An open discussion about the COVID-19 vaccine:

Questions and answers from the event on Wednesday 3 February 2021

In this document you can find answers to many of the questions asked during the event. Please speak to your GP if you have a question relating to a personal health condition.

1. Where can I find credible sources of information about the COVID-19 vaccine?

You can find accurate and up to date information on the NHS website.

You can also find more information in our COVID vaccine FAQs.

2. How does the vaccine work?

The COVID-19 vaccine works by making a protein from the virus that is important for creating protection. The protein works in the same way it does for other vaccines by stimulating the immune system to make antibodies and cells to fight the infection. The COVID-19 vaccine will reduce the chance of you suffering from COVID-19.

You can also find more information in our COVID vaccine FAQs.

3. Why should I take the vaccine?

The COVID-19 vaccine has been proven to be safe and effective. It gives you the best protection against coronavirus.

The sooner we are all vaccinated, the sooner we can get back to normal.

4. How quickly can vaccines be adjusted in response to new mutations?

Further laboratory work is currently being undertaken to understand any resistance to the vaccine from new variants or mutations of the virus.

There is no evidence currently that the new strain will be resistant to the current vaccines. Viruses, such as the winter flu virus, often branch into different strains, but these small variations rarely make vaccines ineffective. Further laboratory work is currently being undertaken to understand any resistance to the vaccine from new variants or mutations of the virus.

5. Why are some vaccines given with gloves and some without gloves?

NHS vaccination centres are COVID-secure to help keep everyone safe when getting their vaccine. In line with other NHS services, all services are required to ensure they take all necessary infection prevention and control measures such as social distancing, use of PPE and regular cleaning of chairs, table and other touchpoints. Patients are also asked to wear face coverings unless they are unable to.

6. Why are people giving plasma when we have a COVID-19 vaccine?

Plasma is being collected from volunteers for scientific research and possible coronavirus treatments.

You can find more information here.

7. Does ethnicity play a part in the efficacy of the vaccines?

Every single vaccine authorised for use in the UK has been authorised by the MHRA. The three components of authorisation are a safety assessment, an effectiveness assessment and a manufacturing quality assessment.

Each of the vaccines are tested on tens of thousands of people across the world. They are tested on both men and women, on people from different ethnic backgrounds, representative of the UK population and of all ages between 18-84, as well as immune-compromised and those with underlying health conditions.

As a result of this testing on a representative sample of the population, we can be confident that an approved vaccine will be effective for the wider population in the UK.

You can find information about the vaccine trials on the GOV.UK website.

8. Which COVID-19 vaccine will be used in Westminster?

The vaccines that the NHS uses and in what circumstances are decided by the MHRA. The vaccines are all classed as being very effective. The Oxford/AstraZeneca vaccine is easier to store and transport, meaning the NHS can deliver them in more places. The Oxford/AstraZeneca vaccine is manufactured in the UK, so it is expected that more doses will be available to the NHS and that most people are likely to receive this vaccine over the coming weeks and months.

You can find more information in our COVID vaccine FAQs.

9. What are the vaccine ingredients? Do the vaccines have MRC-5 in them?

You can find information about the vaccine ingredients for each of the vaccines on the GOV.UK website.

10. The media is providing conflicting information on the vaccine, why should we take it?

The COVID-19 vaccine will reduce the chance of you suffering from COVID-19. Each vaccine has been tested in more than 20,000 people in several different countries and has been shown to be safe. It may take a week or two for your body to build up some protection from the first dose of vaccine. Like all medicines, no vaccine is completely effective, so you should continue to take recommended precautions after vaccination to avoid infection. Some people may still get COVID-19 despite having a vaccination, but this should be less severe.

You can find more information in our COVID vaccine FAQs.

11. Is there an opportunity to offer vaccine to all those below 50 years old?

The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).

You can find more information on the GOV.UK website.

12. Do companies like Pfizer and Moderna have immunity from liability if something goes unintentionally wrong with their vaccines due to the PREP Act?

