

COVID-19 VACCINATION FREQUENTLY ASKED QUESTIONS

GENERAL QUESTIONS

Q Is the NHS confident the vaccines are safe?

A Yes. The NHS will not offer any COVID-19 vaccinations to the public until experts have signed off that it is safe to do so. The MHRA, the official UK regulator, have said these vaccines are safe and effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

Q How were the vaccines developed in what may have seemed to be such a rapid pace?

A Medicines, including vaccines, are highly regulated – and that is no different for the approved COVID-19 vaccine. There several reasons that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines;

1. The different phases of the clinical trial were delivered to overlap instead of running sequentially which sped up the clinical process;
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial;
3. Clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

Q Why is vaccination important?

A Vaccines prevent up to 3 million deaths worldwide every year. After clean water, vaccination is the most effective public health intervention in the world.

Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.

Q Why is it important to get your COVID-19 vaccination?

A If you're a frontline care worker, you are more likely to be exposed to COVID-19 at work. Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for. The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

Q How effective are the COVID-19 vaccines?

A The vaccines have been shown to be effective in studies of more than 20,000 people. The first dose of the COVID-19 vaccine will give you some protection from coronavirus disease, but you will need to have two doses of the vaccine to give you the best protection.

The COVID-19 vaccination will reduce the chance of you suffering from coronavirus disease. Like all medicines, no vaccine is completely effective, and it takes a few weeks for your body to build up protection from the vaccine.

Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.

This means it is important to continue to follow social distancing guidance and wear face coverings.

Q Will alternative medicines including vitamin and mineral supplements will protect against Covid-19?

A Several clinical trials have been carried out, into potential medicines that could protect against the Covid-19 virus. There is no evidence that vitamin and mineral supplements offer any protection.

Q People who have had Covid-19 and recovered, say they don't need the vaccine as they have anti-bodies.

A There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID19 antibody so people who have had COVID-19 disease (whether confirmed or suspected) can still receive COVID-19 vaccine.

Q The virus has mutated so what is the point of getting the vaccine?

A Current vaccines were designed around earlier versions of coronavirus, but scientists believe they should still work against the new variants. Vaccines

could be redesigned and tweaked to be a better match - in a matter of weeks or months, if necessary.

Q Claims that the vaccines from AstraZeneca and Oxford University contain lung tissues from an aborted foetus

A Neither vaccine contains any animal or human tissue.

Q Claims the vaccine would alter DNA, and “genetically modify” anyone who received it.

A There is no way that the vaccines can alter the DNA of anyone.

Q Younger people don’t die so they don’t believe they need the vaccine

A If you’re a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work. Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for. The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

There are thousands of people in hospital now who probably thought that COVID wouldn’t affect them much too – the average age of people in intensive care is 60 but more than 6,000 adults 20-59 have died of COVID19 including hundreds who were well beforehand with no underlying health issues.

Although the risk is higher with age and co-morbidities, anyone can catch the virus at any age. COVID can cause long-term complications and death.

Q Why is there a longer timeframe between the first and second doses?

A To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care advise that the second dose of both vaccines should be scheduled up to 12 weeks after the first.

The UK Chief Medical Officers have agreed a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection (the Green Book states that short term protection from day 10 after the first Pfizer/BioNTech vaccination is very high and has been estimated to be around 89% between days 15 and 21). This decision will allow us to get the maximum benefit for the most people in the shortest possible time and will help save lives.

Getting both doses remains important so we would urge people to return for it at the right time.

Q How long does the vaccine take to become effective?

A The COVID-19 vaccination will reduce the chance of you developing coronavirus infection. You may not be fully protected until at least seven days after your second dose of the vaccine.

Q Is it mandatory, and what happens if staff don't want the jab?

A There are no plans for a COVID-19 vaccine to be compulsory. Just as they do with the winter flu vaccine, health and care employers are working hard to ensure staff are able to get vaccinated, and that any concerns that staff have are answered. We are confident that most staff – as they do every year for the flu vaccine – will protect themselves and the people they support by getting the vaccine.

Q Are the vaccines vegan/vegetarian friendly?

