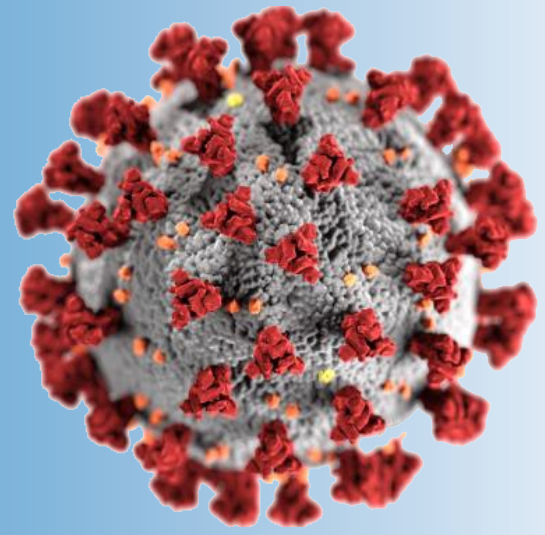


January 2021



Coronavirus Vaccination

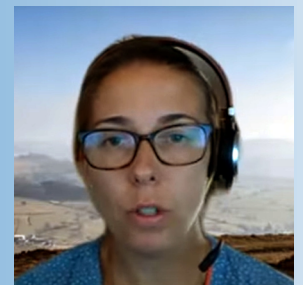
Your questions answered



Dr Catherine Beanland
Portcullis Surgery



Dr Caron Morton
Station Drive Surgery



Rachel Robinson
Shropshire Director
of Public Health



Andy Boddington
Shropshire Councillor
Ludlow North



Tracey Huffer
Shropshire Councillor
Ludlow East



ENGLAND LOCKDOWN

STAY AT HOME

**THE NEW STRAIN OF CORONAVIRUS IS SPREADING FAST.
WE ALL NEED TO PLAY OUR PART TO STOP THE SPREAD.**

▶ LEAVING HOME

You must not leave, or be outside of your home or garden, except for a very limited set of exemptions e.g. to shop for basic necessities, exercise, go to work if you cannot do so from home, or to escape risk of harm.

▶ MEETING OTHERS

You cannot leave your home to meet socially with anyone, except with your household or support bubble (if eligible to form one). Stay 2 metres apart from anyone not in your household or support bubble.

▶ EXERCISE

You may exercise on your own, with your household or support bubble, or with one person from another household (when on your own). Stay 2 metres apart from anyone not in your household or support bubble.

▶ BARS, PUBS AND RESTAURANTS

Hospitality closed aside from sales by takeaway (until 11pm), click-and-collect, drive-through or delivery. Alcohol cannot be purchased through takeaway or click-and-collect from hospitality venues.

▶ RETAIL

Essential shops can open. Non-essential retail must close and can only run click-and-collect and delivery.

▶ WORK AND BUSINESS

Everyone must work from home unless they are unable to do so.

▶ EDUCATION

Early years settings open. Primary and secondary schools and colleges move to remote provision except for vulnerable children and children of critical workers. Most university students to move to remote learning.

▶ LEISURE AND SPORTING FACILITIES

Closed, with limited exceptions.

▶ ACCOMMODATION

Closed, with limited exceptions.

▶ PERSONAL CARE

Closed.

▶ ENTERTAINMENT

Closed.

▶ OVERNIGHT STAYS

You must not stay overnight away from home. Limited exceptions apply e.g. to stay with your support bubble.

▶ WEDDINGS AND FUNERALS

Funerals of up to 30 people permitted. Weddings up to 6 people permitted in exceptional circumstances. Wakes and other linked ceremonial events of up to 6 permitted.

▶ PLACES OF WORSHIP

Places of worship can remain open and communal worship is permitted, but you must not mix with those outside your household or support bubble.

▶ TRAVELLING

You must stay at home. If you do leave home for a very limited set of exemptions, you should stay local in the village, town, or part of the city where you live where possible. Do not travel abroad unless an exemption applies.

▶ CLINICALLY EXTREMELY VULNERABLE

Shielding reintroduced across England. You should not travel to work, school, college or university and should limit the time you spend outside the home. You should only go out for medical appointments, exercise or if it is essential.

