

COVID 19 Frequently Asked Questions for Care Settings Staff

Why are vaccines important?

Vaccination is the most important thing we can do to protect ourselves and our children against ill-health. They prevent up to 3 million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced. However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again.

Why should I get the COVID-19 vaccine?

There are currently very high rates of COVID-19 transmission across the UK. As a frontline worker, you are at increased personal risk of exposure to infection with COVID-19 and of transmitting that infection to susceptible and vulnerable patients in health and social care settings. With high rates of COVID-19, it's more important than ever to help stop the spread of Coronavirus. The [Office for National Statistics](#) tell us that there is greater COVID-19 mortality and morbidity in men and women working in social care than in non-social care staff of the same age and sex.

For every 20 vaccines delivered to care home staff and residents it is estimated that you will have helped to save one life. Overall fewer than 1 in 100 people who are infected will die from COVID-19, but in those over 75 years of age, this rises to 1 in 10.

Vaccines are the way out of this pandemic. They save millions of lives worldwide and are safer now than ever before. Any vaccine must first go through a rigorous testing and development process and be shown to meet strict standards of safety, quality and effectiveness, before it can be given to the public. It is strongly recommended that all frontline social care workers who can receive a vaccine choose to take it. Getting vaccinated will help protect yourselves and the people you care for from becoming seriously ill from COVID-19, so you can continue to be there for their family, friends and the people you care for.

I'm worried that the vaccines aren't safe.

The vaccines approved for use in the UK have met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA). Any coronavirus vaccine must go through all the clinical trials and safety checks all other licensed medicines go through. The vaccine has been shown to be effective and no safety concerns were seen in studies of more than 20,000 people. No long-term complications have been reported.

Did one of the first participants in a COVID-19 vaccine trial die?

Rumours circulating on social media have suggested that one of the first people to receive a COVID-19 vaccine in a trial, [Dr Elisa Granato, died](#). However, she has since appeared on BBC News, confirming that she is alive and well.

Although deaths did occur during the vaccine trials, there were more deaths in the placebo groups than the vaccine groups for both the [Oxford/AstraZeneca](#) and [Pfizer](#) vaccines. There were no deaths linked directly to the vaccine, and the deaths occurred at a similar rate as expected in the general population.

Can the vaccine cause Bell's palsy?

[Bell's palsy](#) is a temporary weakness or paralysis in the muscles of the face. It's not clear what causes it, but it may be due to infection.

During the Pfizer vaccine trial, a small number of people ([approximately 0.01%](#)) developed Bell's palsy. This is in line with the number of people you would expect to develop the condition in the general population during this time, and the events were not considered to be related to the vaccine.

The [yellow card system](#) continuously monitors the safety and potential after effects of the vaccine used in the UK, to keep watch for any rare events like this.

Will the vaccine protect me?

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. It may take a week or two for your body to build up some protection from the first dose of vaccine. The vaccine has been shown to be effective and no safety concerns were seen in studies of more than 20,000 people. Like all medicines, no vaccine is completely effective – some people may still get COVID-19 despite having a vaccination, but this should be less severe.

Do I need two doses?

It is important to have both doses of the vaccine to give you maximum protection. While the first dose acts as an important immune response primer, the second dose is needed to boost your body's immune response to the COVID-19 virus providing the best protection for you. The latest advice is that the second dose should be given up to 12 weeks after the first doses of the COVID-19 vaccine.

Protection starts around seven days after your first dose. Full protection kicks in around a week or two after the second dose, which is why it's also important that when you do get invited, you act on that and get yourself booked in as soon as possible.

Will the vaccine protect those I care for?

The evidence on whether COVID-19 vaccination reduces the chance of you passing on the virus is less clear. Most vaccines reduce the overall risk of infection, but some vaccinated people may get mild or asymptomatic infection and therefore be able to pass the virus on. It is highly likely that any infection in a vaccinated person will be less severe and that viral shedding will be shortened. We therefore expect that once vaccinated, you will be less likely to pass infection to your friends, family and to the people that you care for.

What are the side effects of the COVID-19 vaccine?

Like all medicines, COVID-19 vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Common side effects include a painful arm, feeling tired, headache, general aches and mild flu-like symptoms. However, these symptoms are normal and are a sign that your body is building immunity. These symptoms normally last less than a week. Further details can be found [here](#).

Can the COVID-19 vaccine give you COVID-19?

The vaccine does not contain a live virus so you cannot catch COVID-19 from the vaccine. However, it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment. Although a mild fever can occur within a day or two of vaccination, if you have any other COVID-19 symptoms (new continuous cough, high temperature, a loss of/change to sense of taste or smell), or your fever lasts longer, stay at home and arrange to have a test. You should continue to follow guidance on wearing PPE, handwashing using soap and water or hand sanitizer, as well as other protective measures.

