



## BRIEFING PAPER

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# Coronavirus: Covid-19 vaccine roll-out. Frequently Asked Questions

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## Summary

On 2 December 2020, the Medicines and Healthcare products Regulatory Agency (MHRA) granted a [‘temporary authorisation’](#) for the first Covid-19 vaccine in the UK (the [Pfizer/BioNTech vaccine](#)) meaning that it could be administered to patients. Roll-out of the vaccine began the following week, with the [first NHS patient](#) receiving the first of two doses of the vaccine on 8 December 2020. The MHRA has since granted a temporary authorisation to a second Covid-19 vaccine (the [AstraZeneca vaccine](#)) and is now [rolling it out](#) across the UK.

Below are links to resources and guidance on the Covid-19 vaccine programme published by Public Health England, the NHS and other health bodies. Background information on vaccination, published by the House of Commons and Lords Libraries, and the Parliamentary Office of Science and Technology (POST) is also included.

These sources and others have been used to address commonly asked questions about the Covid-19 vaccine programme. These will be updated as needed.

Please note that [NHS guidance](#) emphasises that people should “wait to be contacted” about the vaccination, adding:

The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for a vaccination before then.

The information in this briefing is not medical advice, or a substitute for medical advice. Individuals seeking advice on their own medical treatment should consult their GP or use the [NHS 111 service](#) (in England). For the latest official guidance on coronavirus and the Covid-19 vaccination programme, please consult the NHS and Public Health England guidance linked to in section 1 of this briefing.

# 1. Key resources

## Public Health

- British Medical Association, [COVID-19 vaccination programme](#), 21 December 2020 (guidance for GPs)
- NHS England and NHS Improvement, [COVID-19 vaccination programme](#)
- NHS, [Coronavirus \(COVID-19\) vaccine](#), 31 December 2020
- Public Health England, [COVID-19 vaccination programme: Information for healthcare practitioners](#), December 2020
- Public Health England, [Chapter 14a COVID-19 - SARS-CoV-2, Immunisation against infectious disease](#) (commonly known as 'The Green Book') December 2020
- Public Health England, [Guidance: Why you have to wait for your COVID-19 vaccine](#), 31 December 2020
- Public Health England, [Guidance: What to expect after your COVID-19 vaccination](#), 31 December 2020
- Public Health England, [Guidance: COVID-19 vaccination: guide for healthcare workers](#), 31 December 2020
- Public Health England, [COVID-19 vaccination: guide for older adults](#), 31 December 2020
- Public Health England, [Guidance: COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#), 31 December 2020

Data on the number of people who have received a first vaccination dose can be found on the [Coronavirus \(Covid-19\) in the UK Data Dashboard](#).

## Parliamentary material

- House of Commons Library, [Coronavirus: Access to vaccines in developing countries](#), 25 November 2020
- House of Commons Library, [UK Vaccination Policy](#), 9 December 2020
- House of Lords Library, [Covid-19 vaccine: Winter update](#), 10 November 2020
- Parliamentary Office of Science and Technology, [Monitoring COVID-19 vaccine safety in national immunisation programmes](#), 17 December 2020
- Parliamentary Office of Science and Technology, [Regulatory approval of COVID-19 vaccines in the UK](#), 2 December 2020
- Parliamentary Office of Science and Technology, [COVID-19 vaccines November update: progress of clinical trials](#), 6 November 2020

## 2. FAQs: vaccine costs and quantities

### 2.1 What Covid-19 vaccines has the Government purchased?

A [gov.uk](https://www.gov.uk) press release from 29 November 2020 states that the UK has access to a total of 357 million doses of vaccines from 7 different developers, each of which are at varying stages of clinical trials. They include:

- 100 million doses of University of Oxford/AstraZeneca vaccine – phase 3 clinical trials [*the vaccine now has a [‘temporary authorisation’](#) from the Medicines and Healthcare products Regulatory Agency (MHRA)*]
- 40 million doses of BioNTech/Pfizer vaccine – phase 3 clinical trials [*the vaccine now has a [‘temporary authorisation’](#) from the Medicines and Healthcare products Regulatory Agency (MHRA)*]
- 7 million doses of Moderna vaccine – phase 3 clinical trials
- 60 million doses of Novavax vaccine – phase 3 clinical trials
- 60 million doses of Valneva vaccine – pre-clinical trials
- 60 million doses of GSK/Sanofi Pasteur vaccine – phase 1 clinical trials
- 30 million doses of Janssen vaccine – phase 2 clinical trials<sup>1</sup>

The National Audit Office (NAO) reported in December 2020 that, in the case of both the GSK/Sanofi and Janssen vaccines, “non-binding agreements that form the basis of formal contracts” are in place which the Department of Business, Energy and Industrial Strategy (BEIS) “expects to advance to agreed contracts”.<sup>2</sup>

### 2.2 How much has the Government paid for each Covid-19 vaccine?

Responses to Parliamentary Questions (PQs) state that the Government is not able to disclose details of agreements with vaccine manufacturers because of the commercially confidential nature of the contracts while commercial negotiations are ongoing (see PQ 115828, [Coronavirus: Vaccination](#), 19 November 2020). The NAO reported in December 2020 that the “seven deals” (listed above in section 2.1) could provide “357 million doses of different vaccines to the UK at an anticipated cost of £3.7 billion”.<sup>3</sup> The Spending Review report published on the 25

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<sup>1</sup> Department for Business, Energy & Industrial Strategy, Department of Health and Social Care, [Press release: UK government secures additional 2 million doses of Moderna COVID-19 vaccine](#), 29 November 2020

<sup>2</sup> National Audit Office, [Investigation into preparations for potential COVID-19 vaccines](#), 16 December 2020, p9

<sup>3</sup> National Audit Office, [Investigation into preparations for potential COVID-19 vaccines](#), 16 December 2020, p9

November 2020 noted that the government had made £6 billion available in total to research and procure Covid-19 vaccines.<sup>4</sup>

There has been some press coverage about possible costs of different vaccines – see for example: Financial Times, [How much will a Covid-19 vaccine cost?](#) (23 October 2020). In the UK, *Sky News* reported in January 2021 that “the Moderna vaccine [...] was pitched for \$38 (£28) a dose during the summer - much higher than Pfizer, at \$20 (£15)”. The report added that the Oxford/AstraZeneca vaccine was “much cheaper [costing] a little under £3 per dose, with two doses needed”.<sup>5</sup> Costs, however, are subject to negotiations by Governments with the pharmaceutical companies and thus may vary globally.

The Belgian Budget State Secretary, Eva De Bleeker, posted a price list on Twitter in December 2020 of how much the EU had paid for each of the Covid-19 vaccines:

- Oxford/AstraZeneca: €1.78 (£1.61)
- Johnson & Johnson: \$8.50 (£6.30)
- Sanofi/GSK: €7.56
- Pfizer/BioNTech: €12
- CureVac: €10
- Moderna: \$18<sup>6</sup>

Some further background, including a recent overview of the numbers of vaccine doses the UK has procured from each manufacturer, can be found in an article in the British Medical Journal:

- [Will covid-19 vaccines be cost effective—and does it matter?](#) (26 November 2020).