The UK Government has under-written the development of vaccines but that does not mean that there are no protections. The COVID-19 vaccine has been proven to be safe and effective at reducing the chance of you suffering from coronavirus.

13. What effect does the delay in having the second COVID-19 vaccine have?

The UK Chief Medical Officers have agreed a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection after two weeks – 89% for the Pfizer/BioNTech vaccine and 74% for the Oxford/AstraZeneca vaccine. This decision will allow the NHS to get the maximum benefit for the most people in the shortest possible time and will help save lives.

14. What is the difference between the types of vaccine?

The vaccines are all classed as being very effective.

You can find information for each of the vaccines on the GOV.UK website.

15. Why is the vaccine injected into muscle? Is this the most effective way?

Vaccines are injected into muscle as muscles have a good blood supply which helps to disperse the vaccine. Injecting vaccines into muscles also reduces the risk of side effects and should result in less inflammation. A sore arm, a common side effect of the vaccination, is usually a sign that your immune system is working.

You can find information on the NHS website.

16. Can you catch or infect someone with COVID-19 after the vaccine?

There is a chance you might still get or spread coronavirus even if you have the vaccine. This means it is important to continue to follow social distancing guidance and, if you can, wear something that covers your nose and mouth in places where it's hard to stay away from other people.

You can find more information in our COVID vaccine FAQs.

17. Can people catch the virus more than once?

Research shows that reinfection is uncommon but is still possible. It is important to continue to follow social distancing rules and to self-isolate and get a test if you have any of the symptoms of coronavirus.

18. Is there any benefit having the vaccine if you have recently had COVID-19?

Yes, you should get vaccinated if you are offered the COVID-19 vaccine by the NHS. The MHRA has decided that getting vaccinated is just as important for those who have already had COVID-19 as it is for those who haven't.

You can find more information in our COVID vaccine FAQs.

19. Is there data relating to severe or fatal side effects following receiving the vaccine?

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term and not everyone gets them. For the vaccines, trial participants included people from various ages, immune-compromised and those with underlying health conditions. Details of those who took part in the trials are available online.

A very small number of people who are at risk of COVID-19 cannot have the vaccine – this includes people who have severe allergies.

You can find more information about the side effects on the NHS website.

20. Do health workers have to take the vaccine in order to keep working?

You do not have to take the vaccine, however the vaccine has been proven to be safe and effective and gives you the best protection against coronavirus.

21. Would vitamin D supplements help the impact of COVID-19?

Those who are at high risk from coronavirus, such as those who are clinically extremely vulnerable, can receive free daily vitamin D supplements.

For more information and to apply for free vitamin D supplements, visit the NHS website.

22. When will the data from the vaccine trials be published by the makers of the products?

You can find information for each of the vaccines on the GOV.UK website.

23. Will we have to take the vaccine every year like the flu vaccine?

We don't yet know if the COVID-19 vaccine will be needed every year, like the flu vaccine. Public Health England is monitoring this but it may be some time until we have the answer.

24. Is there any data currently being collected on symptoms and severity for people who have been given the vaccine especially people of colour?

The vaccines have been shown to provide a high level of protection from symptomatic COVID-19. We do not yet know the impact of the vaccine on transmission and so we will vaccinate those who are at highest risk of serious illness and death. This includes older people and care home residents.

As vaccination programmes roll out globally, our understanding of the safety and effectiveness of each vaccine will increase, and these data will be used to develop advice on the next phase of the programme.

Every single vaccine authorised for use in the UK has been authorised by the MHRA and the three parts of authorisation are a safety assessment, an effectiveness assessment and a manufacturing quality assessment.

25. Why are pregnant women and children advised not to take the vaccine?

There's no evidence the COVID-19 vaccine is unsafe if you're pregnant. But more evidence is needed before pregnant women can routinely be offered it. Pregnant women should speak to a healthcare professional before they have the vaccination to discuss the benefits and risks.

The vaccine is currently not being offered to children as it hasn't been tested on children and the likelihood of children having significant detriment if they catch COVID-19 is very low.