What's the difference between the three vaccines?

- The first vaccine to be judged safe for use in the UK was the Pfizer/BioNTech vaccine. This needs to be transported in dry ice and must be stored at around -70 °C. Once delivered it can then be kept in a fridge for 5 days. The Government has bought 40 million doses of this vaccine.
- The Oxford/AstraZeneca vaccine was first administered in the UK on 4th January 2021. This vaccine needs to be stored at between 2-8°C and protected from light. The Government has bought 100 million doses of this vaccine.
- The Moderna vaccine was approved for use in the UK on 8th January 2021. It lasts for up to 30 days in household fridges, at room temperature for up to 12 hours, and can be stored in most household freezers for up to six months. The Government has bought 17 million doses of this vaccine. The Moderna vaccine should become available in the UK in Spring 2021.

Which vaccine is best?

All three of the available vaccines are very effective. Comparisons between the vaccine efficacies are unhelpful due to the different methodologies used, meaning it's not as simple as saying one vaccine is better than the other. An effective vaccine will save lives and reduce the number of people who need to be admitted to hospital. Comparing vaccines on a simple percentage of effectiveness is too simple. A vaccine with slightly lower headline efficacy than another may prove to be the one that offers more durable protection or a greater effect on transmission. Approved vaccines have passed the Medicines and Healthcare products Regulatory Agency (MHRA's) tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from getting seriously ill from COVID 19.

Can I refuse a particular vaccine?

Not currently. All vaccines given by the NHS have been approved by the MHRA, so people should be assured that they are safe and effective. All three of the vaccines available offer more protection than not receiving a vaccine. The NHS has no say over which vaccine they are given to administer.

Why can't people under the age of 30 have the AstraZeneca vaccine?

JCVI currently advises that it is preferable for adults aged under 30 years without underlying health conditions that put them at higher risk of severe COVID-19 disease, to be offered an alternative COVID-19 vaccine, if available. This is because there have been reports of the extremely rare adverse events of blood clots and low platelet counts following vaccination.

with the first dose of the AstraZeneca vaccine. Given the very low numbers of events reported overall, there is currently a high level of uncertainty in estimates of the incidence of this extremely rare adverse event by age group. However, the available data do suggest there may be a trend for increasing incidence of this adverse event with decreasing age, with a slightly higher incidence reported in the younger adult age groups. In contrast, the risks of severe disease associated with COVID-19 increases steeply with age, with the youngest adults at lowest risk. People may make an informed choice to receive the AstraZeneca COVID-19 vaccine to receive earlier protection.

There are some adults under the age of 30 without underlying health conditions who are in phase 1, who were prioritised due to an increased risk of exposure and/or to reduce the risk of passing the infection on to vulnerable individuals. This includes health and social care workers, unpaid carers and household contacts of immunosuppressed individuals. Acting on a precautionary basis, if these persons are still unvaccinated, it is preferable for them to be offered an alternative COVID-19 vaccine, if available. JCVI is currently finalising its advice on phase 2 of the programme, particularly for healthy people under 30 years of age, and this will be published in due course.

To date, there are no reports of the extremely rare thrombosis/thrombocytopenia events following receipt of the second dose of the AstraZeneca COVID-19 vaccine. All those who have received a first dose of the AstraZeneca COVID-19 vaccine should continue to be offered a second dose of AstraZeneca COVID-19 vaccine, irrespective of age. The second dose will be important for longer lasting protection against COVID-19.

After I've had the vaccine will I still need to follow all of the infection prevention and control advice?

Yes. No vaccine is 100% effective, and it will take a few weeks for your body to build up protection. While the approved vaccines provide protection to a vaccinated person from becoming seriously ill from COVID-19, we do not yet know if they prevent someone from passing on the virus to others.

All staff will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

- practise social distancing
- wear a face mask
- wash your hands carefully and frequently
- follow the [current guidance](#)

What does the vaccine actually contain?

The COVID-19 vaccines that are currently approved for use in the UK do not contain the live virus which causes COVID-19. There is no latex or preservatives in the vaccine. Having the vaccine will not cause you to test positive using the approved viral testing methods.

- A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found at point 2 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).

- A full list of ingredients for the excipient composition of the vaccine can be found at point 6.1 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](#).
- A full list of ingredients for the qualitative and quantitative composition of the vaccine and a full list of the excipient composition of the vaccine can be found at point 6 in the [Information for Recipients of COVID-19 Vaccine AstraZeneca](#).

