COVID-19 Vaccination: Get injected, Not Infected | Healthwatch Greenwich

This document contains questions and answers from the event - **COVID-19 Vaccinations: Get Injected, not Infected**, held by Healthwatch Greenwich on Wednesday 17 February 2021. Answers to questions, provided by the speakers below, have been summarised. You can watch a recording of the event on the Healthwatch Greenwich YouTube channel here.

If you have questions about this document contact Healthwatch Greenwich. For the most up-to-date information, check the South East London CCG website: COVID-19 vaccine - South East London CCG (selondonccg.nhs.uk)

COVID-19 Vaccinations: Get Injected, not Infected - guest speakers were:

- Cllr Linda Perks, Councillor for Charlton
- Jackie Davidson, Assistant Director of Public Health, Royal Borough of Greenwich
- Dr Sabah Salman, local GP and Governing Body Member at South East London CCG
- Dr Krishna Subbarayan, local GP and Clinical Lead of South East London CCG

Questions about side effects and effectiveness of the COVID-19 vaccine

Is the vaccine 100% effective against transmission? Is there any research to suggest this? **Is it possible to pass on the virus after you have had your first or second dose of the vaccine?**	**Response from Jackie Davidson:** The vaccine protects you because it can reduce the severity of Covid-19 if you catch it, but we still don't know how much it reduces the risk of transmission. There is some evidence emerging that says that it does, but we will have to wait to understand this fully. Yes, it is still possible to pass on the virus after you have been vaccinated. It is still very important for us to continue with hand washing, wearing a face mask, and keeping our distance.

Does the vaccine have any known side effects?	**From the South East London CCG website:** Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Even if you do have symptoms after the first dose, you still need to have the second dose. Very common side effects include: 1. Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worse around 1-2 days after the vaccine 2. Feeling tired 3. Headache 4. General aches, or mild flu-like symptoms As with all vaccines, appropriate treatment and care will be available in case of a rare anaphylactic event following administration. If you get any side effects talk to your doctor, nurse or pharmacist.
Have the vaccines been tested for long term side effects? ***This answer was in relation to is the vaccination safe.***	**Response from Jackie Davidson:** The vaccine is new, but it is based on tried and tested platforms and we know from the development of other vaccines that they are safe in the long term, too. **Information from the South East London CCG website:** The NHS do not offer any COVID-19 vaccinations to the public until independent experts have signed off that it is safe to do so. Medicines, including vaccines, are highly regulated – and that is no different for the approved COVID-19 vaccines.

How have the vaccines been developed so quickly?	There are a few enablers that have made this ground-breaking medical advance possible and why it was possible to develop them relatively quickly compared to other medicines. Find out more on the SEL CCG website.
Why are BAME groups not prioritised when we know they are most at risk?	**Response from Cllr Linda Perks:** Clinicians have advised that we will catch almost all the vulnerable BAME people by going through the age categories and the extremely vulnerable category groups. People who are moderately vulnerable are now being invited to have their vaccine now. **Response from Jackie Davidson:** The heightened risk for BAME people is less about genetic vulnerability, and more about the exposure because, for example, the occupations that BAME people work in (for instance in London the care home and home care workforce is around 70% BAME), inter-generational households, and other social factors experienced by BAME populations. These factors are also closely linked to some long-term conditions which are more prevalent in BAME people and these long-term conditions are linked to the severity of impact of COVID-19. That is why, if you focus on these conditions, then by default there is a focus on people from BAME communities. The updated process for identifying people as Clinically Extremely Vulnerable takes some account of ethnicity and the burden of disease by ethnicity.

