaccination status](https://www.gov.uk/guidance/demonstrating-your-covid-19-vaccination-status-when-travelling-abroad)

**Will people be able to get a vaccine passport to travel? When will we see international vaccine certificates? Are plans ongoing despite overseas travel being banned?**

* We are exploring how sharing health data, including on tests and vaccines could allow safer international travel to resume. We continue to work closely with international partners on this and other issues relating to COVID-19 and international travel.

**Will those coming into the UK have to have a certificate - yes, or no?**

* At this stage, those coming into the UK will not be required to have a certificate. We will continue to use a range of testing, the new Managed Quarantine Service, and other measures to manage the risk posed by Variants of Concern.

**Will you have to have a vaccine to leave the UK?**

* At this stage, there are no plans in the UK for people to need certificates to leave the UK. There are restrictions on the reasons for which you can currently travel abroad. When people do need to travel, they should consider any entry requirements of their destination and consult Foreign Office Travel advice.

**How will we know that other countries’ vaccines are effective enough to enable travel?**

* All countries that have suffered, and now have access to vaccines will be keen to understand the impact of vaccination programmes. As the vaccination programmes progress we will have more data. We hope to have more signals about the UK vaccination programme effectiveness within a few weeks.

**Clinical trials**

**Human Challenge**

* Researchers call on healthy young people to volunteer for the study, which will play a key role in developing effective Covid-19 vaccines and treatments
* Up to 90 volunteers aged 18 - 30 years will be exposed to Covid-19 in a safe and controlled environment to increase understanding of how the virus affects people
* **Human Challenge Programme begins (08/03/2021)**
* The Human Challenge study (HCP) begins, with the volunteers entering quarantine at the Royal Free for a fortnight. They will be injected with the virus on Monday 8/3/2021.
* The doctors/scientists there will then closely monitor them over the fortnight to see how the symptoms develop, and they will be able to leave quarantine around 23 March. Over this time, the scientists will be establishing the smallest amount of virus needed to cause infection, which will give doctors greater understanding of COVID-19 and help support the pandemic response by aiding vaccine and treatment development.
* **A Department of Health and Social Care spokesperson said:** “The Human Challenge Programme will improve and accelerate the development of vaccines and treatments against COVID-19, and the first group of volunteers have now started the virus characterisation study at the Royal Free Hospital in London. These carefully selected adults will be exposed to the virus in a safe and controlled environment, with medics and scientists on hand to monitor and look after them 24 hours a day.”

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

**COVID-19 vaccine ingredients**

* A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found at point 2 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca).
* A full list of ingredients for the excipient composition of the vaccine can be found at point 6.1 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca).
* A full list of ingredients for the qualitative and quantitative composition of the vaccine and a full list of the excipient composition of the vaccine can be found at point 6 in the [Information for Recipients of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca).

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

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

**Do the vaccines contain foetal material?**

* No foetal material is present in the final vaccine; it is all removed during the manufacturing process.
* Some vaccines are made by growing cultures of the target virus (including modified viruses such as found in the AstraZeneca vaccine) in cells and so some vaccines can be grown in cell-lines derived from mammals, including humans. Such cell lines used to grow the virus are derived from a primary culture of cells from an organ of a single animal which has then been propagated repeatedly in the laboratory, often over many decades.
* The best-known human cell line is MRC5. These cells derive from a pregnancy that was terminated for medical reasons in 1966. This cell-line is used to grow viruses for vaccines against rubella, chickenpox and hepatitis A. Other foetal cell lines have been used for other vaccines, including influenza vaccine and some of the new COVID-19 vaccines.
* The HEK293 cell line which is used in the manufacture of the AstraZeneca vaccine was derived in Holland from a single aborted foetus in the early 1970s.
* The issues around the use of vaccines grown on foetal cell lines have been discussed within the Catholic church. In 2017, the Pontifical Academy for Life in Rome issued a statement that said: “We believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion.”<http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>
* The Catholic church re-confirmed this position in a statement in December 2020 clarifying the original statement as follows: “When ethically irreproachable Covid-19 vaccines are not available (e.g. in countries where vaccines without ethical problems are not made available to physicians and patients, or where their distribution is more difficult due to special storage and transport conditions, or when various types of vaccines are distributed in the same country but health authorities do not allow citizens to choose the vaccine with which to be inoculated) *it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted foetuses in their research and production process”.*