I am a vegetarian; can I have the COVID-19 vaccine?

The MHRA has confirmed that the COVID-19 vaccines do not contain any components of animal origin, including pork, gelatine and eggs.

I'm Muslim, can I have the vaccine?

The British Islamic Medical Association recommend that the COVID-19 vaccines that are currently available in the UK for eligible individuals in Muslim communities. Further information from the British Islamic Medical Association can be found [here](#).

I'm Hindu, can I have the vaccine?

The Hindu Council UK support the COVID-19 vaccine rollout, and have been “*categorically assured by scientists as well as the government ministers that both vaccines do not contain animal products*”. Their statement of support of the vaccination programme is [here](#).

I'm Jewish, can I have the vaccine?

The Board of Deputies of British Jews President Marie van der Zyl has praised all those who have made the vaccination roll-out possible and called on the Jewish community to support the programme. Their statement of support of the vaccination programme is [here](#).

Will the COVID-19 vaccine alter my DNA?

No, this is not possible. The messenger ribonucleic acid (mRNA) from a COVID-19 vaccine can be described as instructions for how to make a protein, and cannot alter or modify a person's genetic makeup (DNA). mRNA never enter the nucleus of the cell where our DNA is kept, which means that it does not affect or interact with our DNA.

What if I have allergies, should I get the vaccine?

The COVID vaccines do not contain any common allergens like eggs, shellfish, or penicillin. However, a small number of people have had an allergic reaction to the Pfizer vaccine ([11 cases per million doses](#)).

As a result, people with a history of severe allergies resulting in anaphylaxis should talk to their doctor or vaccination team before getting a jab.

You may be advised to have the Oxford AstraZeneca vaccine instead of the Pfizer vaccine, and/or you may be vaccinated in a special facility that can look after you should you suffer a reaction.

If I've already had COVID-19, why do I still need to have the vaccine?

If you have a confirmed case of COVID-19 you should wait at least 4 weeks after you had symptoms, or 4 weeks since your positive test if you didn't have any symptoms, and until you have recovered from your COVID-19 infection, before having the vaccine. You may not have developed enough of an immune response to protect you against a subsequent COVID-19 infection. It is also unknown how long any immunity may last. [A recent study](#) demonstrated that naturally acquired immunity as a result of past infections provides some immunity, but this immunity is a lower level and for a shorter time than if they have been vaccinated.

I've had the flu vaccine, why do I need the COVID-19 vaccine?

The flu vaccine does not protect you from COVID-19. If you are eligible for both vaccines, you should have them both, and they can now be given at the same time if the health professional deems it suitable to do so.

Flu jabs and COVID jabs should not routinely be given at the same time – there should usually be a gap of at least 7 days between them (as referenced in the Green Book). The guidance does permit clinicians to give both jabs at the same time if they consider this to be clinically appropriate and in the best interests of the individual.

What if I'm not well when it's my vaccination appointment?

If you are unwell, it is better to wait until recovered to have your vaccine, but you should try to have it as soon as possible. You should not attend a vaccine appointment if you are self-isolating, waiting for a COVID-19 test due to symptoms or unsure if you are fit and well.

Why haven't I been invited for a vaccination yet?

The [Joint Community on Vaccination and Immunisation \(JCVI\)](#) has advised that the first priorities for any COVID-19 vaccination programme should be to minimise COVID-19 deaths and the protection of health and social care systems and staff. Current evidence strongly indicates that the single greatest risk of death from Covid-19 is increasing age and that the risk increases exponentially with age. The current priority list is as follows:

1. Residents in a care home for older adults **AND** Staff working in care homes for older adults
2. All those 80 years of age and over **AND** Frontline Health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over **AND** Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5. All those 65 years of age and over
6. Adults aged 16 to 65 years in an at-risk group
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

Will testing for COVID-19 still continue after the vaccines have been done?

Yes testing will still continue, this will help to continue to keep our communities and care settings safe. You can still carry the virus on your body and clothes if you come into contact with it, meaning you could still infect others once you have been vaccinated. You will therefore still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

COVID-19 VACCINATION AND FERTILITY

We have heard from a number of people who are concerned about taking up the offer of the COVID-19 vaccination as they are concerned that it will lead to infertility. To help you make your decision about receiving the vaccination, our Public Health team have pulled together all of the evidence around some of the questions we have been asked about the impact of the COVID-19 vaccine on fertility and pregnancy.

If you are currently pregnant and would like some help in deciding whether you should receive the vaccine, the Royal College of Obstetricians and Gynecologists have published a [decision tool](#) to assist you in deciding what to do.