Do BAME groups have pronounced side effects since they have been categorised as high-risk?	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 trail recipients were Black and 3.5% Asian. There is no evidence either of the vaccines will work differently in different ethnic groups.
Should people with allergies to certain medications like paracetamol get vaccinated?	**Response from Jackie Davidson:** People should check their allergies against the ingredients of the vaccines, and if they are allergic to any of the ingredients, or have previously experienced anaphylactic shock in response to a vaccine or any of the ingredients, they should discuss vaccination with their GP. The vaccines do not contain common allergens. If you are at high risk of an allergic reaction, your GP can arrange for you to get the vaccine in a hospital setting. Previous (less serious) allergic reactions to vaccination should be mentioned when you go to be vaccinated, and you can then be monitored for 15 minutes or so after vaccination. All vaccination sites have clinical personnel on site, and epi-pens in the very rare case of serious allergic reaction. ⓘ **Find out more:** Further information for UK recipients on Pfizer/BioNTech COVID-19 vaccine Further information for UK recipients on AstraZeneca COVID-19 Vaccine

What effect does the vaccine have on people with dementia? Does it cause greater confusion?	**Response from Jackie Davidson:** There is no evidence that either of the vaccines cause confusion. For the Zeneca vaccine, an uncommon side effect (up to 1 in 100 people) is feeling dizzy. For the Pfizer vaccine, dizziness is not mentioned. Because of the uncommon side effects anyone who is frail, including people with dementia, should be supported to travel to the vaccination centre, and should take the opportunity to rest in the vaccination centre or care home after their vaccination until they feel comfortable to move on. ⓘ **Find out more:** Some people with dementia will not be able to decide to have the vaccine for themselves. Check out Consent to coronavirus (COVID-19) vaccination on the Alzheimers Society website
The Oxford vaccine has been classified as not safe for people over 65 years in some countries. Why is it being used here?	**Response from Jackie Davidson:** The Oxford Astra Zeneca vaccine has not been classified as unsafe for use in people over 65 in some countries. It has been assessed that the trial data is not sufficient to determine the exact level of effectiveness of the vaccine in older people. This is because the number of people over 65 in the trials was small (8% of participants were aged 56 to 70). However, the World Health Organisation on 10 February 2021 recommended the vaccine for all adults. More studies are being undertaken in older age groups, which will add to the knowledge of effectiveness.

Is it safe to have the vaccine when planning pregnancy and if its ok for my partner to have vaccine whilst trying for a baby? Will it affect our chances of conceiving?	**Response from Jackie Davidson:** There is no evidence that the vaccine affects fertility. There is no plausible biological mechanism that could interfere with fertility. Most people who contract COVID-19 will develop an antibody spike and there is no evidence of fertility problems after receiving the vaccine or after having COVID-19 disease.
I am thinking of having a baby, is one vaccine better than another? **Should I wait to have my baby and get vaccinated first?**	**Response from Dr Sabah Salman:** When it comes to trying to conceive, there is no difference between the two vaccines. As far as we are aware, there isn't any risk associated with having the vaccine while trying to conceive. I appreciate there is a lot of information out there and it can be confusing. Your GP will be more than happy to talk through it with you. **Response from Dr Krishna Subbarayan:** Waiting to have a baby after you get your COVID-19 vaccine is a sensible plan. The risk of contracting COVID-19 while pregnant outweighs other considerations now. Prioritising the vaccine is important if you can plan your pregnancy later. You can start trying again a few months after you have had your second dose.
If one was asymptomatic and had COVID-19 is it still necessary to have the vaccine? Will it have any side effects?	**Response from Jackie Davidson:** Yes, having COVID-19 confers some natural immunity, but that immunity has been shown to drop off after five months, and there are increasing numbers of cases of people being re-infected with COVID-19 as new strains circulate. The immunity conferred by having both doses of the vaccine is significantly greater and will last for longer than immunity acquired from having the illness.

