

Frequently asked questions to support staff to make informed choices regarding vaccine hesitancy (refreshed 15.12.21) to support 2nd vaccinations and pre-winter boosters

Why do I need to have a booster?

There is medical evidence to show that protection from Coronavirus reduces over time – the booster helps reduce the risk of you needing hospital admission, however you should not have it until at least 3 months after your 2nd vaccine.

Who can get the booster?

The booster is available to anyone who had their 2nd dose of vaccine at least 3 months or 12 weeks ago: this includes, people aged 30 and over, people who work in care homes, frontline health and social care workers, people over 16 with health conditions that make them vulnerable (find full details here: www.nhs.uk)

Which booster will I receive?

You will receive the booster dose of either Pfizer or Moderna vaccine – the booster may be the same or different to the vaccines you received.

What does the booster contain?

The booster contains the same ingredients as the vaccines. We understand neither the Pfizer nor the Moderna vaccine contains eggs, preservatives or latex.

Are there side effects to receiving the booster?

As with the vaccine, some people do experience a painful/aching arm, feeling tired or headache – you should rest and take paracetamol (see dose advice on packaging) if after vaccination or booster you experience chest pain, shortness of breath or a fast beating heart you should seek urgent medical advice.

Can I have my booster and Flu Jab at the same time?

If you are offered both vaccines, its safe to have them at the same time - if you have any concerns speak to your GP or Pharmacist.

Is the vaccine safe for people with heart conditions?

Yes, the vaccine is safe for people with heart and circulatory conditions. No vaccine will be approved unless it is considered safe for people with long-term conditions, including heart and circulatory conditions, and including older

people. The Joint Committee on Vaccination and Immunisation has decided that people who are at risk because of a heart condition should be among those who are prioritised to receive the vaccine.

Is the vaccine safe for people taking blood thinners like warfarin or other anticoagulants?

In general, yes, but you should let the person giving you the vaccine know that you are taking an anticoagulant. As with any injection, there is some risk of bleeding.

Like most vaccines, the coronavirus vaccine is injected into the muscle of your upper arm. Injections into your muscle may bleed a little more than injections that are given under the skin, but less than those that are given into a vein. If you are taking a blood thinner such as warfarin, or a new anticoagulant, the bleeding may take a little longer to stop and you may get more bruising on your upper arm.

Public Health England and the Department of Health have said that you can have the vaccine if your anticoagulant treatment is stable. That generally means that you will have been taking the same dose for a while and that if you are on warfarin, that your INR checks are up to date and that your latest INR level was in the right range.

Is the vaccine less effective for people with underlying health conditions?

Experts have tested how vaccines work in people with most health conditions, including heart conditions, and found they are just as effective.

The only possible exception is people who are taking immunosuppressants or are immunocompromised. This is because they may not generate the same immune response to the vaccine. Research is currently being undertaken in the UK to better understand this. The vaccine is generally recommended for people who are immunocompromised or immunosuppressed. You should speak to your specialist for advice.

Can women who are pregnant or breastfeeding have the vaccine?

Yes. Although pregnant and breastfeeding women were at first not eligible for the vaccine, the Joint Committee on Vaccination and Immunisation has reviewed the evidence and says 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 whether they have medical conditions that put them at risk.

Can children have the vaccine?

People aged 16 and over can get a 1st and 2nd dose of a vaccine. Most children aged 12 to 15 are currently only being offered a 1st dose. To find out more about who can get a covid vaccine follow this link: [Find out more about who can get a COVID-19 vaccine](#)

I've already had Covid - could the vaccine overload my immune system?

Whether you've had Covid once, twice, or not at all, doesn't make any difference to the safety of the vaccine. You should still have the vaccine. Your immune system won't be "overloaded" if it has already fought off the virus once before.

Will I be able to pass on the virus to others if I've had the vaccine?