The vaccines protect people from becoming seriously ill or dying from Covid-19. If you are at risk from Covid-19, it is very important that you get protected and have your vaccine when it is offered. There have been a lot of rumours that the vaccines could affect fertility but these are not true. Here's why:

- There is no scientific process by which the vaccines could affect women's fertility.
- Like all vaccines, the covid-19 vaccines teach your body to fight the disease and to develop antibodies to do this. They do not have any ingredients that would affect fertility and the components leave the body within a few days.
- There is no evidence to support the theory that immunity to the spike protein could lead to fertility problems. Most people who contract COVID-19 will develop antibodies to the spike and there has not been any evidence of fertility problems in people who have had COVID-19.
- It is standard practice for new medicines not to be recommended for pregnant women or those planning a pregnancy when they are first issued. Now that more data is available, the independent body responsible for assessing the safety of vaccines (the Joint Committee for Vaccinations & Immunisations), has updated its advice and says that all pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group.

Can the COVID-19 vaccine make me infertile?

There is no evidence to suggest that COVID-19 vaccines will affect fertility. There is no biologically plausible mechanism by which current vaccines would cause any impact on women's fertility. Evidence has not been presented that women who have been vaccinated have gone on to have fertility problems. This is supported by the [Royal College of Obstetricians and Gynaecologists](#), the [Association of Reproductive and Clinical Scientists](#), and the [British Fertility Society](#).

Likewise, the theory that immunity to the spike protein could lead to fertility problems is not supported by evidence. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems in people who have already had COVID-19.

In addition, infertility is not known to occur as a result of natural COVID-19 disease, further demonstrating that immune responses to the virus, whether induced by infection or a vaccine, are not a cause of infertility.

A statement by the Royal College of Obstetricians and Gynecologists has [issued a statement](#) saying that there is no evidence or biological mechanism linking the vaccines to infertility.

Should people of reproductive age receive a COVID-19 vaccine?

The British Fertility Society advise that people of reproductive age should have the vaccine when they receive their invitation for vaccination. This includes those who are trying to have a baby as well as those who are thinking about having a baby, whether that is in the near future or in a few years' time.

Can I have a COVID-19 vaccine during my fertility treatment (IVF, Frozen Embryo Transfer, Egg Freezing, Ovulation Induction, Intra-Uterine Insemination, using donated gametes)?

Yes. You may wish to consider the timing of having a Covid-19 vaccine during your fertility treatment, taking into account that some people may get bothersome side effects in the few days after vaccination that they do not want to have during treatment. These include for example, tenderness at the injection site, fever, headache, muscle ache or feeling tired. It may be sensible to separate the date of vaccination by a few days from some treatment procedures (for example, egg collection in IVF), so that any symptoms, such as fever, might be attributed correctly to the vaccine or the treatment procedure. Your medical team will be able to advise you about the best time for your situation.

Should I delay my fertility treatment until after I have had the COVID-19 vaccine?

The only reason to consider delaying fertility treatment until after you have been vaccinated would be if you wanted to be protected against COVID-19 before you were pregnant. The chance of successful treatment is unlikely to be affected by a short delay, for example of up to 6 months, particularly if you are 37 years of age or younger. However, delays of several months may affect your chance of success once you are over 37 and especially if you are 40 years of age or older.

Is COVID-19 disease serious in pregnancy?

Although the overall risk from COVID-19 disease in pregnant women and their new babies is low, in later pregnancy some women may become seriously unwell and need hospital treatment.

Pregnant women with COVID-19 have a higher risk of intensive care admission than women of the same age who are not pregnant. Women with COVID-19 disease are also 2-3 times more likely to have their babies early than women without COVID-19.

Pregnant women with underlying clinical conditions are at even higher risk of suffering serious complications from COVID-19.

Risk factors for pregnant women:

If you have underlying medical conditions such as:

- immune problems
- diabetes
- high blood pressure
- heart disease
- asthma

Or if you are:

- overweight
- over the age 35
- in your third trimester of pregnancy (over 28 weeks)
- of black and Asian minority ethnic background

You are at more risk from COVID-19 than women of the same age who are not pregnant.

I'm trying to conceive, should I still have the vaccine?

There is no need to avoid getting pregnant after COVID-19 vaccination. There is no evidence that COVID-19 vaccines have any effect on fertility or your chances of becoming pregnant.

What if I find out I'm pregnant after having the vaccine?

If you find out that you are pregnant after you have had the vaccine, don't worry. The vaccines do not contain organisms that multiply in the body, so they cannot cause COVID-19 infection in your unborn baby. If you have any concerns, speak to your midwife or health care worker.