A Neither vaccine has any ingredients from animals or humans.

Leaders from all the faiths have said that the vaccines are a good thing and people shouldn't hesitate to get them.

Q Will I only need the vaccination once in my lifetime or will I need it every year?

A At the moment we know that the vaccine provides good protection against developing disease from the virus. Unfortunately, we do not know how long this protection lasts for and research is ongoing to understand whether further doses of COVID-19 vaccine will be necessary in the future.

Q Is the vaccine effective against new COVID-19 variants?

A There is no evidence currently that the new strains will be resistant to the vaccine we have, so we are continuing to vaccinate people as normal. Scientists are looking in detail now at the characteristics of the virus in relation to the vaccine. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective.

CARE WORKERS

Q Why are care workers amongst the first groups to receive the vaccine?

A The Joint Committee on Vaccination and Immunisation (JCVI) has put patient-facing health and social care staff into a priority group because of their increased risk of exposure to the virus. In line with JCVI guidance, all frontline healthcare workers are now encouraged to book into the clinics via a personal email link that you will be sent – please check your email account.

The NHS is experienced in vaccinating hundreds of thousands of staff quickly and safely – we do it every year for the flu vaccine – and all local NHS organisations will be responsible for ensuring that 100% of eligible staff in health and social care can take it up over the coming weeks and months.

Q Am I eligible to have the vaccine?

A People who work in social care eligible for the Covid-19 vaccine if they are in a frontline role AND are supporting people who are clinically vulnerable to COVID. You will be asked to provide proof of your employment at your appointment.

Q Will care workers need to pay for the vaccine?

A No, the COVID-19 vaccination is only available through the NHS to eligible groups and it is a free vaccination.

PREGNANCY AND THE COVID 19 VACCINE.

Q Can I have the vaccine safely if I am pregnant or planning to become pregnant?

A 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.

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 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised.

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.

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 will continue to closely monitor the evidence on COVID-19 vaccination in pregnancy and will update its advice as required.

The advice, published in Public Health England's [Green Book](#), a clinical professional guide for vaccinators in the UK, still advises that pregnant women should discuss the risks and benefits of vaccination with their clinician, including the latest evidence on safety and which vaccines they should receive.

Q Is the COVID-19 vaccine safe if I'm trying to conceive?

A Women who are trying to become pregnant do not need to avoid pregnancy after vaccination. Getting vaccinated before pregnancy will help prevent COVID-19 infection and its serious consequences.

When the Pfizer/BioNTech vaccine was first approved, because it was a new medicine and had not been tested in pregnancy, the precautionary advice was to avoid becoming pregnant for 2 months after vaccination. The JCVI and MHRA have revised this advice.

Q If I get pregnant after the first dose, what do I do about the second dose?

A If you receive a dose of the vaccine before finding out you are pregnant, or unintentionally while you are pregnant, you should be reassured that it will not affect the vaccine's success and the available data does not indicate any evidence of harm to your baby.

You may complete vaccination during pregnancy if you are considered at high risk. Alternatively, vaccination can be offered as soon as possible after pregnancy. You can be referred to the obstetric service to help you decide whether to complete the vaccination course or to leave receiving the second dose until after completion of your pregnancy. The advice, published in Public Health England's Green Book, a clinical professional guide for vaccinators in the UK, still advises that pregnant women should discuss the risks and benefits of vaccination with their clinician, including the latest evidence on safety and which vaccines they should receive.

Q Is the vaccine safe for breastfeeding mothers?

A There is no data on the safety of COVID-19 vaccines in breastfeeding or on the breastfed infant. Despite this, COVID-19 vaccines are not thought to be a

risk to the breastfeeding infant, and the benefits of breast-feeding are well known.

Because of this, the JCVI has recommended that the vaccine can be received whilst breastfeeding. This is in line with recommendations in the US and from the World Health Organisation. More information is available from the Royal College of Obstetricians and Gynaecologists (RCOG) [here](#).

MINORITY ETHNIC GROUPS

Q Why are Minority Ethnic groups not being prioritised?