We don't yet know for sure, but it may be possible for you to pass the virus on even if you've been vaccinated. The vaccines work by causing your body to create a rapid immune response to the virus so it doesn't make you ill but may not stop you from passing the virus on. So even if you've been vaccinated, it's still really important to follow guidelines around social distancing, hand washing and other guidance to stop the spread of coronavirus. You'll still need to self-isolate if you have symptoms or have been in contact with someone who has.

Does the vaccine work against the new strains of the virus?

All evidence shows that the COVID-19 vaccines are effective against variant strains of the virus. On Sunday 12 December 2021, the UK Government [launched an urgent national appeal](#) calling for people to get vaccinated to protect themselves against the new Omicron variant.

A booster dose of the coronavirus (COVID-19) vaccine helps improve the protection you have from your first 2 doses of the vaccine. It helps give you longer-term protection against getting seriously ill from COVID-19.

Do I still need to shield if I've had the vaccine?

Yes, if you are classed as clinically extremely vulnerable and shielding guidance is in place where you live. Even if you've been vaccinated, you are recommended to continue to shield until advised that you don't need to. This is because you are one of the people at greatest risk of getting seriously ill from coronavirus. So, whilst we continue to learn more about how well the vaccine works in different people and how long its protection lasts for, the safest thing for you is to continue to shield.

I've already had Covid-19, do I still need to get vaccinated?

Yes, it's really important to get the vaccine, even if you've already had Covid-19. You may have some level of immunity if you've had the disease, but this varies and may not last long. The MHRA has considered the issue 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.

Who can get a vaccine now?

In England, anyone aged 18 and over can book online, or by calling 119.

Does the vaccine affect periods?

Some women do say they've experienced unusually heavy, painful or prolonged periods after being vaccinated but it's not known if the vaccine was the cause.

There are however plausible reasons the vaccine might cause changes to periods. The jab prompts an increase in activity in the immune system, which also plays a role in the menstrual cycle: These changes might feel unpleasant or worrying, but there is nothing to suggest they can affect your fertility or cause any long-term damage to your health.

Do I have to have the vaccine?

No. But everyone is being urged to get two doses to protect themselves, their family, friends and wider society.

The vaccines:

- Been given to over 44 million people in the UK
- It is estimated the vaccine has saved more than 13,000 UK lives, according to Public Health England
- help reduce person to person virus spread (or transmission)
- help protect against new variants

Without one you may find it more difficult to travel abroad or do certain jobs.

What if I've got long Covid?

A recent study, not yet published, suggests vaccination can help improve long Covid symptoms.

The vaccine could press the body's reset button and help it recover; researchers say.

Will children get the vaccine?

People aged 16 and over can get a 1st and 2nd dose of the COVID-19 vaccine. All children aged 12 to 15 will be offered a 1st dose of the COVID-19 vaccine (including children who turn 12 on the date of vaccination).

Most children can:

- get their vaccine at school
- [book their vaccination appointment online](#) for an appointment at a vaccination centre or pharmacy
- check if there is a [walk-in vaccination site](#) near them to get vaccinated without needing an appointment

[Find out more about the COVID-19 vaccine for children aged 12 to 15](#)

Children at high risk from COVID-19

Some children aged 12 to 15 are being offered 2 doses of the vaccine if either:

- they live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)
- they have a condition that means they're at high risk of getting seriously ill from COVID-19

Conditions that mean they may be at high risk and eligible for 2 doses are:

- a severe problem with the brain or nerves, such as cerebral palsy
- Down's syndrome
- severe or multiple learning disabilities (or they're on the learning disability register)
- a condition that means they're more likely to get infections (such as some genetic conditions or types of cancer)

Those who are eligible for 2 doses of the vaccine will be contacted by a local NHS service such as a GP surgery to arrange their appointments. Please follow his link for [Other ways to get 2 doses if you are aged 12 to 15](#)

More information

[Find out more about COVID-19 vaccination for children and young people on GOV.UK](#)

The vaccine is safe and effective in this age group and the benefits outweigh any risks; the UK regulator says: Older teens, rather than younger ones, are more likely to be infected and pass on the virus, although they're very unlikely to fall ill.