▶ CARE HOME VISITS

Visits can take place with arrangements such as substantial screens, visiting pods, or behind windows. Close-contact indoor visits are not allowed. No visits will be permitted in the event of an outbreak but end of life visits are permitted in all circumstances.

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES

For more information go to:
[gov.uk/coronavirus](https://www.gov.uk/coronavirus)

Your Questions Answered

We all have many questions about vaccination. In early January, we asked for people to submit their questions to an expert panel. We received around 100 responses which we condensed into 18 questions. We would like to thank the expert panel for answering these questions at a time when they are working flat out to protect people not just from Covid-19, but also from other health problems, including those that peak at this time of the year.

Andy Boddington and Tracey Huffer, Shropshire Councillors for Ludlow North and East

The Expert Panel

- **Dr Catherine Beanland**, Portcullis Surgery
- **Dr Caron Morton**, Station Drive Surgery
- **Rachel Robinson**, Director of Public Health for Shropshire.

This article is based in information available on 11 January 2021. Information about Covid-19 and the rollout of the vaccination programme is changing daily.

(1) The Virus and the Vaccine

Q1a. Can you tell us about virus?

SARS-Cov-2 is the virus that causes the disease Covid-19. Viruses cannot exist independently of their host. In the case of SARS-Cov-2, the main host is humans, though it is also known to exist in several animal species. The virus has a spike protein on its surface which is how it attaches itself to its host. In this article, we refer to the virus and disease as Covid-19.

Covid-19 is not like the flu. It is more contagious, more deadly and is still spreading fast across a world where no-one was immune. In only 10 months, the virus has infected over 78 million people worldwide, killing 1.7 million. Covid-19 patients require intensive care in hospital at a rate six times greater than during the 2009 flu pandemic. Many survivors are faced with long-term health impacts. On 8 January 2021, the Office of National Statistics reported that one in fifty people in the UK currently have Covid-19.

Q1b. Can you tell us about vaccines?

There are two vaccines currently being used in the UK. They are designed differently but the result is the same.

The Pfizer/BioNTech vaccine is a Messenger RNA (mRNA) vaccine that instructs cells to make a protein that triggers an immune response to protect against the virus.

The Oxford/AstraZeneca is made from a weakened version of a common cold virus modified to look more like coronavirus, again triggering an immune response. For brevity, we follow common practice and refer to these as the Pfizer and Oxford vaccines.

A third vaccine developed by Moderna was approved for UK use on 8 January 2021. It will be available in the spring and is not discussed here.

You will encounter some acronyms in this document. Vaccines in the UK are approved by the Medicines and Healthcare products Regulatory Agency (MHRA), an executive agency of the Department of Health and Social Care. The Clinical Commissioning Group (CCG) is responsible for most health care provision in Shropshire and Telford & Wrekin. In southwest Shropshire, our GPs are grouped into a Primary Care Network (PCN).

Q3. Is the new variant of Covid-19 here in Shropshire and, if so, what impact will it have?

We do not yet have laboratory confirmation of the variant being present in Shropshire. We do, however, know that it is within the West Midlands. We need to assume it is highly likely that we have the variant within Shropshire and Telford & Wrekin given the recent rapid rise in cases. This variant is as much as 70% more transmissible than other strains and is now the most common form of the virus nationally. The methods to control the virus remain the same. Hands, face, space.

Scientists have confirmed the Pfizer is effective against this new variant. The Oxford vaccine is also likely to be effective.



HANDS



FACE



SPACE

Q3. Vaccine development and testing usually happens over several years. What is the evidence that these vaccines are absolutely safe to vulnerable people including pregnant women?

The testing has been thorough and all the safety and efficacy tests have been passed. Both vaccines have been through all three safety phases (as with any other vaccine or approved medicine) in their trials. Both have shown good effect against Covid-19 infection in Phase 1 to Phase 3 trials. After Phase 3, a vaccine will be licensed by the MHRA if it meets strict safety criteria and monitoring will continue.