A There is clear evidence that certain minority ethnic groups have higher rates of infection, and higher rates of serious disease, morbidity and mortality.

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

Societal factors, such as occupation, household size, deprivation, and access to healthcare can increase susceptibility to COVID-19 and worsen outcomes following infection.

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

The advice is for NHS England and NHS Improvement, the Department of Health and Social Care, Public Health England and the devolved administrations to work together to ensure that inequalities are identified and addressed in implementation.

Q What is the evidence to show the vaccines are safe for Minority Ethnic communities?

A The phase three study of the Pfizer BioNTech COVID-19 vaccine demonstrated a vaccine efficacy of 95%, with consistent efficacy across age, gender, race and ethnicity. Overall, among the participants who received the COVID-19 vaccine 82% were White, 10% were Black or African American, 4.4% were Asian, 2.5% were Multiracial, 0.6% were Native American/Alaskan and race was not reported in 0.6%.

In the Oxford/AstraZeneca vaccine studies, 75.5% of participants were White, 3.5% were Asian, 10.1% were Black, 4.1% were Mixed and 6.6% were classed as Other. Over 12,000 people received at least one dose of vaccine.

Q Can I have the vaccine while fasting during Ramadan?

A Yes. Information from the British Islamic Medical Association (BIMA) states that taking the COVID-19 vaccine does not invalidate the fast, in the opinion of Islamic scholars. Individuals should not delay their vaccination on account of Ramadan.

Additional content from British Islamic Medical Association - <https://britishima.org/wp-content/uploads/2021/01/Haram.png>

Intramuscular injections for non-nutritional purposes whilst fasting do not invalidate the fast, regardless of the injected content entering the circulation.

Consider booking your vaccine in the morning, so you are not dehydrated when you receive the vaccine.

Q How should I deal with side effects if I am fasting?

A Usually, side effects to the vaccine are mild (see Side Effects section below) and are most likely to involve pain at the injection site, mild fever or aches. If you need symptom relief, paracetamol is recommended after you break your fast.

If you develop symptoms of COVID-19 infection, such as a cough or loss of taste or smell, you should break your fast or abstain from fasting, make sure you are drinking enough fluid, and seek medical advice, e.g. telephone NHS111. Remember: the vaccine can't cause COVID-19 infection.

If you are feeling unwell, but don't have symptoms of COVID-19 infection, you should break your fast or abstain from fasting if:

- You have an illness which worsens with fasting;
- Your recovery is delayed by fasting;
- You are worried that one of the above might happen

VACCINE PROCESS

Q Who will be giving me the vaccination?

A The vaccine will be given by a member of staff who has undergone specific training and has been assessed as competent in vaccine administration.

Q How many doses of the vaccine will be required and when?

A You are required to have two doses of the vaccine in order to provide full protection against COVID-19. In line with national recommendations the second dose may be given up to 12 weeks after your first dose. There must be a minimum of 21 days between the first and second vaccinations with the Pfizer/BioNTech vaccine and a minimum of 28 days between the first and second vaccinations with the Oxford/AstraZeneca vaccine.

Q Can I go back to work after having my vaccine?

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

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

Q Will I be given proof that I have had the vaccination, e.g. a “passport” or stamped form?

A A vaccine card will be given to you after having the vaccine, with the date you received it and which vaccine you were given. You need to keep this card in a safe place and take it with you when you attend for your second vaccination. No decision has been made by the government yet on vaccine passports.

Q What happens if a person has the first jab but not the second?

A The vaccines have been authorised based on two doses because the evidence from the clinical trials shows that this gives the maximum level of protection. The evidence doesn't show any risk to not having the second dose other than not being as well protected as you would be following two doses. We urge everyone to attend for both of their appointments for their own protection as well as to ensure we don't waste vaccines or the time of NHS staff.

SIDE EFFECTS

Q Are there any known or anticipated side effects?

A All vaccines can cause mild-side effects like soreness around injection site – this is a sign that the vaccine is working. But there is no way the Covid-19 vaccine can give you the illness, as it doesn't contain any live virus.

These vaccines have a good safety record – we wouldn't be able to give them if they didn't.