	Clinical advice is to wait four weeks after COVID-19 symptoms or a positive COVID-19 test to be vaccinated. This is so you can recover, if you are already unwell, you don't want to have to deal with any side effects on top. However, there is no evidence that the vaccine will be less effective or cause greater side effects if you have it when you already have COVID-19 – many people will be vaccinated when they have COVID-19 positive, as around 1 in 3 people with COVID-19 are asymptomatic.
If the vaccine is safe and effective - why have people been hospitalised with COVID-19 related complications even after getting vaccinated?	**Response from Jackie Davidson:** There are a few reasons why someone who has had the vaccine might still get infected with COVID-19. It takes some time for your body to build up immunity after you have had the vaccine. And therefore, you can pick up the virus before you have immunity. None of the people who went through the vaccine trials were hospitalised with severe COVID-19 symptoms. However, in some people the vaccine might not work as well as in other people. Some people's immune response may not be as strong after having the vaccine. But we have not heard of any cases of people who have been vaccinated, who have good immunity, ending up in hospital. It is too early to have this evidence, if it exists.
Will the vaccine be effective for people who have long-COVID?	**Response from Dr Sabah Salman:** The vaccine protects the individual from getting COVID-19, you get immunity from getting infected and, as a result, you are protected from long-COVID as well.
I have rheumatoid arthritis. Will the vaccine work well on immunosuppressive people like me?	**From the South East London CCG website:** 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 not work on you if you have ones of

	these conditions. There may be a very small number of people with very complex or severe immunological problems whose immune system can't make any response at all – but the vaccine should not do any harm to these individuals. ⓘ **Find out more:** **You can read more about patients taking immunosuppressive medicines here:** https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/
How effective is the vaccine for people with underlying / long term health conditions?	**Response from Dr Sabah Salman:** The background of long-term conditions does not change how effective the vaccine will be. It will be as effective for someone who has long-term conditions as for someone that does not. It's more important for people with long term health conditions to get the vaccine because of the risks associated with catching COVID-19.

Questions about the rollout and priority lists in Royal Greenwich

Why have people with underlying health conditions (like heart disease) and those waiting to get operated not been contacted to get vaccinated?	**Response from Jackie Davidson:** Vaccination has started in Greenwich for people in priority cohort 6, which includes people with underlying health conditions (aged 16 to 64) and unpaid carers of clinically vulnerable people. People over 65 with

	underlying health conditions have already been invited for vaccination. If you are over 65 and have not been contacted, you can now self-book (or have someone do this for you) on the NHS national booking system. https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ The main risk groups identified for priority cohort 6 are: • chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma • chronic heart disease (and vascular disease) • chronic kidney disease • chronic liver disease • chronic neurological disease including epilepsy • Down's syndrome • severe and profound learning disability • diabetes • solid organ, bone marrow and stem cell transplant recipients • people with specific cancers • immunosuppression due to disease or treatment • asplenia and splenic dysfunction • morbid obesity • severe mental illness
I have cancer and I am bed bound. **How do I get the vaccine?**	**From the South East London CCG website:** If you are housebound, you will be contacted by your GP to be vaccinated at home. The vaccine is being deployed through a 'roving' service model into people's homes. The South East London Clinical Commissioning Group (South East London CCG) is working with our GP practices through Primary Care

	Networks (PCNs) to ensure housebound people in priority groups 1-4, registered with a local GP, are vaccinated before mid-February. ⓘ **Find out more:** See the Primary Care Network map for Royal Greenwich here.
Why are we having to travel out of our GP areas and wards to get vaccinated? Can't we book one closer to home?	**Response from Healthwatch Greenwich:** The national booking system for the large vaccination centres has gone live and some residents have received a letter from NHS England inviting them to book an appointment online or over the phone at one of these centres (with ExCeL being the closest to Greenwich). If you are not housebound, you can wait to be contacted by your GP or until more locations closer to where you live become available. The NHS will follow up with you if you haven't booked your appointment, as a reminder. Patients will be advised what to do if you need to change your appointment. **Response from Cllr Linda Perks:** This has to do with the supply of the vaccines – they have been sent to the mass vaccination sites and they are being stored and managed there safely.