Why do we need Autumn boosters?

Like many other diseases, people may need to take an annual COVID-19 vaccine once the pandemic has ended to ensure they are protected and another pandemic - We routinely have boosters for the flu vaccine as it mutates yearly, and this may be no different.

Can I get a vaccine if I don't have an NHS Number?

Yes. People do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis. Local system leaders have been asked to take action to ensure this is not the case.

If someone does not have an NHS number but is within an eligible group, services have been advised to vaccinate now, record locally via a paper system, and ensure vaccination is formally documented subsequently.

Can I get a vaccine if I am a Refugee/Asylum Seeker?

Yes. The Government have decided that there should be no charges for coronavirus (COVID-19) testing, treatment and vaccination.

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

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

No immigration checks are needed for overseas visitors if they are only tested, treated or vaccinated for COVID-19.

Why aren't BAME groups now 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.

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 increasing attention has been given to reducing health inequalities and we have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

When will you publish vaccine “ingredients”?

A detailed review of the vaccines and their ingredients have been provided by the MHRA and can be found at the following links:

For the Pfizer/BioNTech vaccine information follow this link:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information follow this link:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

The British Islamic Medical Association have produced a helpful guide for the Muslim community which can be found by following this link:

<https://britishima.org/pfizer-biontech-covid19-vaccine/>

How were vaccines developed so quickly?

Medicines including vaccines are highly regulated – and that is no different for the approved COVID-19 vaccines. There a number of enablers 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 run 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.

Were the trial participants reflective of a multi-ethnic population?

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

We have seen any evidence to suggest any of the vaccines will work differently in different ethnic groups.

Were the vaccines tested on high risk groups?

For both vaccines trial participants included a range of those from various ages, immune-compromised and those with underlying health conditions, and both found the efficacy of the vaccine translates through all the subgroups.

Details of trial participants for both vaccines are published online.

For the Pfizer/BioNTech vaccine information follow this link:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information follow this link:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

Does the vaccine include any parts from foetal or animal origin?

No. There is no material of foetal or animal origin in either vaccine. All ingredients are published in healthcare information on the MHRA's website.

Follow this link for the Pfizer/BioNTech vaccine information:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

Follow this link for the Oxford/AstraZeneca vaccine information:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

Can the vaccine alter your genetic (DNA) material?

There is no evidence to suggest that individual genetic material will undergo an alteration after receiving the vaccine.

Does the Covid-19 vaccine affect fertility?

There is no evidence that the vaccine affects fertility. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.

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

The British Islamic Medical Association have issued specific advice urging Muslims observing Ramadan not to delay getting the vaccine, drawing on analysis from Islamic scholars which says that injections for non-nutritional purposes do not invalidate the fast.

Additionally, considering that fasting is from dawn to dusk, vaccination appointments can/ may be made after breaking the fast i.e. at the later end of the evening, however this is dependent on the local system if a vaccination centre or a PCN is open in the evening to cater for their local population.

For further information follow this link: <https://britishima.org/operation-vaccination/hub/statements/#FAST>

Does the vaccine work on those taking immune suppressants?

Although the vaccine was not tested on those with very serious immunological conditions, the vaccine has been proven to be very effective and it is unlikely that the vaccine will have no effect at all on these individuals.

There may be a very small number of people with very complex or severe immunological problems who can't make any response at all – but the vaccine

should not do any harm to these individuals. Individuals meeting these criteria may want to discuss the vaccine further with their specialist doctor.

What is being done to encourage vaccine uptake in black, Asian, minority ethnic and other disproportionately affected communities/groups?

We understand that some communities have specific concerns and may be more hesitant in taking the vaccine than others. The NHS is working collaboratively with partners to ensure vaccine messages reach as diverse an audience as possible and are tailored to meet their needs.

These FAQs have been consulted with staff networks and senior BAME leaders, and are representative of views received, they will however be reviewed regularly: please submit any views/comments or feedback to northwest.edi@nhs.net