They were tested on thousands of people of different ages, ethnic backgrounds and with different health conditions before being approved and have now been given to 10 million people like you in England alone.

Some people do have side effects but in almost all cases these are really mild and go away within a day or two.

The MHRA have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the tens of thousands of people involved in trials. The vaccine has now been given safely to over 17 million people across the UK.

Very common side effects include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- feeling tired
- headache
- general aches, or mild flu like symptoms
- although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection

These symptoms normally last less than a week.

You can take the normal dose of paracetamol (follow the advice in the packaging) and rest to help you feel better. Do not exceed the normal dose.

Q Will the vaccine interact with any of my other medicines?

A There are no known interactions with the vaccine. Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important that you receive the vaccine.

Q Can I have the vaccine if I take an anticoagulant, e.g. warfarin or apixaban?

A Yes, you can. If you take warfarin, you must be up to date with your scheduled INR testing and your latest INR must be below the upper threshold of your recommended range. A fine needle (equal to 23 gauge or finer) will be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least two minutes. There is a small risk of haematoma (bruising within the muscle) from the injection.

Q What will happen if I have a serious reaction to the vaccination?

A Serious reactions to the vaccine are rare. If you are at risk of a serious reaction, you will be advised not to receive the vaccine. If you do have a serious reaction, such as anaphylaxis, staff in the vaccination centre are trained to treat you. A report will be sent to the Coronavirus Yellow Card Scheme in the event of a serious side effect occurring.

It is important that you tell staff in the vaccination centre if you have had anaphylaxis to a vaccine. This will minimise the risk of a serious reaction. If you have a serious reaction to the first dose of the vaccine, it may not be suitable for you to receive the second dose.

ELIGIBILITY – GENERAL QUERIES

Q Who cannot have the vaccine?

A People with history of a severe allergy to the ingredients of the vaccine should not be vaccinated.

A second dose of the vaccine should not be given to those who have experienced anaphylaxis to the first dose of vaccine.

The vaccine should not be given to anyone who has experienced anaphylaxis following exposure to any of the excipients in the vaccine. A list of excipients is provided in the patient information leaflet.

Note: The Pfizer/BioNTech COVID-19 vaccine contains polyethylene glycol (PEG), which is commonly found in medicines and also in household goods and cosmetics.

The Oxford/AstraZeneca vaccine contains polysorbate 80, which is commonly found in medicines; there may be cross-reactivity with PEG.

People that have a history of immediate-onset anaphylaxis to multiple classes of drugs or unexplained anaphylaxis should discuss suitability of vaccination with a clinician. See further questions below.

The MHRA have updated their guidance to say that pregnant women can have the vaccine but should discuss it with a clinician to ensure that the benefits outweigh any potential risks (see question below). Those who are breastfeeding can also now have the vaccine.

People who are suffering from a fever-type illness should also postpone having the vaccine until they have recovered. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation.

Q How soon after having COVID-19 infection can I receive the vaccine?

A Individuals with confirmed COVID-19 infection in the preceding 4 weeks should postpone vaccination until:

- clinical recovery and at least four weeks after onset of symptoms, or
- four weeks from the first PCR positive specimen in those who are asymptomatic.

Q What should I do if I have COVID-19 infection when my second dose is due?

A Individuals with confirmed COVID-19 infection should rebook their second dose of the vaccine when:

- they have made a clinical recovery, and at least four weeks after onset of symptoms, or
- four weeks from the first PCR positive specimen in those who are asymptomatic.

You don't need to start the course again if your second dose is delayed.

Q Should people who have already had COVID-19 get vaccinated?

A Yes, if they are in a priority group identified by JCVI. 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.

Q I am leaving my employment soon. What happens about the second dose of the COVID-19 that I have booked?

- A** Even if you have left the Trust, you will be able to return to the place you received your first dose, in order to receive your second dose of the vaccine. This is because you should receive the same brand of vaccine, where possible, and our supplies of second doses are linked to the first doses that have been given.

OTHER MEDICAL CONDITIONS

Q I am taking immunosuppressant medicine(s); can I have the vaccine?

