

COVID-19 Vaccination Question and Answers

11 January 2021

This Q&A document will be updated regularly

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A) General information for residents of Cheshire

Who is getting the vaccine?

The NHS is planning to vaccinate everyone in the top four priority groups identified by the Joint Committee of Vaccination and Immunisation (JCVI) – including older care home residents and staff, everyone over 70, all frontline NHS and care staff and all those who are clinically extremely vulnerable by the middle of February 2021.

[You can read more about the latest JCVI advice here](#)

When will I get my vaccine?

The NHS is planning to vaccinate everyone in the top four priority groups identified by the JCVI by the middle of February 2021.

Details of these priority groups in priority order can be [seen here](#).

How can I get my vaccine?

We will contact people in the priority groups when it is their turn to receive the vaccine.

When it is the right time people will receive an invitation to come forward. For most people this will be in the form of a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number.

Please do not contact the NHS to seek a vaccine before then. When you are invited for a vaccine, please act on your invite and make sure you attend appointments when you arrange them.

Where are you offering vaccines in Cheshire?

Hospital vaccination hubs are in place at the Countess of Chester Hospital, Leighton Hospital and Macclesfield Hospital and GP-led vaccination services are up-and-running in the locations listed on the next page.

More sites will be up and running over the next few weeks.

Please do not attend any vaccination site seeking a vaccination without an appointment and do not contact your local hospital, GP practice or council to seek a COVID-19 vaccine appointment – appointments cannot be made in this way.

GP-led vaccination services that are currently are up-and-running in Cheshire:

- Dene Drive Primary Care Centre, Dene Drive, Winsford, CW7 1AT
- Frodsham Leisure Centre, Princeway, Frodsham, WA6 6RX
- Waters Green Medical Centre, Sunderland Street, Macclesfield, Cheshire, SK11 6JL
- City Walls Medical Centre, St Martins Way, Chester, CH1 2NR
- Neston Medical Centre, Liverpool Road, Neston, CH64 3RA
- Cheshire View, Plough Lane, Christleton, Chester, CH3 7PT
- Dental Suite in Eagle Bridge Health & Wellbeing Centre, Dunwoody Way, Crewe, CW1 3AW
- Kingsmead Medical Centre, 2 Kingsmead Square, Regency Way, Northwich, CW9 8UW
- Apollo Buckingham Health Sciences Campus Ltd, Library Building Crewe Campus
- Nantwich Civic Hall, 4 Market Street, Nantwich
- The 13 Club, Cedars Avenue, Alsager, Stoke on Trent, ST7 2PH
- Wilmslow Health Centre, Chapel Lane, Wilmslow, Cheshire, SK9 5HX
- Congleton Town Hall, 7 High St, Congleton, CW12 1BN
- Knutsford District and Community Hospital, Bexton Road, Knutsford, WA16 0BT

I want to be able to support the vaccination programme, how do I do this?

In Cheshire you can register on [The Cheshire Vaccination Bank](#). This programme coordinates the recruiting of additional clinical and administrative professionals, and clinical volunteers, to support the programme.

B) Health and Care staff in Cheshire

I work in health and care, am I eligible for the vaccine?

[Chapter 14a of the COVID Green Book](#) gives us a definition as to which health and social care staff are deemed as frontline

The objective for vaccination of frontline NHS and care staff is to protect workers at high risk of exposure who provide care to vulnerable individuals.

When will I get my vaccine?

The NHS is planning to ensure that everyone in the top four priority groups identified by the Joint Committee of Vaccine and Immunisation (JCVI) – including all frontline NHS and care staff – are offered their first vaccination by the middle of February.

How will I get my vaccine?

Together we're working to coordinate our approach to vaccinating frontline NHS and care staff and are aiming to offer access to first vaccinations to all staff who meet the criteria by the 14th of February 2021.

Where will I get my vaccine?

We are working to co-ordinate capacity so that all within the priority groups 1-4 can receive their vaccination as soon as possible. We are working with the following vaccination centres to do this:

Countess of Cheshire NHS Foundation Trust
Mid Cheshire Hospitals NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
East Cheshire Hospitals NHS Trust
3 Community Pharmacy sites
18 Primary Care Network (GP Led Vaccination Service) site

C) When will the vaccines be delivered?

AstraZeneca/Oxford

The UK was the first country in the world to procure and authorise the Oxford vaccine, and we were the first country in the world to start a vaccination programme with it this week.

The Oxford vaccine is a British success story – it has had UK government backing throughout.

We already have 530,000 quality checked doses available to the UK from Monday, with more available this month and tens of millions by the end of Quarter one of 2021.

The first Oxford/AstraZeneca vaccinations will be delivered at hospitals for the first few days, as is standard practice, before the bulk of supplies are sent to hundreds of GP-led services and care homes in the week commencing 4 January 2021

Pfizer

The UK was the first country in the world to start a vaccination programme using the Pfizer/BioNTech vaccine and because of our swift and decisive action there has been a regular and steady supply of vaccine doses arriving into the UK since early December.

We have sufficient doses to maintain our vaccination programme as it continues to accelerate and are working closely with Pfizer to ensure vaccines keep arriving into the UK.

More than a million people in the UK have already been vaccinated with the Pfizer/BioNTech vaccine and its roll out will continue at pace.

D) Information about the vaccine

When will you know if the vaccines prevent transmission?

Public Health England (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.

How long will the vaccines protect people for?

Public Health England will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.

It is likely to be some time until we have sufficient data to provide a clear picture of how long the protective effect of vaccination lasts.

Are there any side effects?

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

These are important details which the Medicines and Healthcare products Regulation Authority (MHRA) always consider when assessing candidate vaccines for use.

For the Pfizer/BioNTech vaccine, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the over 43,000 people involved in trials.