### 2.3 How many vaccines will be needed?

At present it is not clear how many people will need to be vaccinated for effective protection of the population and, by extension, how many vaccines will be needed. An article in the medical journal, *The Lancet*, states that further evidence is required from Covid-19 vaccine trials before the question can be answered:

The amount of vaccine required for a defined population will depend on evidence from phase 3 COVID-19 vaccine trials on efficacy and what can be assumed about the average duration of vaccine protection—it will be an assumption until the findings of phase 4 trials on duration of both protection against infection and severe disease are reported.<sup>7</sup>

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<sup>4</sup> HM Treasury, [Spending Review 2020](#), CP 330, 25 November 2020,

<sup>5</sup> [COVID-19 vaccines: How do the Moderna, Pfizer and Oxford coronavirus jab candidates compare?](#), *Sky News* [online], 4 January 2021

<sup>6</sup> [Belgian minister tweets EU's Covid vaccine price list to anger of manufacturers](#), *The Guardian*, 18 December 2020

<sup>7</sup> Roy M Anderson, [Challenges in creating herd immunity to SARS-CoV-2 infection by mass vaccination](#), *The Lancet*, Volume 396, Issue 10263, p1614-1616, 21 November 2020

Estimates have, however, been made; Stephen Evans, Professor of Pharmacoepidemiology at the London School of Hygiene and Tropical Medicine told *ITV News*:

we will need “about 80-90% of the population to have immunity” before the government can consider Covid-19 not a threat. He said some of that would come from immunity developed from people who have already had the virus but predicted around 70% of the population would need to be vaccinated.<sup>8</sup>

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<sup>8</sup> [Covid vaccine: Will enough people in the UK be willing to be vaccinated to get rid of the virus?](#) *ITV News* [online], 10 November 2020

## 3. FAQs: immunity and transmission

### 3.1 Will people need repeated vaccinations, and, if so, how often?

The 'Pfizer/BioNTech', AstraZeneca and Moderna vaccines each require two doses to be given (for more information about the intervals between each dose, please see section 3.2).<sup>9</sup>

It is not yet clear how long immunity to the SARS-CoV-2 virus will last following vaccination. An article in the *New Scientist* notes that it is currently hard to say how long "immune memory" will last because "the clinical trials weren't set up to answer that question, and in any case, they only began dispensing second doses of the vaccine four months ago [...] It will become clearer as time marches on and the volunteers continue to be monitored".<sup>10</sup>

Data on immunity to other coronaviruses suggest that immunity to the SARS-CoV-2 virus (which is responsible for Covid-19 disease) might be short lived, "perhaps 12–18 months in duration".<sup>11</sup> An article in the journal *Nature* notes that monitoring immunity in the months and years ahead will be vital:

There is no quick way to determine how long immunity to the SARS-CoV-2 virus will last, and researchers will need to monitor this closely in the coming months and years [...] it will be important for public-health officials to monitor immunity — and to know when it begins to wane. One way to do that, in addition to keeping track of infections among people who have received the shots, is to assess their levels of antibodies and immune cells periodically.<sup>12</sup>

### 3.2 When will I receive the second dose of the vaccine?

'The Green Book' – a Public Health England publication containing information for health professionals on developments in the field of immunisation – states that the Pfizer/BioNTech Covid-19 vaccine should be administered in 2 doses, a minimum of 21 days apart, while the AstraZeneca Covid-19 vaccine should be administered in 2 doses, a minimum of 28 days apart.<sup>13</sup> It also notes, however, that for operational reasons "the second dose of both vaccines should be routinely

<sup>9</sup> [Which COVID-19 vaccines are lined up for roll-out on the NHS?](#), *GP Online*, 30 November 2020; BMA, [COVID-19 vaccination programme](#), 8 December 2020

<sup>10</sup> [Everything you need to know about the Pfizer/BioNTech covid-19 vaccine](#), *New Scientist*, 3 December 2020

<sup>11</sup> Roy M Anderson, [Challenges in creating herd immunity to SARS-CoV-2 infection by mass vaccination](#), *The Lancet*, Volume 396, Issue 10263, p1614-1616, 21 November 2020

<sup>12</sup> [The UK has approved a COVID vaccine — here's what scientists now want to know](#), *Nature*, 3 December 2020

<sup>13</sup> Public Health England, [Chapter 14a COVID-19 - SARS-CoV-2, Immunisation against infectious disease](#) (commonly known as 'The Green Book') December 2020, p7



scheduled between four and 12 weeks after the first dose”.<sup>14</sup> This represents a change to the initial dosing schedule for the second dose of the Pfizer vaccine. It follows a recommendation from the Joint Committee on Vaccination and Immunisation (JCVI) that as “many people on the JCVI priority list as possible should sequentially be offered a first vaccine dose as the initial priority”.<sup>15</sup>

The four UK Chief Medical Officers issued a joint statement on 30 December 2020, agreeing with the JCVI’s approach:

at this stage of the pandemic prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.<sup>16</sup>

BioNTech and Pfizer have reportedly questioned the UK Government’s approach of delaying the second dose of its Covid-19 vaccine. *The Independent* newspaper reported on 5 January 2021 the companies as stating that the:

safety and efficacy of the vaccine has not been evaluated on different dosing schedules as the majority of trial participants received the second dose within the window specified in the study design.<sup>17</sup>

The newspaper added that Denmark has approved a delay of up to six weeks between the administration of the first and second doses of the vaccine and that Germany is considering a similar approach.

### 3.3 Will I receive two doses of the same vaccine?

In all but “extremely rare occasions”, a person should receive two doses of the same Covid-19 vaccine. Dr Mary Ramsay, Head of Immunisations at Public Health England told *BBC News Online*: “We do not recommend mixing the Covid-19 vaccines - if your first dose is the Pfizer vaccine you should not be given the AstraZeneca vaccine for your second dose and vice versa”. Dr Ramsay added that on the “extremely rare occasions” where the same vaccine is unavailable, or it is unknown which vaccine the patient received, it was “better to give a second dose of another vaccine than not at all”.<sup>18</sup>

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<sup>14</sup> Public Health England, [Chapter 14a COVID-19 - SARS-CoV-2, Immunisation against infectious disease](#) (commonly known as 'The Green Book') December 2020, p7

<sup>15</sup> [Press release: Statement from the UK Chief Medical Officers on the prioritisation of first doses of COVID-19 vaccines](#), Department of Health and Social Care, 30 December 2020; JCVI, [Optimising the COVID-19 vaccination programme for maximum short-term impact](#), 31 December 2020

<sup>16</sup> [Press release: Statement from the UK Chief Medical Officers on the prioritisation of first doses of COVID-19 vaccines](#), Department of Health and Social Care, 30 December 2020

<sup>17</sup> [No data to support delay of second Covid vaccine dose, say Pfizer and BioNTech](#), *The Independent*, 5 January 2021

<sup>18</sup> [Coronavirus: BMJ urges NYT to correct vaccine 'mixing' article](#), *BBC News Online*, 3 January 2021