# **Pregnancy, childbirth, fertility**

**JCVI issues new advice on COVID-19 vaccination for pregnant women (16/04/2021)**

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group.

[Full release](https://www.gov.uk/government/news/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women)

* The advice is published in Public Health England’s [Green Book](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a), a clinical professional guide for vaccinators in the UK.
* There have been no specific safety concerns identified with any brand of COVID-19 vaccines in relation to pregnancy.
* Real-world data from the United States show that around 90,000[1] pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised.
* Based on these data, the JCVI advises that it is preferable for pregnant women in the UK to be offered the Pfizer-BioNTech or Moderna vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed.
* Data shows that vaccines are effective in protecting people from serious illness from COVID-19. Though uncommon, severe illness due to COVID-19 is more likely in later pregnancy. Pregnant women who do get symptomatic COVID-19 infection are 2 to 3 times more likely to give birth to their baby prematurely.
* Women who are planning pregnancy, are in the immediate postpartum, or are breastfeeding can be vaccinated with any vaccine, depending on their age and clinical risk group.
* The JCVI advised last week that, as a precaution, it is preferable for people under the age of 30 with no underlying health conditions to be offered an alternative to the AstraZeneca vaccine where possible.

**Can women who are trying to conceive have the vaccine?**

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

**Does the Covid-19 vaccine affect fertility?**

* There is no evidence that the vaccine affects fertility. The theory that immunity to the spike protein could lead to fertility problems is not supported by evidence. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.
* Read the latest advice from the Royal College of Obstetricians and Gynaecologists: <https://www.rcog.org.uk/covid-vaccine>
* The RCOG has prepared this [information sheet](https://www.rcog.org.uk/globalassets/documents/guidelines/2021-01-12-covid-19-vaccine-info-sheet.pdf) to help pregnant women who are eligible for and have been offered vaccination make an informed choice. Please also read the RCOG [Q&As on COVID-19 vaccination, pregnancy and breastfeeding](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/).
* Public Health England has produced [advice in a range of formats for pregnant, breastfeeding and women of childbearing age](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding).

# **Vaccine hesitancy, misinformation, disinformation**

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

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

**What is the government doing about the spread of disinformation?**

* False information about COVID-19 vaccines could cost lives.
* The Department of Health, NHS and PHE are providing information and advice at every possible opportunity for all those eligible for vaccination and anyone who has questions about COVID-19 vaccines.
* The Government’s Counter-Disinformation Unit, led by DCMS, works to tackle disinformation and misinformation relating to COVID-19.
* The Unit works closely with social media platforms to help them identify and take action to remove incorrect claims about coronavirus, and to promote authoritative advice and information.
* The Government published the Full Government Response to the Online Harms White Paper consultation in December 2020, which sets out new expectations on companies to keep their users safe online.
* The new laws will have robust and proportionate measures to deal with disinformation that could cause significant physical or psychological harm to an individual, such as false information about Covid-19 and COVID-19 vaccines.
* The Department for Digital, Culture, Media and Sport (DCMS) has [launched a new social media campaign](https://www.gov.uk/government/news/government-targets-false-vaccine-information-on-social-media) to tackle false vaccine information shared amongst ethnic minority communities. The campaign is fronted by trusted local community figures such as imams, pastors and clinicians in short, shareable videos which include simple tips on how to spot misinformation and what to do to stop its spread. The key message is to check before you share, signposting to [the NHS](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/) for the best source of information.

# **Community Champions scheme (updated 25/01/2021)**

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