You can find information on the NHS website.

26. Does the vaccine affect fertility?

There is no evidence that the vaccine affects fertility and there is no evidence of fertility problems after COVID-19 disease.

You can find more information on the NHS website.

27. If you have a particular vaccine e.g. the Pfizer vaccine, should the second dose be the same vaccine?

The Joint Committee on Vaccination and Immunisation advises that your second vaccine dose is with the same vaccine as for the first dose. Switching between vaccines or missing the second dose is not advised as this might affect the duration of protection.

28. If you had a reaction to the vaccine, would the vaccinators know what to do?

Serious allergic reactions are rare. If you do have a reaction to the vaccine, it usually happens in minutes. Staff giving the vaccine are trained to deal with allergic reactions and treat them immediately.

You can find information on the NHS website.

29. Can I choose which vaccine I have?

The vaccines that the NHS uses and in what circumstances are decided by the MHRA. The Oxford/AstraZeneca vaccine is easier to store and transport, meaning the NHS can deliver them in more places. The Oxford/AstraZeneca vaccine is manufactured in the UK, so it is expected that more doses will be available to the NHS and that most people are likely to receive this vaccine over the coming weeks and months.

30. What are your plans to make changes to lessen medical inequalities?

We are of course acutely aware of the disproportionate impact that COVID-19 has had on people from a Black, Asian and minority ethnic background. We are working hard to understand the key drivers of the disparity identified and will do all we can to act in Westminster.

In BAME groups high uptake is the most important factor in reducing inequalities. The NHS is working closely with BAME communities to support those receiving a vaccine and help anyone who may have questions about the vaccination process.

For an update on the action being taken by the NHS to tackle health inequalities, please visit the NHS website.

31. Will there be more local conversations to answer all the unanswered questions from the event?

Across the council we are looking into running further localised events to support residents and we will share more information with residents accordingly.

32. I'm vulnerable – is Westminster offering transport to vaccination centres?

The NHS is planning a mixed approach to ensuring that vulnerable people who are eligible can get the vaccine safely. Community teams will take the vaccine to care home residents and those who can't leave home.

You can find more information in our COVID vaccine FAQs.

33. Why are Black people not visibly represented at the top levels of medical research? It would help build trust.

COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. We are of course acutely aware of the disproportionate impact that COVID-19 has had on people from a Black and minority ethnic background. We are working hard to understand the key drivers of the disparity identified and will do all we can to act in Westminster.

This is why it's so important to have key figures in health such as our event panellist Professor Kevin Fenton, Regional Director for London at Public Health England, and Professor Jonathan Van-Tam, Deputy Chief Medical Officer. Community engagement and tailored communications for our diverse communities also play a vital role in our efforts to best support our residents.

For an update on the action being taken by the NHS to tackle health inequalities, please visit the NHS website.

34. If the vaccine is safe and effective why do you still have to follow social distancing rules?

There is a chance you might still get or spread coronavirus even if you have the vaccine. This means it is important to continue to follow social distancing guidance and, if you can, wear something that covers your nose and mouth in places where it's hard to stay away from other people.

You can find information on the NHS website.

35. Can BAME communities be prioritised in terms of vaccination?

Current evidence suggests that the single greatest risk of mortality from COVID-19 is increasing age and the risk increases with age. The risk of COVID-19 related death is also higher in certain demographics and occupational groups including some BAME groups. Start with Research shows that an Asian or a Black person reaches the equivalent age-risk of COVID-19 of a white 65-year- old at 60 years without other medical issues.

The Government's Joint Committee on Vaccination and Immunisation recommends that good vaccine coverage mitigates inequalities in those risk groups not addressed through vaccine prioritisation.

In BAME groups high uptake is the most important factor in reducing inequalities. Prioritisation of people with underlying health conditions will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

36. Where can I find ethnicities data from the COVID-19 vaccine trials?

Clinical trials have been and continue to be published as more are completed, these include ethnicities data.

An example of this can be found in the New England Journal of Medicine.

City of Westminster