

Frequently asked questions to support COVID-19 vaccinators and volunteers with patient conversations regarding vaccine hesitancy

Can I get a vaccine if I don't have an NHS Number?

Yes. People do not require an NHS number or GP registration to receive a vaccination and should not be denied one on this basis. Local system leaders have been asked to take action to ensure this is not the case.

If someone does not have an NHS number but is within an eligible group, services have been advised to vaccinate now, record locally via a paper system, and ensure vaccination is formally documented subsequently.

Can I get a vaccine if I am a Refugee/Asylum Seeker?

Yes. The Government have decided that there should be no charges for coronavirus (COVID-19) testing, treatment and vaccination.

Overseas visitors to England, including anyone living in the UK without permission, will **not** be charged for:

- testing for COVID-19 (even if the test shows they do not have COVID-19)
- treatment for COVID-19, including for a related problem called multisystem inflammatory syndrome that affects some children
- vaccination against COVID-19

No immigration checks are needed for overseas visitors if they are only tested, treated or vaccinated for COVID-19.

Why aren't BAME groups now being prioritised?

There is clear evidence that certain Black, Asian and minority ethnic (BAME) groups have higher rates of infection, and higher rates of serious disease and mortality. The reasons are multiple and complex.

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.

Prioritisation of people with underlying health conditions will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

Tailored local implementation to promote good vaccine coverage in Black, Asian and minority ethnic groups will be the most important factor within a vaccine programme in reducing health inequalities in these groups.

The NHS will provide advice and information at every possible opportunity, including working closely with BAME communities, to support those receiving a vaccine and to anyone who has questions about the vaccination process.

Throughout the pandemic increasing attention has been given to reducing health inequalities and we have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

When will you publish vaccine "ingredients"?

A detailed review of the vaccines and their ingredients have been provided by the MHRA and can be found at the following links:

For the Pfizer/BioNTech vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

The British Islamic Medical Association have produced a helpful guide for the Muslim community which can be found at <https://britishima.org/pfizer-biontech-covid19-vaccine/>

How were vaccines developed so quickly?

Medicines including vaccines are highly regulated – and that is no different for the approved COVID-19 vaccines. There are a number of enablers that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines;

1. The different phases of the clinical trial were delivered to overlap instead of run sequentially which sped up the clinical process;
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial;
3. clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

Were the trial participants reflective of a multi-ethnic population?

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

We have seen any evidence to suggest any of the vaccines will work differently in different ethnic groups.

Were the vaccines tested on high risk groups?

For both vaccines trial participants included a range of those from various ages, immune-compromised and those with underlying health conditions, and both found the efficacy of the vaccine translates through all the subgroups.

Details of trial participants for both vaccines are published online.

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Does the vaccine include any parts from foetal or animal origin?

No. There is no material of foetal or animal origin in either vaccine. All ingredients are published in healthcare information on the Medicines & Healthcare Regulatory Agency (MHRA's) website.

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Can the vaccine alter your genetic (DNA) material?

There is no evidence to suggest that individual genetic material will undergo an alteration after receiving the vaccine

Does the Covid-19 vaccine affect fertility?

There is no evidence that the vaccine affects fertility. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.

Can I have the vaccine during Ramadan/does the vaccine invalidate fasting?

The British Islamic Medical Association have issued specific advice urging Muslims observing Ramadan not to delay getting the vaccine, drawing on analysis from Islamic scholars which says that injections for non-nutritional purposes do not invalidate the fast.

Additionally considering that fasting is from dawn to dusk, vaccination appointments can/ may be made after breaking the fast i.e. at the later end of the evening, however this is dependent on the local system if a vaccination centre or a PCN is open in the evening to cater for their local population.

Further information is available here: <https://britishima.org/operation-vaccination/hub/statements/#FAST>

Does the vaccine work on those taking immune suppressants?

Although the vaccine was not tested on those with very serious immunological conditions, the vaccine has been proven to be very effective and it is unlikely that the vaccine will have no effect at all on these individuals.

There may be a very small number of people with very complex or severe immunological problems who can't make any response at all – but the vaccine should not do any harm to these individuals. Individuals meeting these criteria may want to discuss the vaccine further with their specialist doctor.

What is being done to encourage vaccine uptake in black, Asian, minority ethnic and other disproportionately affected communities/groups?

We understand that some communities have specific concerns and may be more hesitant in taking the vaccine than others. The NHS is working collaboratively with partners to ensure vaccine messages reach as diverse an audience as possible and are tailored to meet their needs.

These FAQs have been consulted with staff networks and senior BAME leaders, and are representative of views received, they will however be reviewed regularly : please submit any views/comments or feedback to northwest.edi@nhs.net