These trials usually take years. But during the coronavirus epidemic, organisations and teams across the world have worked openly and closely together. Academic scientists have been freed from the pressures of applying for grants. Parallel workstreams have worked on creating, testing and trialling vaccine. Tens of thousands of people volunteered for the trials, meaning that the Covid-19 vaccines have been tested on more people than many earlier vaccines.

Huge financial, human and laboratory resources have been made available to greatly reduce the length of time from vaccine creation to manufacture. The legal side of licensing a vaccine, patenting it and beginning vaccination has been fast-tracked but not at the expense of the safety and effectiveness of the vaccine. Regulatory approval by the MHRA has worked in parallel with vaccine development instead of beginning towards the end of the development process.

Specific trials in pregnant women of the two Covid-19 vaccines have not been conducted but there is no known risk. The vaccines cannot cause infection in the mother or developing baby. If you have had the vaccine, the advice is to avoid pregnancy for two months. If you find out you are pregnant shortly after a dose of vaccine do not be alarmed. If you still need a second dose this should be postponed until after delivery. You should consult your GP if you have concerns.

Q4. Does it matter if young people catch Covid-19?

Yes. Children are highly sociable and can spread the disease to vulnerable people even when the child is asymptomatic. Some young and healthy people believe they are not at risk of becoming ill from Covid-19. That's not the case. Although fewer young people become seriously ill with Covid-19 than older age groups, when they do become ill, they can suffer long-term damage to organs, including the heart and lungs.

(2) Vaccination Basics

Q5. If we are given the first dose with one vaccine and the second with the other, how might this alter its effectiveness?

The preferred option is that people have the same vaccine for both doses. Due to supply constraints this may not always be possible. The Pfizer and Oxford vaccines both result in a specific part of the virus (known as the spike protein) being recognised by your immune system, triggering antibodies and developing immunity. Further research into this is already underway but you are still likely to produce a good immune response even if the second dose of vaccine is different from the first.

Q6. Why is the second dose being delayed and do we have to have it?

Like all viruses, the coronavirus will not disappear although, in time, populations will become more immune to it. The imperative is to get as many people vaccinated as possible. A single dose offers a high level of immunity though not as high as two doses. Covid-19 is a highly transmissible disease and the priority is to give as many people as much immunity we can as quickly as we can.

The second dose is essential to ensure that we achieve maximum immunity as quickly as possible. We know that a high proportion of patients develop adequate immunity after the first dose, some develop a moderate immunity and a small proportion a low immunity. The second dose acts as a booster for those with good immunity and ensures the two other smaller groups have suitable immunity.

The current advice is that a second vaccination should be administered approximately 12 weeks after the first jab.



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Q7. Why are individuals not first screened for pre-existing immunity with an antibody test before being offered the vaccine? Should people who have had Covid-19 still have a vaccination?

The benefits of having the vaccine outweigh the need to screen. Not all tests give the correct result and we do not yet know for how long the vaccines will give immunity. The additional resources that would be required for mass screening would detract from the pressing need for vaccination.

Covid-19 vaccination will be offered to you regardless of whether you have already had a Covid-19 infection. The trials of the vaccines have not revealed any safety issues with people who have had Covid-19 receiving the vaccine.

Q8. Must I have a vaccination if it is offered, especially if everyone else I know is vaccinated?

Vaccination is not compulsory. Vaccination protects both you and those around you, reducing the spread of the virus. When enough people are vaccinated it will create 'herd immunity' protecting those people who cannot get vaccinated, for example because they are too young or have a health condition. By remaining unvaccinated, you increase the possibility of contacting Covid-19, getting sick yourself, perhaps seriously so and spreading it to others. That will increase pressure on health services.

Q9. What are the risks or restrictions for people who have significant allergies or a fever?

Anyone who has had a severe allergic reaction which has required hospitalisation or has had to use adrenalin to counter an allergic reaction should discuss having the vaccine with their GP or pharmacist before attending their vaccination appointment. Those with penicillin allergies can have the vaccine.

A mild fever or infection, such as a cold, are not reasons to delay vaccination. Ring 111 if your temperature is 37.8°C or greater and do not leave your home.