The guidance from Public Health England is that, if a vaccination course is “incomplete” – namely that the person has not received a second dose because the course has been interrupted or delayed – then it should:

be resumed using the same vaccine but the first dose should not be repeated. There is no evidence on the interchangeability of the COVID-19 vaccines although studies are underway. Therefore, every effort should be made to determine which vaccine the individual received and to complete with the same vaccine. For individuals who started the schedule and who attend for vaccination at a site where the same vaccine is not available, or if the first product received is unknown, it is reasonable to offer one dose of the locally available product to complete the schedule. This option is preferred if the individual is likely to be at immediate high risk or is considered unlikely to attend again.<sup>19</sup>

### 3.4 How long after having the vaccine does immunity develop?

Guidance from [Public Health England \(PHE\)](#) states that it takes a “few weeks for your body to build up protection from the vaccine”. PHE guidance also emphasises the importance of continuing to adhere to existing measures aimed at reducing transmission of the virus:

Like all medicines, no vaccine is completely effective, so you should continue to take recommended precautions to avoid infection. Some people may still get COVID-19 despite having a vaccination, but this should be less severe.<sup>20</sup>

### 3.5 Do Covid-19 vaccines prevent the transmission of the SARS-CoV-2 virus?

It is not currently known if Covid-19 vaccines prevent transmission of the SARS-CoV-2 virus responsible for Covid-19 disease. At present, use of Covid-19 vaccines is aimed at providing direct protection to vulnerable individuals. While the Pfizer/BioNTech vaccine trials have shown that it has stopped people developing symptoms of the disease, it was not tested to see whether it prevents people from being infected with the virus. It is therefore unclear whether those who are vaccinated could develop an asymptomatic infection (and thus transmit the virus to others).<sup>21</sup> Pfizer expects to report data on whether or not its vaccine stops virus transmission in the first quarter of 2021.<sup>22</sup>

Interim trial data from the Oxford/AstraZeneca Phase III vaccine trials indicated that the half dose and full dose regimen “could help to prevent transmission of the virus, evidenced by lower rates of asymptomatic infection in the vaccines” though the report notes that

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<sup>19</sup> Public Health England, [Chapter 14a COVID-19 - SARS-CoV-2, Immunisation against infectious disease](#) (commonly known as 'The Green Book') December 2020, p11-12

<sup>20</sup> Public Health England, [Guidance: What to expect after your COVID-19 vaccination](#), 7 December 2020

<sup>21</sup> [The UK has approved a COVID vaccine — here's what scientists now want to know](#), *Nature*, 3 December 2020

<sup>22</sup> [Pfizer Vaccine's Effect on Transmission Still Unknown, FDA Says](#), *Bloomberg*, 8 December 2020

further information will become available “when trial data are next evaluated”.<sup>23</sup>

### 3.6 Will I still need to wear a face covering, maintain social distancing, and wash my hands regularly if I have been vaccinated?

Guidance from Public Health England emphasises that it is still vital for those who have received a vaccine to continue to follow existing measures aimed at reducing the spread of the virus:

We do not yet know whether it [the vaccine] will stop you from catching and passing on the virus, but we do expect it to reduce this risk. So, it is still important to follow the guidance in your local area to protect those around you.

To protect yourself and your family, friends and colleagues you still need to:

- practice social distancing
- wear a face mask
- wash your hands carefully and frequently
- follow the [current guidance](#)<sup>24</sup>

Giving evidence to a joint hearing of the Commons Science and Technology, and Health and Social Care, committees on 9 December 2020, the Chief Medical Officer, Professor Chris Whitty, said that easing coronavirus restrictions now a vaccine is available would be:

absolutely the wrong thing to do [...] So the idea we can suddenly stop now because the vaccine is here, that would be really premature, it's like someone giving up a marathon race at mile 16 - it would be absolutely the wrong thing to do [...] There will come a point where the choice about exactly when to start to ramp things down, how fast and which, needs to be made. And that is fundamentally a science-informed political decision.<sup>25</sup>

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<sup>23</sup> [Oxford University breakthrough on global COVID-19 vaccine](#), University of Oxford News, 23 November 2020

<sup>24</sup> Public Health England, [Guidance: What to expect after your COVID-19 vaccination](#), 7 December 2020

<sup>25</sup> [Gradual retreat' from Covid-19 life - Whitty](#), *BBC News Online*, 9 December 2020

## 4. FAQs: vaccine safety

### 4.1 How is the safety of a Covid-19 vaccine assessed?

Vaccines must be tested through a series of clinical trials to establish their efficacy and safety, and have a product licence, known as a “marketing authorisation”, before they can be made available for widespread use in humans. The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. A press release from the MHRA, following its granting of a temporary authorisation for the first Covid-19 vaccine in the UK, explains its review process:

A dedicated team of MHRA scientists and clinicians carried out a rigorous, scientific and detailed review of all the available data, starting in October 2020.

This was done using a regulatory process known as a ‘rolling review’. A ‘rolling review’ can be used to complete the assessment of a promising medicine or vaccine during a public health emergency in the shortest time possible. This is done as the packages of data become available from ongoing studies on a staggered basis.

The MHRA expert scientists and clinicians reviewed data from the laboratory pre-clinical studies, clinical trials, manufacturing and quality controls, product sampling and testing of the final vaccine and also considered the conditions for its safe supply and distribution.<sup>26</sup>

The MHRA also seeks advice from the Commission on Human Medicines, the Government’s independent advisory body, who also critically assess the data before advising the UK government on the safety, quality and effectiveness of any potential vaccine.<sup>27</sup>

Dr June Raine, the Chief Executive of the MHRA, has written a piece [explaining the process behind the Agency's approval of the Pfizer/BioNTech vaccine](#) (8 December 2020).<sup>28</sup> The MHRA has also published the [Conditions of Authorisation for Pfizer/BioNTech COVID-19 vaccine](#) (updated 8 December 2020).

### 4.2 How will the safety of vaccines be monitored?

Medicine safety (including vaccines) is monitored by the MHRA on an ongoing basis through the [Yellow Card scheme](#), whereby reports of suspected side effects are sent to the MHRA by health professionals,

<sup>26</sup> [Press release: UK medicines regulator gives approval for first UK COVID-19 vaccine](#), Medicines and Healthcare products Regulatory Agency, 2 December 2020

<sup>27</sup> [The roles of the MHRA and JCVI in COVID-19 vaccines](#), Public Health England blog, 2 December 2020

<sup>28</sup> See also Elisabeth Mahase, [Vaccinating the UK: how the covid vaccine was approved, and other questions answered](#), *British Medical Journal* 2020; 371, Published 9 December 2020; [How the U.K. Approved Pfizer's COVID-19 Vaccine Faster Than the U.S. and Europe](#), *Time Magazine*, 2 December 2020

drug companies and by patients. The purpose of the scheme is to provide “an early warning that the safety of a product may require further investigation”. Further details can also be found in [Chapter 9 Surveillance and monitoring for vaccine safety](#) of Public Health England's [Immunisation against infectious disease](#) (commonly known as ‘The Green Book’), 20 March 2013