- A** People who are immunosuppressed, due to disease or treatment, are extremely clinically vulnerable and should be vaccinated against COVID-19. There are no groups of potentially immunosuppressed patients that should be excluded from receiving the vaccine based on their treatment or disease alone. Some immunosuppressed people may have a suboptimal response to the vaccine and should therefore continue to avoid exposure unless they are advised otherwise by their doctor.

You should be aware that there is currently no evidence on response to vaccination in immunosuppressed people and no evidence upon which to give advice on the best time to vaccinate. Your specialist may advise you, based on their knowledge of your immune status, likely response to vaccination, and the risk of COVID-19 infection. Further information is available [here](#).

Q I am scheduled to start immunosuppressive therapy. When should I receive vaccination?

- A** Ideally you will receive the vaccine at least two weeks before you start immunosuppressive therapy, so that your immune system is better able to respond to the vaccine.

Where possible, it is preferable for the 2-dose vaccination schedule to be completed prior to starting immunosuppression. This would involve offering you the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose for Pfizer/BioNTech and Oxford/AstraZeneca vaccines, respectively).

Q I'm receiving chemotherapy. Can I have the vaccine?

- A** It is recommended that those receiving systemic anti-cancer therapy (i.e. by mouth or injection) should be considered for vaccination. Ideally, you will be vaccinated when your blood counts have best recovered, but not on the same day as chemotherapy. You should ideally have a platelet count of more than 20x10⁹/L to minimise the risk of bleeding at the vaccination site. Further

information is available [here](#).

Q I'm receiving steroids (by mouth or injection). Can I have the vaccine?

A It is safe to have the vaccine if you are on steroids but you may not have such a good immune response. In general, the following principles apply:

- Vaccination shouldn't be delayed if you are taking, have taken, or are soon to take steroids in any form.
- If you need additional steroids to control an inflammatory disease, this should take priority, as a flare of your condition may increase the risk from COVID-19 infection.
- It may be appropriate to delay a non-essential steroid injection, as part of a shared decision with your specialist, so you obtain a good response to the vaccine. Ideally, steroid injections should be deferred by 2 weeks after vaccination, to enable you to mount the best response to the vaccine. If you have been offered the vaccine and the prevalence of COVID-19 is high, the administration of the vaccine should be the priority.

Q Can I have the vaccine if I have a bleeding disorder, e.g. haemophilia?

A You must discuss with your haematologist whether it is appropriate for you to receive a 0.3ml intramuscular (IM) injection before booking. If you receive medication/treatment to reduce bleeding, for example treatment for haemophilia, vaccination can be scheduled shortly after you take the medication/treatment.

Q Can I have the vaccine if I have acute porphyria?

A The UK Porphyria Medicines Information Service and the National Acute Porphyria Service consultants consider the new COVID-19 vaccines to be safe for use in those with acute porphyria.

They recommend those living with porphyria choose to receive the vaccination when it is offered.

Q Can I have the vaccine if I have prolonged COVID-19 symptoms ("long COVID")?

A Yes, however, if you are seriously debilitated, still under active investigation, or have evidence of recent deterioration, deferral of vaccination may be considered.

Q **Can I have the vaccine if I have had recent surgery or am due to have surgery?**

A Public Health England's Immunisation Against Infectious Disease (the Green Book) states that recent or imminent elective surgery is NOT a reason to avoid routine immunisation.

Generally, minor illnesses without fever or entire body upset are not valid reasons to postpone immunisation. If you are very unwell (for example, after surgery), the vaccine may be postponed until you have fully recovered. This is so that signs and symptoms of illness are not confused with side effects to the vaccine

ALLERGIES

Q **Can I have the vaccine if I have a latex allergy?**

A Yes. The rubber stopper of each multidose vial of the Pfizer/BioNTech vaccine consists of bromobutyl. The rubber stopper of each multidose vial of the Oxford/ AstraZeneca vaccine consists of halobutyl. Neither stopper contains latex.