Q10. I have an autoimmune condition. I am taking immunosuppressants. Can I still be vaccinated?

Neither vaccine is a live vaccine. This makes it safe for patients who are immunocompromised, including those on high dose steroids, disease modifying and biologic therapies such as methotrexate and rituximab, anyone with haematological malignancy, anyone undergoing chemotherapy or radiotherapy and transplant recipients. There is a possibility that the vaccine may not stimulate as strong an antibody response in immunosuppressed people but this is expected to still be better than not having been vaccinated. National guidance specifically identifies immunosuppressed people as a priority clinical risk group that should receive the immunisation.

Q11. What are the side effects of vaccination?

Some people will suffer side effects as the vaccine prepares the body to fight the disease. A sore arm and a light fever are common and some people may have flu-like symptoms. Fatigue and headaches are also known side effects. In a small number of people, these side effects may interfere with daily activities. These side effects only last for 48 hours at the most. Should they last longer, contact 111 for advice.

Serious side effects are extremely rare.

Local experience with the Pfizer vaccine suggests side effects are minor and mostly limited to a sore arm and light fever.



Looking after your
Mental Health
during COVID-19

 Shropshire Council

<http://bit.ly/shropcovidmh>



(3) Vaccination Delivery

Q12. Where will we get vaccinated?

GP surgeries will be participating in the vaccination rollout. They will also provide clinical care to their patients as usual but may reduce routine clinical care at times to accommodate for vaccine delivery. Depending on their capacity and on the contract their PCN has signed, they will be vaccinating in care homes, on home visits and helping ensure vaccination of each age group cohort is achieved in our area. Many pharmacies are also expected to deliver vaccinations.

Vaccinations will be also given at the following locations. It is anticipated that all will be operational before the end of January.

Vaccination Centres:

- Telford
- Shrewsbury (RSH) – currently operational

Local Vaccination Services:

- Ludlow
- Bridgnorth – currently operational
- Whitchurch
- Market Drayton
- Oswestry (RJAH) – currently operational.

Other locations are being considered. The ambitions are to provide a vaccination site within 40 minutes travel time for everyone nationally and a shorter travel time in Shropshire. Arrangements for transport for those without a vehicle are being examined. If you are housebound or at risk from travel, a home visit will be provided.

Vaccination takes place in a pod – a booth – and each centre will have several pods. Larger sites such as at Telford will have 16 pods. A single pod will on average vaccinate 300 people a day, allowing for time to manage patients, vaccinate and monitor them for 15 minutes.

Q13. What are the priorities for vaccination?

Vaccination in Shropshire will follow the [national priority list](#). This has nine cohorts beginning with people in care homes and ending with people aged 50 and above.

Cohort 1. Residents in a care home for older adults and their carers.

Cohort 2. All those 80 years of age and over and frontline health and social care workers.

Cohort 3. All those 75 years of age and over.

Cohort 4. All those 70 years of age and over and clinically extremely vulnerable individuals.

Cohort 5. All those 65 years of age and over.

Cohort 6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality.

Cohort 7. All those 60 years of age and over.

Cohort 8. All those 55 years of age and over.

Cohort 9. All those 50 years of age and over.

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

Q14. When will I get vaccinated and why are other areas getting vaccinations first?

Every CCG area had to pilot one hospital and one community site. For Telford and Wrekin, these were the Royal Shrewsbury Hospital and Bridgnorth. The pilots were successful and provided lessons that will be used in the rollout of vaccination across the county which will be led by the CCG in some areas and in others by the local PCN.

Vaccination of Cohort 1 (care homes) and Cohort 2 (over eighties and front line health workers) is currently underway across the county. Vaccination is to begin in GP surgeries and a vaccination centre at Ludlow Racecourse will be set up in early February.

Currently, more than 10,000 vaccinations have taken place across Shropshire. The rate of delivery is being increased daily.

The current target for Shropshire, including Telford and Wrekin, is 15,000 vaccinations a week in January, 25,000 a week in February and 36,000 a week in March. The government's aim is to vaccinate Cohorts 1 to 4 by mid February.