In the specific case of Covid-19 vaccines, the Chief Executive of the MHRA, Dr June Raine, stated that there is in place “a robust and proactive safety monitoring strategy for COVID-19 vaccines which allows for rapid, real-time safety monitoring at population level”, including a dedicated [Coronavirus Yellow Card reporting site](#).<sup>29</sup> This is supplemented with “safety monitoring with analysis of data on national vaccine usage and anonymised GP-based electronic healthcare records, linked to other healthcare data, to proactively monitor safety.”<sup>30</sup>

The MHRA has also stated that [The National Institute for Biological Standards and Control](#), part of the agency, “has been and will continue doing, independent laboratory testing so that every batch of the vaccine meets the expected standards of safety and quality”.<sup>31</sup>

In addition, the MHRA is performing [Near real time vaccine safety monitoring for COVID-19 vaccines](#):

Once a COVID-19 vaccine is introduced it is important that the risk of rare events is actively monitored in order to both provide evidence on vaccine safety, mitigating the impact of unfounded scares which can discourage people from being vaccinated and provide them with reassurance, as well as to rapidly detect any true safety concerns. This monitoring study will include weekly analyses to generate signals of potential rare risks where we see higher rates of an event occurring in patients than is expected given the natural occurrence of such events in unvaccinated people. Any concerns will then be further explored to ascertain if they are related to the vaccine and changes made to the vaccination programme to ensure safety if necessary.<sup>32</sup>

The companies responsible for producing Covid-19 vaccines also have obligations regarding vaccine safety. As part of the MHRA's [Conditions of Authorisation for Pfizer/BioNTech COVID-19 vaccine](#):

Pfizer/BioNTech must operate a comprehensive pharmacovigilance system for this product in accordance with UK legislation for licensed products, as if they were market authorisation holders.<sup>33</sup>

The same clause is also part of the MHRA's [Conditions of Authorisation for COVID-19 Vaccine AstraZeneca](#).

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<sup>29</sup> [Press release: Confirmation of guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine](#), Medicines and Healthcare products Regulatory Agency, 9 December 2020

<sup>30</sup> [Press release: Confirmation of guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine](#), Medicines and Healthcare products Regulatory Agency, 9 December 2020

<sup>31</sup> [Press release: UK medicines regulator gives approval for first UK COVID-19 vaccine](#), Medicines and Healthcare products Regulatory Agency, 2 December 2020

<sup>32</sup> Clinical Practice Research Datalink (CPRD), [Near real time vaccine safety monitoring for COVID-19 vaccines](#), MHRA, 10 October 2020

<sup>33</sup> MHRA, [Decision Conditions of Authorisation for Pfizer/BioNTech COVID-19 vaccine](#), Updated 8 December 2020

Further information can be found in: Parliamentary Office of Science and Technology, [Monitoring COVID-19 vaccine safety in national immunisation programmes](#), 17 December 2020.

### 4.3 Are there any side effects?

Side effects associated with the COVID-19 mRNA Vaccine BNT162b2 (the 'Pfizer/BioNTech' vaccine) are set out in the [Package leaflet: Information for the recipient](#). It states the following:

Side effects may occur with following frequencies:

Very common: may affect more than 1 in 10 people

- pain at injection site
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever

Common: may affect up to 1 in 10 people

- injection site swelling
- redness at injection site
- nausea

Uncommon: may affect up to 1 in 100 people

- enlarged lymph nodes
- feeling unwell

The package leaflet for the [Covid-19 Vaccine AstraZeneca](#) states the following about possible side effects:

**Very Common (may affect more than 1 in 10 people)**

- tenderness, pain, warmth, redness, itching, swelling or bruising where the injection is given
- generally feeling unwell
- feeling tired (fatigue)
- chills or feeling feverish
- headache
- feeling sick (nausea)
- joint pain or muscle ache

**Common (may affect up to 1 in 10 people)**

- a lump at the injection site
- fever
- being sick (vomiting)
- flu-like symptoms, such as high temperature, sore throat, runny nose, cough and chills

**Uncommon (may affect up to 1 in 100 people)**

- feeling dizzy
- decreased appetite
- abdominal pain
- enlarged lymph nodes
- excessive sweating, itchy skin or rash<sup>34</sup>

The MHRA states that vaccine recipients “should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment”.<sup>35</sup> Recipients are also encouraged in the patient information leaflet to talk to their doctor, pharmacist or nurse if they get any side effects, including any possible side effects not listed in the leaflet.<sup>36</sup>

Further information on possible adverse reactions can also be found in Public Health England, [COVID-19 vaccination programme: Information for healthcare practitioners](#), December 2020 and Public Health England, [Guidance: What to expect after your COVID-19 vaccination](#), 7 December 2020.

## 4.4 What is being done to combat vaccine disinformation?

[Public health specialists](#) have voiced concerns that anti-vaccination messages, particularly those circulated on social media, could have a negative impact on the effectiveness of a mass roll-out of Covid-19 vaccines.<sup>37</sup> On the 8 November 2020, the Government agreed a [package of measures](#) with social media companies to address vaccine disinformation, while the Opposition has suggested that further, [legislative steps](#) need to be taken in this area.<sup>38</sup>

In response to a question from the Leader of the Opposition, Sir Kier Starmer, about countering disinformation about vaccines, the Prime Minister stated on 2 December 2020 that the Government was “working to tackle all kinds of disinformation across the internet”, adding “we will be publishing a paper very shortly on online harms designed to tackle the very disinformation that he speaks of”.<sup>39</sup>

During a debate on the Government’s Response to the Online Harms Consultation on 15 December 2020, the Culture Secretary, Oliver

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<sup>34</sup> MHRA, [Decision: Information for UK recipients on COVID 19 Vaccine AstraZeneca](#), 5 January 2021

<sup>35</sup> [Press release: Confirmation of guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine](#), Medicines and Healthcare products Regulatory Agency, 9 December 2020

<sup>36</sup> MHRA, [Decision: Information for UK recipients on Pfizer/BioNTech COVID-19 vaccine](#), updated 8 December 2020

<sup>37</sup> [How anti-vaxxers are threatening the UK’s Covid programme](#), *Financial Times*, 30 November 2020

<sup>38</sup> [Social media giants agree package of measures with UK Government to tackle vaccine disinformation](#), Department for Digital, Culture, Media & Sport, Department of Health and Social Care, 8 November 2020; [Covid-19: Stop anti-vaccination fake news online with new law says Labour](#), *BBC News Online*, 15 November 2020

<sup>39</sup> [HC Deb 2 December 2020 c304](#)

Dowden, stated that vaccine disinformation would be covered by forthcoming legislation:

if disinformation—for example, anti-vax content—causes harm to individuals, it will be covered by the legislation, and I very much expect to set that out as one of the priority areas that would have to be addressed in secondary legislation.<sup>40</sup>



## 5. FAQs: vaccine roll-out

### 5.1 Who is responsible for the vaccine roll-out?

On 2 December 2020 the Secretary of State for Health and Social Care, Matt Hancock, told the Commons that he had chaired a meeting of Health Ministers from the devolved Administrations to co-ordinate the roll-out of the Covid-19 vaccine across the UK. He noted that the roll-out “will be one of the biggest civilian logistical efforts that we have faced as a nation.” The Secretary of State went on to set out the three main ways vaccines would be delivered:

First, we will begin vaccinations in hospital hubs. Secondly, we will deploy through local community services, including GPs and in due course pharmacies, too. Thirdly, we will stand up vaccination centres in conference centres and sports venues, for example, to vaccinate large numbers of people as more vaccines come on stream.<sup>41</sup>

Around 70 sites (including around 50 hospitals in England) which were designated as vaccine hubs, began vaccinating patients in the highest priority group from 8 December.<sup>42</sup> The first wave of [GP-led vaccinations](#) started in the week beginning 14 December.<sup>43</sup> Some further information on the roll-out of the Oxford University/AstraZeneca Covid-19 vaccine was announced by the Government on 4 January.<sup>44</sup> The DHSC noted that the first Oxford/AstraZeneca vaccinations will be delivered at hospitals for the first few days, as is standard practice, before the bulk of supplies are sent to GP-led services and care homes.<sup>45</sup>

Speaking in the Commons on 6 January 2021, the Prime Minister said there are “almost 1,000 vaccination centres across the country, including 595 GP-led sites, with a further 180 opening later this week, and 107 hospital sites, with another 100 later this week. Next week we will also have seven vaccination centres opening in places such as sports stadiums and exhibition centres.”<sup>46</sup>

NHS England and NHS Improvement publishes locations of hospital vaccination hubs and local vaccination services – with the [latest spreadsheet showing locations as at 5 January 2021](#).

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<sup>41</sup> [HC Deb, 2 December 2020](#)

<sup>42</sup> NHS England and NHS Improvement wrote to the Chief Executives of all NHS Trusts and Foundation Trusts on 20 November 2020 with details of its [COVID-19 vaccination deployment strategy and operational readiness](#). The letter states that “the current expectation is that the first phase of the vaccine deployment will be undertaken by a number of NHS Trusts”. An initial list of NHS Trust Vaccine Hubs was listed in Annex 1 to the letter but this is likely to be subject to change.

<sup>43</sup> Some further background on the distribution of vaccines to GP practices can be found in response to PQ 107752, [Coronavirus: Vaccination](#), 22 December 2020

<sup>44</sup> DHSC press release, [First people to receive Oxford University/AstraZeneca COVID-19 vaccine today](#), 4 January 2021

<sup>45</sup> The Oxford/AstraZeneca vaccine can be stored at fridge temperatures, between two to eight degrees, making it easier to distribute to GP practices and care homes.

<sup>46</sup> [HC Deb, Covid-19, 6 January 2021, c733-4](#)

The seven mass vaccination sites announced for England are expected to operate from:

- Etihad Tennis Centre, Manchester
- Epsom Downs Racecourse, Surrey
- Robertson House, Stevenage
- Centre for Life, Newcastle
- Ashton Gate Stadium, Bristol
- Millennium Point, Birmingham
- ExCel, London<sup>47</sup>

Local pharmacies are also expected to be commissioned to administer Covid-19 vaccines.<sup>48</sup>

Because of the need for the Pfizer/BioNTech vaccine to be stored at -70C the roll out of this vaccine started at hospitals and other hubs with the necessary storage facilities. Because of the requirement for cold storage it is anticipated that there will be some difficulties in supplying the Pfizer/BioNTech vaccine directly to GP practices and care homes. On 4 December a letter from the Care Minister, Helen Whatley, set out how the Government planned to get the Pfizer/BioNTech vaccine into care homes.<sup>49</sup> On 8 December NHS England noted that hospitals have begun working with care home providers to book their staff in to vaccination clinics.<sup>50</sup>

### 5.2 How long will the roll-out take?

The first Pfizer/BioNTech vaccines were administered on Tuesday 8 December and while the Government hopes as many of the highest priority group as possible can be vaccinated in December, NHS England and NHS Providers have cautioned that the vast majority will need to be vaccinated in 2021. NHS national medical director, Professor Stephen Powis, has warned that the roll out of a vaccine will be a marathon not a sprint.<sup>51</sup>

On 7 December it was reported a Downing Street source had said they expected the “majority” of vulnerable people to be vaccinated in January and February.<sup>52</sup>

On the 6 January 2021 the Prime Minister told the Commons that 1.1 million people in England had already been immunised with the Pfizer and Oxford-AstraZeneca vaccines, including more than 650,000 people

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<sup>47</sup> BBC News, [Covid: Seven mass vaccination hubs announced for England](#), 6 January 2021

<sup>48</sup> Telegraph, [Coronavirus latest news: Pharmacies won't be excluded from vaccine rollout, minister insists](#), 6 January 2021

<sup>49</sup> DHSC, [COVID-19 vaccinations and care homes: programme launch](#), 4 December 2020

<sup>50</sup> NHS England and NHS Improvement, [NHS vaccine programme 'turning point' in battle against the pandemic](#), 8 December 2020

<sup>51</sup> NHS England and NHS Improvement, [NHS vaccine programme 'turning point' in battle against the pandemic](#), 8 December 2020

<sup>52</sup> [Coronavirus: 'Majority' of vulnerable to be vaccinated by end of February, says No 10](#), the Independent, 8 December 2020

aged over 80. He said the NHS is committed to offering a vaccination to everyone in the top four priority groups by 15 February 2020, including older care home residents and staff, everyone over 70, all frontline NHS and care staff and all those who are clinically extremely vulnerable.<sup>53</sup>

It has been estimated that there are around 12 million individuals in the top four priority groups in England and that meeting the Government's 15 February deadline will require up to two million vaccinations a week.<sup>54</sup> Martin Marshall, chairman of the Royal College of GPs, has said that to meet this target "vaccine centres need a sustained supply of vaccine, and reliable information about when deliveries will be made, with as much notice as possible".<sup>55</sup>

### 5.3 What is the guidance for general practice on providing Covid-19 vaccines?

On 9 November 2020 a [letter](#) regarding the Covid-19 vaccination programme, from NHS England and NHS Improvement (NHSEI), was sent to GPs, general practice teams and clinical commissioning groups (CCGs). This noted that the British Medical Association (BMA) General Practitioners Committee in England had agreed that a 'general practice Covid-19 vaccination service' would be commissioned in line with agreed national terms and conditions as an enhanced service.

Due to the likelihood of complex logistics in this new supply chain, the letter set out that practices will need to work collaboratively with other practices to deliver vaccinations in their [Primary Care Network](#) (PCN) groupings.<sup>56</sup> NHSEI anticipate at least one site being designated initially per PCN grouping. Annex B sets out the process for designating sites nominated by PCNs to administer vaccinations. An [Enhanced Service Specification: COVID-19 vaccination programme 2020/21](#), was published on 1 December 2020.

Further guidance for GPs on the Covid-19 vaccination programme is available on the [NHSEI website](#) and the BMA has also published a [COVID-19 vaccination programme webpage](#).