	Now that we have the AstraZeneca vaccine (which is easier to transport) we are taking it in the community a lot more, and the vaccination bus is the first example of that. We are hoping to get other means to bring the vaccine to the patients. ⓘ **Find out more:** Covid-19 Vaccinations in Royal Greenwich | Healthwatch Greenwich website The Royal Greenwich vaccination bus providing easier access to COVID-19 jabs | Healthwatch Greenwich website Vaccination Sites | NHS website
Some Greenwich residents are being vaccinated outside of Greenwich. Will they need to travel outside the borough for the second dose as well?	**Response from Jackie Davidson:** Generally, it is the case that the second dose will be administered at the same vaccination centre as the first dose. However, anyone over 65 can use the NHS national booking system to manage their booking. https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ You should be able to cancel your second dose booking and re-book through the website, and change the vaccination centre to somewhere closer like Queen Elizabeth Hospital or one of the pharmacy vaccination centres in Woolwich or Eltham.

Why is there a delay in getting the second dose for the clinically extremely vulnerable?	**Response from Dr Krishna Subbarayan:** There is no delay in getting vulnerable people vaccinated. Everyone who gets vaccinated waits up to twelve weeks for their second dose. The idea behind the 12 week wait is to protect as many vulnerable people as possible quickly, so they don't escalate to severe cases. The second dose will be administered within 12 weeks to ensure that more people are able to get the first dose of the vaccine quickly, especially as more and more vaccination centres are opening across the country. There is a clear, strong plan to not miss that 12-week target for the second dose.
What happens if you miss the second dose and go past the 12 week deadline?	**Response from Dr Krishna Subbarayan:** The first dose is important, because that gives you a lot of protection. The first dose is what starts your body producing anti-bodies that will make you immune to the virus. You also have T-cells which circulate the immunity information in your body for years. Because of the clear plan for everyone to receive the second dose within 12 weeks, you shouldn't miss your second dose. But if you miss the second dose, it won't be the end of the world. There should be guidance in the coming weeks around what to do if you miss your second dose.
Are there plans to prioritise carers? If so, when will this roll-out begin?	**From the South East London CCG website:** The NHS is currently offering the COVID-19 vaccines to people most at risk from coronavirus.

Why are frontline council workers not being prioritised, such as caretakers who enter housing estates and engage with the public?	The vaccine is being offered in some hospitals and hundreds of local vaccination centres run by GPs. It's being given to: • people aged 65 and over • those who are categorised as clinically extremely vulnerable (high risk) or clinically vulnerable (moderate risk) – see definitions here • people who live or work in care homes • frontline health and social care workers **Response from Jackie Davidson:** Unpaid carers over the age of 65, or those Clinically Extremely Vulnerable will already have been invited for vaccination. Unpaid carers for people vulnerable to COVID-19 (so people in priority groups 1-6) will be invited for vaccination as part of priority group 6. The criteria will include being on a GP carers register and/or in receipt of Carers' Allowance. Invitations for the national booking system will be sent in the next few weeks to those two groups. Greenwich Council is working in partnership with the Carers Centre and other voluntary organisations to identify unpaid carers not on GP carers registers or claiming Carers Allowance. The Carers Centre will share information on unpaid carers with Primary Care Networks so unpaid carers can be invited for vaccination.

	There will also be a national programme to encourage unpaid carers to apply for vaccination, but the details of this have not been publicised yet. To be invited for a vaccination you will need to be registered with a GP surgery in England. You can register with a GP if you do not have one. ⓘ **Find out more:** See the Primary Care Network map for Royal Greenwich here. How to register with a GP surgery in Royal Greenwich | Healthwatch Greenwich Registering with your GP: understanding your rights | Healthwatch Greenwich
I am diabetic with underlying health conditions. Why have I not been prioritized? How long will I need to wait? **What if I have conditions but I have not heard?**	**Response from Dr Sabah Salman:** From that information you are going to be called up imminently because you are in the cohort that is being vaccinated right now in Royal Greenwich. If you have serious conditions but have not been contacted yet, you can speak to your GP.
Media reports suggest that South East London including Greenwich has the slowest roll out of the vaccine. What are we doing to deal with this issue?	**Response from Jackie Davidson:** The government's aim was to have offered everyone in priority groups 1-4 offered a vaccine by the 14th February. This was achieved across the country, including South East London and Greenwich. Within