Most manufacturers of injectable products advise that they cannot guarantee that minute amounts of latex are not contained in raw materials obtained from their suppliers or the product has not come into contact with latex during the manufacturing process. However, in the context of information in The Green Book (chapter 6), which provides advice on managing vaccine choice in patients with severe (i.e. anaphylactic) allergy to latex, both vaccines can be considered not to contain latex.

Q **Can I have the Pfizer/BioNTech vaccine if I have anaphylaxis to bee/wasp venom?**

A Yes. Components of bee/wasp venom that cause an allergic reaction are not found in the Pfizer/BioNTech COVID-19 vaccine.

Q **Can I have the Pfizer/BioNTech vaccine if I have anaphylaxis to penicillins or foods, e.g. peanuts or sesame, etc?**

A Yes. Components of these substances that cause an allergic reaction are not found in the Pfizer/BioNTech COVID-19 vaccine. The vaccine does, however, contain polyethylene glycol (PEG). PEG is found in medicines and also in household goods and cosmetics; allergy to PEG is extremely rare. Please discuss any concerns you may have about allergies with staff in the vaccine clinic. You may be referred to the hospital allergy service.

Q **Can I have the Oxford/AstraZeneca vaccine if I have a history of anaphylaxis to penicillins or foods, e.g. peanuts, sesame, etc?**

A Yes. Components of these substances that cause an allergic reaction are not found in the Oxford/AstraZeneca COVID-19 vaccine. The vaccine does, however, contain polysorbate 80 (also known as Tween 80). Is found in medicines, such as tablets, creams, ointments and vaccines; allergy to polysorbate 80 is extremely rare. Please discuss any concerns you may have about allergies with staff in the vaccine clinic. You may be referred to the hospital allergy service.

Q **Can I have the vaccine if I have had an immediate allergic reaction to medicines known as 'biologics' (the name of the medicine ends with '.mab'), e.g. adalimumab, golimumab?**

A You should not be given either the Pfizer/BioNTech or the Oxford/AstraZeneca vaccine until you have been assessed by the hospital allergy service. Please discuss any concerns you may have about allergies with staff in the vaccine clinic who may refer you to the hospital allergy service.

Q **Can I have the Oxford/AstraZeneca vaccine if I have had anaphylaxis with a first dose of the Pfizer/BioNTech vaccine or vice versa?**

A Anyone who has anaphylaxis following the first dose of a COVID-19 vaccine will be referred to the hospital allergy service before receiving any further doses of COVID-19 vaccine.

Q **I had an allergic reaction WITHIN 2 HOURS of my first dose of COVID-19 vaccine. Should I receive the second dose?**

A Advice has been provided by the British Society for Allergy and Clinical Immunology (BSACI), as follows:

- If your reaction ONLY involved swelling or a rash close to the injection site, you can receive the 2nd dose of the same vaccine, but you should stay in the vaccination clinic for 30 minutes.

- If your reaction was anaphylaxis or included symptoms such as itchy skin rash or swelling of the lips or face, shortness of breath, confusion or fast heart rate, you will be referred to the hospital allergy service before receiving any further doses of COVID-19 vaccine.

Q I had an allergic reaction which started MORE THAN 2 HOURS after my first dose of COVID-19 vaccine. Should I receive the second dose?

A Advice has been provided by the British Society for Allergy and Clinical Immunology (BSACI), as follows:

- If your reaction was short-lived or got better after you took an antihistamine tablet, you can receive the 2nd dose of the same vaccine. You may wish to take a non-sedating antihistamine (e.g. cetirizine, loratadine, etc.), 30 minutes before vaccination.
- If your reaction needed medical attention, you will be referred to the hospital allergy service before receiving any further doses of COVID-19 vaccine.

Q I had a non-allergic reaction after my first dose of COVID-19 vaccine. Should I receive the second dose?

A Yes. Non-allergic reactions include vasovagal episodes (this occurs before, during or within minutes of vaccination and may include light-headedness, dizziness, heart rate slowing, and cold, clammy skin), and rashes that don't cause itching.

Q Can I have the Pfizer/BioNTech vaccine if I have a confirmed allergy to polyethylene glycol (PEG) or polysorbate 80?