### 5.4 Who will administer the Covid-19 vaccine?

The Government consulted on changes to the Human Medicine Regulations (HMRs) between August and September 2020. One of the changes proposed was to expand the workforce eligible to administer Covid-19 and flu vaccinations. The changes to the HMRs have since been laid as the [Human Medicines \(Coronavirus and Influenza\)](#)

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<sup>53</sup> [HC Deb, Covid-19, 6 January 2021, c733-4](#)

<sup>54</sup> HSJ, [PM sets target for NHS to vaccinate up to 11m in six weeks](#), 5 January 2021

<sup>55</sup> The Times, [Wait for supplies forces GPs to delay Covid vaccine clinics](#), 7 January 2021

<sup>56</sup> Primary Care Networks are based on GP registered lists in around 1,250 geographical networks across England, covering populations of approximately 30–50,000.

[\(Amendment\) Regulations 2020](#). The Explanatory Memorandum to the Regulations explains that they:

- [introduce] a new type of national immunisation protocol (regulation 247A), to be authorised by UK ministers and the Devolved Administrations, which will allow those who are registered healthcare professionals who do not normally vaccinate, and people who are not registered health care professionals, to safely administer a licensed or temporarily authorised COVID-19 or influenza vaccine;
- Expand the workforce legally allowed to administer vaccines under National Health Service (NHS) and local authority occupational health schemes, so that additional health care professionals in the occupational health workforce will be able to administer these particular vaccines.<sup>57</sup>

The NHS webpage '[Clinicians considering a return to the NHS](#)' includes a section 'Interested in joining the NHS COVID-19 vaccination team?'. The NHS Professionals webpage also provides a link for healthcare professionals to register an interest to '[Join the Covid-19 Vaccine Team](#)'.

The Government has said an "army of current and former NHS staff have applied to become vaccinators, with tens of thousands having already completed their online training. These are being processed as quickly as possible and volunteer vaccinators will be deployed as more vaccine supplies become available."<sup>58</sup> Further information about volunteering to support the vaccination programme can be found [here](#).

A [letter](#) dated 9 November 2020 sent to GPs, general practice teams and CCGs from NHS England and NHS Improvement regarding the Covid-19 vaccination programme outlined the staffing resources practices may be able to draw to support the vaccination programme:

Practices will need to provide the majority of the required staff from their own workforce, though additional workforce, including volunteers may be available through agreed national frameworks or through any existing local channels. PCN partners in community services or community pharmacy may be able to support delivery. If practices want to use the Bring Back Staff Scheme and GP returners to recruit additional staff, they should liaise with their regional Bring Back Scheme leads to identify CVs and availability.

The Government's '[Covid-19 Winter Plan](#)' also includes information on page 35 which highlights returning NHS staff are to be deployed to support the rollout of a Covid-19 vaccine.

The Health Service Journal has reported estimates that around 30,000 to 40,000 staff may be needed to work on the vaccination programme, and that:

The additional staff are expected to be employed by local contracted "lead providers" on a national model employment

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<sup>57</sup> The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020: [Explanatory Memorandum to the Regulations](#), October 2020, para 7.6

<sup>58</sup> DHSC press release, [First people to receive Oxford University/AstraZeneca COVID-19 vaccine today](#), 4 January 2021

contract. Substantial input will also be required from the existing workforce, especially for community services staff.<sup>59</sup>

Further information can be found in the NHS England and NHS Improvement guidance, [Legal mechanisms for administration of the COVID-19 Vaccine\(s\)](#).

## 5.5 How will I know when and where to go to be vaccinated? Should I go to my GP or to a mass vaccination centre?

As noted previously, there are three main types of venue used to administer the Covid-19 vaccine: at hospital 'vaccine hubs', at GP surgeries and pharmacies, and at mass vaccination sites. The Gov.uk website also notes that vaccination teams will visit some people to offer the vaccine, for example in care homes. The [Gov.uk website](#) also notes that "Because some of the vaccine has to be stored in a very low temperature freezer, you may not be able to get the vaccine in your normal GP surgery."<sup>60</sup>

The NHS has advised people not to turn up at hospitals, mass vaccination sites, GP surgeries or pharmacies expecting to be vaccinated, unless they have received an invite letter or call. People should also avoid placing unnecessary demands on GP phone services or NHS 111 trying to book vaccinations. [NHS guidance](#) emphasises that people should "wait to be contacted" about the vaccination, adding:

The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for a vaccination before then.

## 5.6 What happens if there are problems with the vaccine supply chain?

Speaking to the media on 8 December 2020, the Health Secretary commented that the Government has a number of contingency plans in place in case there are problems getting the vaccine into the country or disruption to transport within the UK. It has been reported that the military could be used to transport the vaccine. June Raine, chief executive of the Medicines and Healthcare products Regulatory Agency (MHRA), has also said they have planned for every outcome of the Brexit negotiations.<sup>61</sup>

On the 7 January 2021 *The Times* reported concerns from some GPs about delays in supply of the Covid-19 vaccine to their practices.<sup>62</sup>

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<sup>59</sup> [Exclusive: NHS setting up dozens of mass covid vaccination centres and seeking 40,000 staff](#), *Health Service Journal*, 19 November 2020

<sup>60</sup> Gov.uk, [Why you have to wait for your COVID-19 vaccine](#), 7 December 2020

<sup>61</sup> [Brexit deal failure won't hit UK vaccine rollout, says medicines agency chief](#), *Financial Times*, 6 December 2020. See also Dayan M, [Brexit and the Coronavirus Vaccine](#), Nuffield Trust comment, December 2020

<sup>62</sup> *The Times*, [Wait for supplies forces GPs to delay Covid vaccine clinics](#), 7 January 2021

## 6. FAQs: priority groups

### 6.1 Who is responsible for identifying which priority groups should get the vaccine first?

The Department of Health and Social Care is advised by the [Joint Committee on Vaccination and Immunization](#) (JCVI), an independent expert advisory committee. It provides advice on the introduction of new programmes, as well as major changes to, or the discontinuation of, an existing immunisation programme. The JCVI states that it formulates advice and recommendations based on “appraisal of the best scientific and other evidence available and reflecting current good practice and/or expert opinion”<sup>63</sup>.

The JCVI published an independent report on 30 December 2020 providing [advice on priority groups for COVID-19 vaccination](#). The Committee considered the available epidemiological, microbiological and clinical information on the impact of Covid-19 when providing its advice. Based on the “current epidemiological situation in the UK” and the available evidence, the JCVI recommended that the “best option for preventing morbidity and mortality in the initial phase of the [vaccination] programme is to directly protect persons most at risk of morbidity and mortality”. It added that “the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems” and that, as the risk of mortality from Covid-19 increases with age, “prioritisation is primarily based on age”.

### 6.2 Who will get the vaccine first?

An “age-based programme” is envisaged by the Joint Committee on Vaccination and Immunization (JCVI) to optimise both delivery and uptake of any Covid-19 vaccine. The [prioritisation](#), as of 30 December 2020, is set out below:

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over. Frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over Clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
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

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<sup>63</sup> Joint Committee on Vaccination and Immunisation, [Code of Practice](#), June 2013

The JCVI stated that, as more Phase III trial data becomes available, the Committee will be able to prepare further advice for policy makers in the UK.