	Greenwich, we have had a really good uptake across our priority groups, with 85% over 80s vaccinated, 84% of those aged between 75-79, and 82% of those aged 70-75. We are continually improving on these rates too.
How long are people having to wait for the second jab in Greenwich?	**Response from Jackie Davidson:** Greenwich is using the same protocol as everywhere else – the second dose will be offered within 10 to 12 weeks of the first dose.

Questions about Oxford Vs Pfizer vaccine

What is the difference between the vaccines? Is one better than the other? **A friend had the Oxford vaccine but really felt it was not right for them. Is there an alternative? Is it possible to choose what vaccine to have?**	**Response from Jackie Davidson:** All vaccines are safe and effective. You cannot compare one with the other because the research and evaluations were slightly different, and you are not comparing like with like. You cannot choose which vaccine to have unless you have had an allergic reaction to one of the ingredients. In this case, you will be recommended something else.
Why do we need to wait for three months for the second dose of the Pfizer vaccine while those who took the Oxford vaccine have already received	**Response from Jackie Davidson:** That is not the case. The people who got vaccinated first, back in December, were vaccinated with the Pfizer vaccine, which was the only vaccine approved at that time. When they were given the vaccine, the protocol was to have the second dose in three weeks, that mostly happened.

the second dose within two months of their first jab? **Why did the dates of the administration of the vaccine change? It was 3 weeks but now it is 12.**	The national protocol changed on 30 December 2020, to a maximum 12-week gap between doses for the Pfizer vaccine and the same for the Astra Zeneca vaccine which was approved on that date. Some people who received the first dose of the Pfizer vaccine in December had their second dose appointments rescheduled after this change in protocol, so have not yet had the second dose.
People most at risk were given Pfizer for the first dose. Now Pfizer has said they have no evidence for a gap between doses, and there will be a delay in supply due to their Belgian plant reorganisation. Would it not be best to keep Pfizer for the second dose (using AstraZeneca for other groups) & do second jab quickly?	**Response from Jackie Davidson:** The NHS nationally is confident that there will be sufficient supplies of the Pfizer vaccine to vaccinate people with their second dose and are actively planning to ensure that the right vaccines are in the right places at the right time for people to get their second dose. As more people get their second dose, the overall speed of people receiving their first dose will inevitably slow down. But the decision to go with a 12 week maximum gap has allowed for over 16 million of the most vulnerable people to be vaccinated already. The top four priority groups account for 88% of deaths from COVID-19, and most people in those groups (with slightly lower uptake from frontline health and social care workers) have now been vaccinated. It's a tremendous achievement. There is also no evidence that the longer gap between doses doesn't work. The second dose in the case of both vaccines, tops up the immune response and helps it last longer, but the bulk of the protection comes from the first dose.
Why are majority of people given Oxford Vaccine when it doesn't work	**Response from Jackie Davidson:**

against all the variants (such as the South African, Brazilian)?	All of the vaccines were developed before we started getting the variants, but all of them work to some extent on all the variants. It is still important to have it to protect yourself against the variants, what we are trying to work out is the exact effect that the vaccines have on the different variants.
Why does the Oxford vaccine use live pathogens as opposed to the mRNA?	**Response from Jackie Davidson:** The Oxford Astra Zeneca vaccine does not use live pathogens. It uses a harmless, inactivated version of a common virus which causes a cold in chimpanzees. Researchers have already used this technology to produce vaccines against several pathogens including flu, Zika and Middle East Respiratory Syndrome (Mers). The virus is genetically modified so that it is impossible for it to grow in humans.