A If you have a confirmed allergy to polyethylene glycol (PEG), you should not receive the Pfizer/BioNTech vaccine.

The Pfizer/BioNTech vaccine does not contain polysorbate 80. However, polysorbate 80 is quite similar in structure to PEG, therefore individuals with a confirmed polysorbate 80 allergy should discuss with an allergy specialist before receiving the vaccine. You will be referred to the hospital allergy service.

Q Can I have the Oxford/AstraZeneca vaccine if I have a confirmed allergy to polyethylene glycol (PEG) or polysorbate 80?

A PEG is not present in the Oxford/AstraZeneca vaccine. Public Health England's Immunisation Against Infectious Disease (the Green Book) advises that the Oxford/AstraZeneca vaccine is suitable in those with a PEG allergy.

Polysorbate 80 is an ingredient in the Oxford/AstraZeneca vaccine. If you have a confirmed allergy to polysorbate 80, you should not receive the vaccine.

Although polysorbate 80 is quite similar in structure to PEG, there are no reports of PEG allergic patients reacting to it, and therefore the Oxford/AstraZeneca vaccine is recommended as a suitable alternative.

Q I have multiple severe allergies and am not sure exactly what causes them. Should I have the vaccine?

A Please discuss any concerns you may have about allergies with your GP. You may be referred to the hospital allergy service.

The COVID-19 Vaccine and the Flu Vaccine

Q I have had my flu vaccine, do I need the COVID-19 vaccine as well?

A The flu vaccine does not protect you from COVID-19. As you are eligible for both vaccines you should have them both, but you should have at least 7 days between each vaccine. This is so that side effects can be attributed to the appropriate vaccine.

Q Will the COVID-19 vaccine protect me from flu?

A No, the COVID-19 vaccine will not protect you against the flu. If you have been offered a flu vaccine, please try to have this as soon as possible to help protect you, your family and patients from flu this winter.

Q I have not had the flu jab, can I have the COVID-19 vaccine?

A Yes but you are strongly encouraged to have your flu vaccine first. There should be a 7-day interval between the flu and COVID-19 vaccine. This is so that side effects can be attributed to the appropriate vaccine.

THE COVID – 19 VACCINE AND OTHER VACCINES

Q Can I have the COVID-19 vaccine if I have had another vaccine within the last 7 days?

A Yes. If you have had another vaccine, but haven't suffered any side effects, you can be given the COVID-19 vaccine. It is suggested that vaccines are

given at different times, so that side effects can be attributed to the appropriate vaccine.

Q Will I receive the COVID-19 vaccine if I come to the vaccination clinic just 3 days after receiving another vaccine?

A Yes if you haven't had any side effects to the other vaccine. If you are still suffering side effects to the other vaccine, you may be advised to wait another few days before being given the COVID-19 vaccine. This is so we can identify which vaccine is the cause of any side effects.

Q When should I book a booster dose of another vaccine around my COVID-19 vaccine?

A The timing of booster doses can be adjusted by a week or so either side of the date that they are due. Ideally, other vaccines will be given a week before or a week after the COVID-19 vaccine, so that any side effects can be attributed to the appropriate vaccine. They can be given closer apart if no side effects occur.

THIS IS A WEB VERSION OF THE FAQ. IF YOU WOULD LIKE ANY OF THE RESOURCES BELOW, PLEASE CONTACT Jayne.vincent@sefton.gov.uk

- Covid- 19 vaccine Programme Communications
- An 8-page guide for social care staff
- Vaccine Fact cards

Vaccine safety information in alternative languages

The following videos explaining the safety and effectiveness of vaccines have been filmed in alternative languages and shared by [Liverpool University Hospitals NHS Foundation Trust](#).

[Click here](#) to watch in Arabic.

[Click here](#) to watch in Chinese.

[Click here](#) to watch in Nepali.

[Click here](#) to watch in Nigerian (Yoruba).

[Click here](#) to watch in Polish (part 1).

[Click here](#) to watch in Polish (part 2).

[Click here](#) to watch in Romanian.

[Click here](#) to watch in Pashto.

[Click here](#) to watch in Farsi/Dari.