All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

If there are any significant medical incidents, could rollout be halted?

Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved 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.

Once a vaccine has been rolled out, Public Health England will continue to closely monitor safety data. In the rare instance of a medical incident, Department of Health and Social Care will review the available data.

The government are clear that all vaccines being rolled out must continue to meet high standards of safety and efficacy.

D) Information about the vaccine - 2

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 (JCVI). This will take into account individual vaccine characteristics, which may mean they are more suitable for some groups of people, and not others – for example, some may be less well tolerated or effective in certain age groups.

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

No. Any vaccines that are available will have been approved because they pass the Medicines and Healthcare products Regulation Authority's (MHRA) tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from coronavirus.

The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. Now authorised, the AstraZeneca/Oxford vaccine will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.

The Government's Vaccine Taskforce keeps its approach under review, ensuring the UK is in the strongest position to protect people. The science is uncertain about how mixing vaccines could produce a better immune response, so trials and testing will continue to assess and test vaccine responses.

E) Changes to dose interval

What has changed to make 12 weeks safe for the dose interval when it wasn't initially?

Throughout this global pandemic we have always been guided by the latest scientific advice. Having studied evidence on both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines the Joint Committee on Vaccines and Immunisation (JCVI) has advised that we should prioritise giving as many people in at-risk groups their first dose, rather than providing two doses in as short a time as possible.

The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services

This is because the evidence shows that one dose of either vaccine provides a high level of protection from Covid-19.

The NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. Everyone will still receive their second dose and this will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.

The JCVI's independent advice is that this approach will maximise the benefits of both vaccines allowing the NHS to help the greatest number of people in the shortest possible time. It will ensure that more at-risk people are able to get meaningful protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.

Are you changing the interval because we don't have enough vaccine?

No. The decision to update the dosing interval is based on advice from the Joint Committee on Vaccine and Immunisation (JCVI) and Medicines and Healthcare products Regulation Authority (MHRA) and is designed to maximise the impact of the programme and save lives.

Should both vaccines be given in two doses?

The Medicines and Healthcare products Regulation Authority (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 European Medicines Agency (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.

E) Changes to dose interval - 2

Does one dose of the vaccine offer protection?

The Joint Committee on Vaccines and Immunisation (JCVI) has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority. This is because one dose of the vaccine offers important protection and we want to reach as many at risk people as possible in order to offer protection until the second dose can be administered.

They have advised that the second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between 4 to 12 weeks following the first dose. The clinical risk priority order for deployment of the vaccines remains unchanged and applies to both vaccines. Both are very effective vaccines.

Why are you prioritising the first dose?

The Joint Committee on Vaccines and Immunisation (JCVI) has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.

The four UK Chief Medical Officers agree with JCVI that at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.

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

Yes. The updating of the dosing interval is not a safety issue but is designed to maximise the impact of the vaccination programme, as advised by the Joint Committee on Vaccines and Immunisation (JCVI).

F) How are the vaccines going to be administered?

Who is going to be administering these vaccines?

Recruitment of workforce has focused on those who already have experience in handling vaccinations but may currently work outside of NHS settings, for example, independent nurses or allied health care professionals.

In Cheshire you can register on [The Cheshire Vaccination Bank](#). This programme coordinates the recruiting of additional clinical and administrative professionals, and clinical volunteers, to support the programme.

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

Will vaccinations be available across the UK?

Vaccination will be managed by the health services in each nation: NHS England and NHS Improvement, NHS Wales, NHS Scotland, and Health and Social Care Northern Ireland. The UK government is working closely with the Devolved Administrations to ensure an aligned approach to COVID-19 vaccine deployment across the UK.

The vaccine will be available for free across the UK. We have procured vaccines on behalf of all parts of the country. And the Government is working with the devolved administrations to ensure it is deployed fairly across the UK.

Who is paying?

The UK government has agreed to buy these vaccines on behalf of the Devolved Administrations, Crown Dependencies and Overseas Territories at no charge.

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

The UK government has secured early access to 357 million vaccine doses through agreements with seven separate vaccine developers, giving the UK the best chance of securing a safe and effective vaccine at the quickest speed.

The vaccines are available from the NHS - for free – to everyone who would benefit, starting with those most at risk.

G) Prioritisation



Cheshire

Clinical Commissioning Group

The full prioritisation list can be found [here](#)

How many people need to receive the Covid-19 vaccine in the Joint Committee on Vaccine and Immunisation's (JCVI) first phase?

The Joint Committee on Vaccines and Immunisation (JCVI) recommendations of vaccination by age and risk factors is estimated to cover over 25 million people in phase 1.

The vaccination of the top two cohorts is estimated to cover over 6 million people.

Why have some areas received the vaccine before others?

This is the biggest vaccination programme the NHS has ever undertaken and it has been planned on a phased roll-out. You may know others who have been invited for their vaccination already, however, not all areas could start vaccinating at the same time, so not everyone has been contacted yet, but we will get to you. It is a huge challenge and we are working hard to overcome any logistical issues as they may arise. So, the exact roll-out of the programme will be largely shaped by the vaccine supply from the manufacturers.

Why aren't BAME groups being prioritised?

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

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

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

Tailored local implementation to promote good vaccine coverage in Black, Asian and minority ethnic groups will be the most important factor within a vaccine programme in reducing health inequalities in these groups.

The NHS will provide advice and information at every possible opportunity, including working closely with BAME communities, to support those receiving a vaccine and to anyone who has questions about the vaccination process.

Throughout the pandemic, we have prioritised protecting the most vulnerable in our society and have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

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H) Is anyone exempt from having the vaccine?

Why is vaccination not recommended for children?

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

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

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

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

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

The Joint Committee on Vaccines and Immunisation (JCVI) has amended its previous precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding.

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

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

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