General questions about the COVID-19 Vaccine

Why do we have multiple vaccines and why are countries using different vaccines?	**Response from Jackie Davidson:** There are a lot of pharmaceutical companies around the world, and it was a race to the end point. The genetic code of the virus was shared from Wuhan, China, and scientists all over the world started working on vaccines. Everyone was sharing research information, but the vaccines can work in different ways. Some may work better for some groups than others. It is important to have a range that countries can pick from, based on what

	will work for them best. For example, the Pfizer/BioNTech vaccine does not transport very well. It must be stored at -70 degrees, and therefore it would not be ideal to transport in hot countries. Each country needs to approve the vaccines they use. In the UK, vaccines are approved by the Medicines and Healthcare products Regulatory Agency (MHRA)
Cuba has developed vaccines that can be administered through the nose. Why is that not available here?	**Response from Jackie Davidson:** Currently there are only two vaccines that have been approved for use in the UK: the Pfizer-BioNTech vaccine, and the Oxford/AstraZeneca vaccine. Further vaccines are likely to be approved over the next year or so. It may be that a vaccine administered through the nose will be approved one day in the UK. However, please do not wait for new versions of the vaccine. COVID-19 is with us now, it is still killing people, and both the approved vaccines provide a high level of protection against serious illness or death.
What is the name of the booster (the second dose of the vaccine). Is this the same as the first, or something different? Is it possible to have one vaccine for the first dose and a different one for the subsequent jab?	**Response from Jackie Davidson:** At the moment, it is recommended to have the same vaccine for both your doses. Part of that is because we don't know whether you can mix and match without changing the effectiveness of the vaccines. But there are trials going on right now that will allow us to know if we can mix and match further down the line.
Will we need booster shots or top-ups annually?	**Response from Dr Krishna Subbarayan:** There is no clear guidance on that yet. As we have heard in the national media and the Prime Minister's briefings, scientists and the national medical officers are expecting that we might need boosters every year.

Does this mean that we may have to live with Coronavirus forever?	Like the influenza (flu) virus, these viruses are prone to mutating over time. Once we get immunity from this virus, it may find a way to infect at a lesser scale than before. Depending on the strain that may go on next year, we might need annual boosters, but we do not know 100%. How we deal with the virus year after year depends on the global vaccination, and how many people we can vaccinate across the world. The quicker and the wider coverage across the world, the better. There are a lot of diseases that become *endemic* (they exist at a very low level in the world and circulate for decades without causing major problems). It is not going to effect most people in the world, but you may get an occasional outbreak that will be quick to contain if the population is vaccinated. These are not hard facts, they are predictions based on how other similar germs and viruses behaved in the past. We are learning a lot about the coronavirus every day.
Is support available for deaf people and people with special needs at vaccination centres?	**Response from Jackie Davidson:** Firstly, carers and support workers are welcome to attend the vaccination with the person who needs their support. There are many people at a vaccination centre who can help, and transport is available for people who can't make their own way there.

	If you have additional needs, it's helpful to flag this up. The South East London Clinical Commissioning Group will contact local deaf peoples' organisations and disability organisations for their input into what measures would be helpful.
What happens with the needles and syringes after 60 million or so people get vaccinated?	**Response from Jackie Davidson:** They are clinical waste, so they get disposed of safely in accordance with regulations. Much clinical waste is incinerated. There is an environmental price to pay for single use syringes and the single use PPE that has been necessary to reduce risks from COVID-19.
If I want to travel, will I need to get vaccinated first?	**Response from Jackie Davidson:** There are currently no concrete plans or decisions by Government about "COVID-19 passports". However, it is possible that other countries may introduce requirements, and it is possible that the UK might also, in order to minimise the risk of the spread of new variants. So, get vaccinated, then you will be ready to travel if vaccine requirements (as already exist in some countries e.g. yellow fever) are put in place.