

Question

1

Does the vaccine affect fertility? Does this have an impact on ovaries?

Is there any research regarding any long-term effects if I choose to start a family after the 3 months after getting vaccinated?

There are no studies which have been done specifically relating to fertility or pregnancy and the vaccine. However, there is also no evidence to suggest that the vaccinations (or other vaccinations) cause problems with fertility. I am not aware of any vaccine which has this kind of effect. COVID-19 if severe, can cause major organ failure which would however likely impact on one’s fertility, so it would be advisable to get vaccinated prior to starting a family.

It is unlikely that studies will be done but intelligence will be gathered as many millions become vaccinated.

2

It has been rolled out very quickly? How do we know it is safe?

Have the vaccinations been thoroughly tested in the same process as all other drugs licenced?

The research phases of a vaccination are usually done in a linear way which can mean that they take longer. In this case, studies have ran in parallel, meaning that the same level of testing has been done but in a shorter time frame. Each year it can take 6-8 months to develop that year’s flu vaccine. MHRA have not reduced the level of testing and checks/balances in place.

3

Is anyone concerned about the long-term effects – how can we be sure it is safe?

I don’t know how it has been manufactured or what it contains – I need to know more about it first.

The vaccines are very safe, and have had incredibly low numbers of people having an adverse reaction. The way the vaccines are tested, licenced and manufactured ensure that they are very safe. There is no evidence at this time to suggest that there are long-term effects that the vaccination will have that are negative for the recipient.

Question

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Is there any difference between the Pfizer and Oxford vaccine? Is one better?

Pfizer vaccine – this is an mRNA vaccine which means that it has molecules that go into the cells of the body and create proteins which in turn generate an antibody/immunity defence.

Astra Zeneca/Oxford vaccine uses a tiny amount of inactivated virus (not COVID-19) which helps the cell to produce proteins like the outside of the COVID-19 virus. This in turn helps the body to create an antibody defence. Both vaccinations are manufactured in different ways to create the same outcome. Both are manufactured in the UK and on the continent under licence.

Can people choose which vaccine they want to receive?

No – due to logistics and clinical decision making. In some rare cases one might be better suited to a patient's health, for example if they are receiving medicines to thin the blood.

5

Why are we not following initial guidelines of giving second dose after 3-4 weeks even though Pfizer say it should be given?

Will this delay have an impact on the vaccine's efficacy?

One dose is expected to give 70% immunity after 21 days, and the second dose 90+% immunity. A Public Health decision has been made to provide more people the initial level of immunity more quickly so that this has a greater impact on community transmission. It is likely that the booster effect of the vaccination will need to be repeated in the longer term in any case – it could be that immunity lasts for 6-9 months and could mean that annual vaccinations/boosters will be required.

6

Why would I take it? When it wouldn't stop me from getting it or spreading it?

Because it massively reduces your chance of getting COVID-19 and of spreading it. If you do get COVID-19, it is more likely to be a less severe form with you not becoming critically ill. You will be protecting yourself, your patients and your family as front-line workers.

7

Can I test positive for COVID-19 after getting the vaccination?

Yes – but you have a much reduced chance of contracting the virus, and if you do, your symptoms are more likely to be mild.

Question

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If someone has received their 1st vaccine but miss the 12/13 week period for their 2nd vaccine - does the process start again for the person? Is there a cut off period given the time scale between injections? Are there additional side effects with the second vaccination?

12 weeks is the agreed time to receive second dose, however it is a booster to the first vaccine. If you miss this it might be that you require a further dose.

You may have a temperature in the first 48 hours after receiving either the first or the second dose of the vaccine. This is a common effect and is not a cause for concern as it should settle quickly. If you have a temperature after 48 hours, you should book a COVID-19 test as you may actually have the virus - this is not due to the vaccine which does not contain COVID-19, but suggests you might have been incubating the virus before you got the vaccine.

9

Will the vaccinations have to be repeated yearly like the flu programme?

There is a likelihood of this being the case. The need and logistics have not been considered at this stage. The programme of vaccination is vital to the route-map out of the pandemic.

10

Will people who are shielding be able to come back to work after they receive their second dose?

Not initially – more people will have to be vaccinated before you will be able to return to work/normal routines.

11

What would happen if an error was made and I received one dose of the Pfizer vaccine and my second dose was Oxford?

The systems established should ensure that you receive the same second dose as the first vaccination received. If an error occurred, we would not expect that this would have any impact.

Question

12

How much protection does the first dose give? Does this protection deplete as the weeks go on and given that the time frame has changed with the 2nd injection, would it not be the case that we would never reach the full dose?

As per Question 5 above, notably, it does deplete over time, but we won't really know about how this effects the population until everyone is vaccinated.

13

If you get COVID-19 on the same day you received the 1st vaccine. Is the vaccine effective or would you need to get the 1st vaccine again?

You would not need to repeat the 1st vaccination, but you would most likely get COVID-19 as you will not have the protection for 3 weeks. You would need to get the 2nd dose in due course at 12 weeks.

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Some staff have declined the vaccine and have informed us that the African media appears to be reporting incidents whereby staff are being put off getting the vaccine. Staff have said that some communities in Africa have been used as guinea pigs for trying out the vaccine's and that people have died because of this. How can we alleviate staff's fears and anxieties?

UPDATED SINCE THE WEBINAR AS A RESULT OF NEW INFORMATION

The vaccines licences in the UK have been tested in USA and UK populations.

Since the webinar I have discovered that both the vaccines have been tested in South Africa, all in adults who gave informed consent. The trial is regulated by the Government and medical authorities and ethics group in South Africa. The reason South Africans were included was to ensure that the vaccine was effective for people in Africa, and because there are a higher number of people in South Africa living with hepatitis C and HIV. There have been no serious events or deaths in South Africa.

There is an acknowledgement of conspiracy theories, and fake news on social media which will be worrying for lots of people. Also, that the colonial history associated with testing of drugs and vaccines in the past will impact on some communities. Everyone who has participated in the trials, and those who get the vaccine need to give informed consent. No one is forced to participate. There have been no deaths caused by the vaccine.

The advice would be that people from BAME communities are more susceptible to the virus and can more commonly have a very bad reaction to COVID-19 which has resulted in more BAME people being in hospital and in intensive care. Sadly no one knows the reason for this right now. However, this would strengthen the case to advise everyone from BAME communities to take the vaccination who can.