I'm pregnant, should I still have the vaccine?

The coronavirus (COVID-19) vaccines available in the UK have been shown to be effective and to have a good safety profile. These vaccines do not contain live coronavirus and cannot infect a pregnant woman or her unborn baby in the womb.

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered COVID-19 vaccines at the same time as people of the same age or risk group. In the USA, around 90,000 pregnant women have been vaccinated mainly with Pfizer and Moderna vaccines and no safety concerns have been identified.

Evidence on COVID-19 vaccines is being continuously reviewed by the World Health Organization and the regulatory bodies in the UK, USA, Canada and Europe.

Pfizer and Moderna vaccines are the preferred vaccines for pregnant women of any age who are coming for their first dose.

Anyone who has already started vaccination and is offered a second dose whilst pregnant should have a second dose with the same vaccine unless they had a serious side effect after the first dose.

If your first dose was the AstraZeneca (AZ) vaccine, you should also consider the information in the [COVID-19 vaccination and blood clotting leaflet](#).

Women of childbearing age, those who are pregnant or breastfeeding can read the government's latest guidance [here](#)

I am a pregnant healthcare worker and have been offered a COVID-19 vaccination, what should I do?

Pregnant women who are frontline health or social care workers, including carers in a residential home should follow the same guidance as above.

If you are a pregnant health or social care worker, having a vaccine will not change your occupational risk assessment. This includes not working in high-risk areas if you are 28 weeks pregnant and beyond, or if you have an underlying health condition that puts you at a greater risk of severe illness from COVID-19 at any gestation.

Should I still have the vaccine if I'm breastfeeding?

The benefits of breast-feeding are well known.

The JCVI has recommended that the vaccines can be received whilst breastfeeding. This is in line with recommendations from the USA and the World Health Organization.

The [Royal College of Obstetricians and Gynaecologists](#) advise that you should not stop breastfeeding in order to be vaccinated against COVID-19.

Can my child have the vaccination?

The vaccines have yet to be tested in children <12 years old (these trials are underway) and so have not been licensed for use in this group. Given the very low risk of COVID-19 infection to children, they are not currently part of the national vaccination programme; however, it may be that children with specific underlying medical conditions may be considered after the initial rollout phase.

How do I get a vaccine?

In a national survey, more than 82% of social care workers said they intended to get vaccinated against COVID-19. To help make this happen and to protect our social care staff, residents and tenants, North Yorkshire County Council is currently working with our local CCGs and NHS Trusts to ensure that you are prioritised for vaccination. If you have not yet received your vaccine, please contact your GP in the first instance and confirm that you work in Health and Social Care. If you have any difficulty accessing your vaccine, please contact C19vaccinationenquiries@northyorks.gov.uk

Remember, the vaccine is free of charge.

- The NHS will never ask you for your bank account or card details.
- The NHS will never ask you for your PIN or banking password.
- The NHS will never arrive unannounced at your home to administer the vaccine.
- The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.

Further Resources

- The Royal College of Obstetricians and Gynaecologists have developed a [range of information](#) for women eligible for COVID-19 vaccination. This includes an [information leaflet and decision aid](#) about COVID-19 vaccination and pregnancy. This document aims to support women to make a personal informed choice about whether to accept a COVID-19 vaccination in pregnancy.
- The British Fertility Society and Association of Reproductive and Clinical Scientists created a series of FAQs in response to questions that patients were asking about COVID-19 vaccines and fertility. This document can be found [here](#).

- The Royal College of Midwives have put together some [guidance](#) on the COVID-19 vaccination for pregnant women.
- Public Health England has produced information for women of childbearing age, currently pregnant, planning a pregnancy or breastfeeding. This information can be found [here](#), and a YouTube video about whether the vaccine can effect current or future fertility can be found [here](#).
- The UK Teratology Information Service (UKTIS) have published [guidance](#) on non-live vaccination (such as the COVID-19 vaccination) in pregnancy.

Need more information?

The following links may be able to help you:

- NHS guide to COVID-19 vaccination
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>
- COVID-19 vaccination guide for social care staff
 - <https://www.gov.uk/government/publications/covid-19-vaccination-a-guide-for-social-care-staff/covid-19-vaccination-a-guide-for-social-care-staff>
- COVID-19 vaccination guide for older adults
 - <https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-older-adults>
- COVID-19 vaccination for women of childbearing age, currently pregnant, planning a pregnancy or breastfeeding
 - <https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding>
- COVID-19 vaccination guide for healthcare workers
 - <https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-healthcare-workers>