## 6.3 When will health and social care staff get the vaccine?

While patients who are over the age of 80 were the first people to be vaccinated, it was also administered to some NHS staff, for example those who are carrying out the vaccinations or who are most at-risk. Care home staff are also in the highest priority group for vaccination identified by the JCVI, and hospital hubs have begun working with care home providers to book their staff in to vaccination clinics.<sup>64</sup>

On the matter of vaccinating health and social care workers, the JCVI stated:

Frontline health and social care workers 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. The committee considers frontline health and social care workers who provide care to vulnerable people a high priority for vaccination. Protecting them protects the health and social care service and recognises the risks that they face in this service. Even a small reduction in transmission arising from vaccination would add to the benefits of vaccinating this population, by reducing transmission from health and social care workers to multiple vulnerable patients and other staff members. This group includes those working in hospice care and those working temporarily in the COVID-19 vaccination programme who provide face-to-face clinical care.<sup>65</sup>

The Health Service Journal has also reported that few NHS staff are likely to receive the vaccine before the New Year.<sup>66</sup>

[Chapter 14a](#) of the Department of Health and Social Care [Immunisation against infectious disease](#) guidance (commonly known as 'The Green Book') provides more on which NHS staff are designated as being 'frontline' for the purpose of vaccine prioritisation.

## 6.4 How will the clinically extremely vulnerable be prioritised?

[JCVI guidance](#) issued on 30 December 2020 "advises that persons aged less than 70 years who are clinically extremely vulnerable should be offered vaccine alongside those aged 70- 74 years of age".

However it adds that: "Many individuals who are clinically extremely vulnerable will have some degree of immunosuppression or be immunocompromised and may not respond as well to the vaccine."

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<sup>64</sup> NHS England and NHS Improvement, [NHS vaccine programme 'turning point' in battle against the pandemic](#), 8 December 2020

<sup>65</sup> JCVI, [Advice on priority groups for COVID-19 vaccination](#), 30 December 2020

<sup>66</sup> Health Service Journal, [Revealed: which NHS staff will get covid vaccine first](#), 2 December 2020 and [Exclusive: New guidance means few NHS staff now likely to get covid vaccine before Xmas](#), 3 December 2020



### **Will those caring for the clinically extremely vulnerable be vaccinated at the same time?**

The [JCVI guidance](#) states that:

Consideration has been given to vaccination of household contacts of immunosuppressed individuals. However, at this time there are no data on the size of the effect of COVID19 vaccines on transmission.

Evidence is expected to accrue during the course of the vaccine programme, and until that time the committee is not in a position to advise vaccination solely on the basis of indirect protection. Once sufficient evidence becomes available the committee will consider options for a cocooning strategy for immunosuppressed individuals, including whether any specific vaccine is preferred in this population.

## **6.5 Are BAME groups being prioritised?**

The JCVI acknowledges in its advice on [priority groups for COVID-19 vaccination](#) that there is “clear evidence that certain Black, Asian and minority ethnic (BAME) groups have higher rates of infection, and higher rates of serious disease, morbidity and mortality”. It goes on to state, however, that there is:

[...] no strong evidence that ethnicity by itself (or genetics) is the sole explanation for observed differences in rates of severe illness and deaths. 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. It is also clear that societal factors, such as occupation, household size, deprivation, and access to healthcare can increase susceptibility to COVID-19 and worsen outcomes following infection.

While BAME groups are not being prioritised *per se*, the JCVI states:

Prioritisation of persons with underlying health conditions (see above) will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

The Committee also suggests that NHS England and Improvement, the Department of Health and Social Care, Public Health England and the devolved administrations work together to ensure that:

[...] everything possible is done to promote good uptake in Black, Asian and minority ethnic groups and in groups who may experience inequalities in access to, or engagement with, healthcare services.<sup>67</sup>

## **6.6 Are teachers and school-age children being prioritised?**

The JCVI has stated that the first phase of the vaccination programme should be focused on the “direct prevention of mortality and supporting the NHS and social care system” (namely vaccinating the nine categories listed in section 6.2 above). It has suggested, however, that subsequent

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<sup>67</sup> JCVI, [Advice on priority groups for COVID-19 vaccination](#), 30 December 2020



phases of the programme could involve “vaccination of those at increased risk of exposure to SARS-CoV-2 due to their occupation [such as] first responders, the military, those involved in the justice system, teachers, transport workers, and public servants essential to the pandemic response”. The JCVI, however, is of the view that “priority occupations for vaccination are [...] an issue of policy, rather than for JCVI to advise on” and has asked that the “Department of Health and Social Care consider occupational vaccination in collaboration with other government departments”.<sup>68</sup>

Some teaching unions, together with the Children’s Commissioner for England, Anne Longfield, have called on the Government to prioritise teachers and other staff working with children for vaccination.<sup>69</sup> In addition, there is a petition (hosted on the UK Government and Parliament Petitions site) to [Prioritise teachers, school and childcare staff for Covid-19 vaccination](#). The petition currently has over 300,000 signatures and will be debated in Parliament on 11 January 2021.

For further details see House of Commons Library, [Coronavirus and schools: FAQs](#), 5 January 2021.

## 6.7 Can those who are pregnant or breastfeeding have the vaccine?

There is a lack of data on the safety of Covid-19 vaccines in pregnancy. The journal *Nature* notes that such trials “often lag behind tests in other groups of people, to ensure that as many safety data as possible have been collected before they begin”.<sup>70</sup> The JCVI currently advises that “there is insufficient evidence to recommend routine use of Covid-19 vaccines during pregnancy”, though it adds that “the available data does not indicate any safety concern or harm to pregnancy”.<sup>71</sup>

In instances where the risk of exposure to SARS-CoV2 infection is “high and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of Covid-19”, the JCVI advises that “vaccination in pregnancy should be considered”. The JCVI emphasises that, if these circumstances apply, “clinicians should discuss the risks and benefits of vaccination with the woman, who should be told about the absence of safety data for the vaccine in pregnant women”.<sup>72</sup>

Current advice from the JCVI is that women who are breastfeeding, who fall within one of the priority groups (such as healthcare workers), may be offered vaccination with the Pfizer-BioNTech or AstraZeneca Covid-19 vaccines.

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<sup>68</sup> JCVI, [Advice on priority groups for COVID-19 vaccination](#), 30 December 2020

<sup>69</sup> Children’s Commissioner for England, [‘Lockdown school closures mean we need to act now to save children’s education and wellbeing’](#), 5 January 2021; NASUWT, [‘NASUWT responds to the Prime Minister’s announcement of the latest lockdown’](#), 4 January 2021.