HANDS



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Q15. How will I be contacted when my vaccination is due?

A combination of letters, telephone calls and texts will be used. Recall systems will ensure you are followed up if you don't attend. If you attend your first appointment you will protect yourself earlier and help build up community immunity to Covid-19 more quickly. Usually, you will be given one week to 10 days' notice of your appointment.

A record of the vaccine doses you receive will be recorded under your NHS number and on a national database.

Q16. Which type of vaccination will be offered and will I have a choice?

Currently the Pfizer vaccine is being administered. Over the next few weeks, the Oxford vaccine will be available. Which vaccine you receive will depend on availability and the setting in which you receive it. For example, the Pfizer vaccine is more difficult to administer in individual homes.

It is unlikely at present that you will have a choice except where you might have a potential reaction to one of the vaccines.

Q17. How long will it take for me to be immune from Covid-19 after the vaccination?

This is a complex question to answer as it depends on which vaccine is used and the spacing between doses.

Vaccines are not 100% effective in everyone. Pfizer for example is understood to be 95% effective after two doses. That still leaves 1 in 20 people vulnerable to Covid-19. The Oxford vaccine is less effective but still provides enough immunity to significantly slow the spread of the disease and protect most people vaccinated.

Vaccination will not free you from any restrictions currently in force during lockdown or under the tier system. You should also continue to follow the guidelines of hands, face and space.

Q18. I am a retired health professional. Can I help with the vaccine rollout? Can I help even in other ways?

Yes. Recruiting the workforce needed for the most ambitious vaccination campaign in Britain's history is challenging. We need people with medical experience. People who can help with administration. People to guide people to their vaccination pod. These and other roles urgently need to be filled.

Shropshire Clinical Commissioning Group and the Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) are coordinating the 'be part of history' campaign to recruit former health professionals and volunteers to staff the vaccination centres. [Further details](#). If you are not in Shropshire, check with your local CCG or health trust.

Your Notes



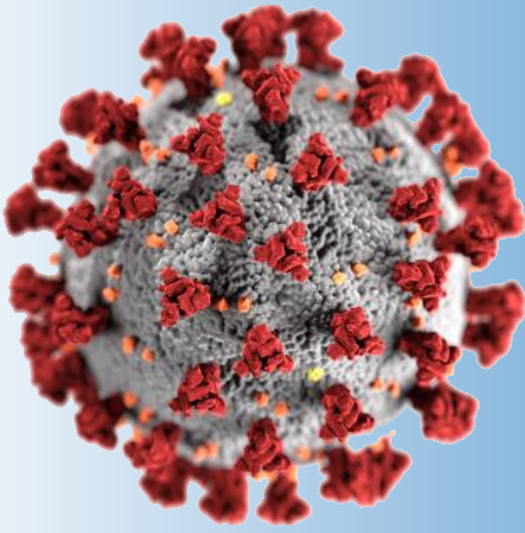
HANDS



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Please don't ring your local NHS practice about vaccination. When your vaccination appointment is available you will get a letter, call or text. Only ring your GP if you need an appointment or that is the normal way you order medication. Otherwise ring 111. If you have Covid-19 symptoms and need a test, ring 119 or book online at [NHS.uk/get-coronavirus-test](https://www.nhs.uk/get-coronavirus-test). Health advice is available online at 111.nhs.uk. There is also advice at patientaccess.com where, once registered, you can order repeat medication online.

Further information and updates

Portcullis Surgery, Ludlow: www.portcullis-surgery.co.uk

Station Drive Surgery, Ludlow: www.stationdrivesurgery.co.uk

Shropshire Council: www.shropshire.gov.uk/coronavirus

HM Government: www.gov.uk/coronavirus

Andy Boddington: www.andyboddens.co.uk/tag/coronavirus/

This document is published under Creative Commons 4.0. That gives you the right to reuse the text including printing and distributing. Please remember this is text written with medical experts and it is not appropriate to change wording rather than quote it. The document has aimed to explain the vaccines and the vaccination process to the best of our knowledge. It does not constitute medical advice, which is available from 111, your pharmacist and your GP.

Version 1.1. 12 January 2020.