<sup>70</sup> [The UK has approved a COVID vaccine — here’s what scientists now want to know](#), *Nature*, 3 December 2020

<sup>71</sup> JCVI, [Advice on priority groups for COVID-19 vaccination](#), 30 December 2020

<sup>72</sup> JCVI, [Advice on priority groups for COVID-19 vaccination](#), 30 December 2020

For further information see Public Health England, [Guidance: COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#), 31 December 2020

### Other vaccine contraindications

The Covid-19 chapter of the 'Green Book' ([Immisation against infectious disease](#)) advises that "there are very few individuals who cannot receive the COVID-19 mRNA Vaccine BNT162b2 Pfizer BioNTech or AstraZeneca COVID-19 vaccines". It states that the vaccine should not be given to those who have had:

- a confirmed anaphylactic reaction to a previous dose of COVID-19 vaccine
- a confirmed anaphylactic reaction to any components of the vaccine<sup>73</sup>

After initially stating that any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine, the MHRA revised its guidance regarding **allergic reactions**:

A very small number of individuals have experienced anaphylaxis when vaccinated with the Pfizer BioNTech COVID-19 vaccine. Following close surveillance of the initial roll-out, the MHRA has advised that individuals with a history of anaphylaxis to food, an identified drug or vaccine, or an insect sting can receive any COVID-19 vaccine, as long as they are not known to be allergic to any component (excipient) of the vaccine. All recipients of the Covid-19 vaccine should be kept for observation and monitored for a minimum of 15 minutes. Facilities for management of anaphylaxis should be available at all vaccination sites.

The British Society for Allergy and Clinical Immunology (BSACI) has advised that:

- individuals with a history of immediate onset-anaphylaxis to multiple classes of drugs or an unexplained anaphylaxis should not be vaccinated with the Pfizer BioNTech vaccine. The AstraZeneca vaccine can be used as an alternative (if not otherwise contraindicated);
- individuals with a localised urticarial (itchy) skin reaction (without systemic symptoms) to the first dose of a COVID-19 vaccine should receive the second dose of vaccine with prolonged observation (30 minutes) in a setting with full resuscitation facilities (e.g. a hospital);
- individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to the first dose of a COVID-19 vaccine can receive the second dose of vaccine in any vaccination setting.<sup>74</sup>

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<sup>73</sup> Public Health England, [Chapter 14a COVID-19 - SARS-CoV-2, Immisation against infectious disease](#) (commonly known as 'The Green Book') December 2020, p14

<sup>74</sup> NHS England, [Novel coronavirus \(COVID-19\) standard operating procedure COVID-19 local vaccination services deployment in community settings](#), Version 3, 4 January 2021, p17-18

Additional vaccine precautions are set out on pages 18-20 of Public Health England, [COVID-19 vaccination programme: Information for healthcare practitioners](#) (December 2020).

## 6.8 Will having a Covid-19 vaccine be mandatory?

Vaccines offered through the national immunisation programme in the UK are not mandatory. [NHS guidance](#) notes that you should be “asked for your consent before each vaccination”. Vaccinations are also not currently mandatory in the UK during a pandemic. The [Public Health \(Control of Disease\) Act 1984](#) (as amended by the [Health and Social Care Act 2008](#)) contains regulation making powers that allow a number of public health measures to be taken in situations such as the Covid-19 outbreak. Under [section 45C](#) of the 1984 Act (*Health protection regulations: domestic*) the appropriate minister:

[...]may by regulations make provision for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination in England and Wales (whether from risks originating there or elsewhere).

[Section 45E](#) (*Medical treatment*), however, is clear that any health protection regulations put in place under s.45C “may not include provision requiring a person to undergo medical treatment.” ‘Medical treatment’ is defined in s.45E to include “vaccination and other prophylactic treatment.” There is equivalent legislation in [Scotland](#) and [Northern Ireland](#).

Speaking at the Downing Street daily coronavirus briefing on 4 May 2020, the Health Secretary said he did not think any future Covid-19 vaccine would be made mandatory:

I think the extent of the public’s reaction following the lockdown shows we will be able to achieve very, very high levels of vaccination without taking that step [...] We are proceeding on the basis that just such a huge proportion of the population are going to take this up because of the obvious benefits to individuals and their families and their communities and indeed the whole nation, that there will be enormous demand for it as and when the science is safe to proceed.<sup>75</sup>

In November 2020, the Health Secretary again stated that the Government was not proposing to make any vaccination for Covid-19 mandatory, but added that he had “learnt not to rule things out during this pandemic because we have to watch what happens and you have to make judgments accordingly.”<sup>76</sup> More recently, the Prime Minister stated “I strongly urge people to take up the vaccine, but it is no part of our culture or our ambition in this country to make vaccines mandatory. That is not how we do things”.<sup>77</sup>

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<sup>75</sup> [Coronavirus: Health secretary doesn't think future COVID-19 vaccine will need to be made compulsory](#), *Sky News* [online], 4 May 2020

<sup>76</sup> [Matt Hancock refuses to rule out making Covid-19 vaccine mandatory](#), *msn news*, 16 November 2020

<sup>77</sup> [HC Deb 2 December 2020, c302](#)

## 6.9 Will I be stopped from participating in certain activities, like going to the cinema, if I am not vaccinated?

Nadhim Zahawi MP, the Minister responsible for Covid-19 Vaccine Deployment, was quoted by reporters on 30 November 2020 as saying that the Government was “looking at the technology” around “immunity passports” to show when someone had received the Covid-19 vaccine. He added that:

I think you'll probably find that restaurants and bars and cinemas and other venues, sports venues, will probably also use that system - as they have done with the app.<sup>78</sup>

The Minister for the Cabinet Office, Michael Gove MP, subsequently stated that the Government was not planning to introduce a “vaccine passport”. Asked about the possibility of vaccine passports, Mr Gove told BBC Breakfast:

“Let's not get ahead of ourselves, that's not the plan. What we want to do is to make sure that we can get vaccines effectively rolled out”. He added that individual businesses would “of course” have the “capacity to make decisions about who they will admit and why”. “But the most important thing that we should be doing at this stage is concentrating on making sure the vaccine is rolled out.”<sup>79</sup>

## 6.10 How will information on who has had the vaccine be recorded and used?

The Government has said that the careful and accurate recording of vaccination status is incredibly important both in terms of ensuring priority cohorts are offered the two doses of a potential COVID-19 vaccination and to ensure robust surveillance systems are in place to support patient safety.

The NHS National Immunisation Management System (NIMS) will be used as the national register of COVID-19 vaccinations. At the point that someone receives their COVID-19 vaccine, the vaccinating team will record it and this information will go onto the NIMS system and onto a patient's general practitioner record.<sup>80</sup>

## 6.11 Can I pay to have a vaccine privately?

The Gov.uk website notes that the Covid-19 vaccination is only available through the NHS to eligible groups and it is a free vaccination.<sup>81</sup>

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<sup>78</sup> [Covid-19: No plans for 'vaccine passport' - Michael Gove](#), *BBC News Online*, 1 December 2020

<sup>79</sup> [Covid-19: No plans for 'vaccine passport' - Michael Gove](#), *BBC News Online*, 1 December 2020

<sup>80</sup> [PQ 120024, 2 December 2020](#)

<sup>81</sup> Gov.uk, [Why you have to wait for your COVID-19 vaccine](#), 7 December 2020

The *Financial Times* has reported that most private clinics are not expecting to offer Covid-19 vaccinations at least until the NHS has completed the vaccination of high priority groups.<sup>82</sup>

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<sup>82</sup> [Health chiefs rule out private sector jumping vaccine queue](#), *Financial Times*, 3 December 2020

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