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**15 December 2020**

## **West Yorkshire Covid-19 vaccination update**

Dear colleague

As you will be aware, the first vaccinations in West Yorkshire started last week from Leeds Teaching Hospitals Trust (LTHT), with NHS staff from across Leeds working together to provide vaccinations to people in the priority groups identified by the Joint Committee on Vaccination and Immunisation. This was a momentous occasion and hopefully you will have shared in the sense of achievement we all felt as the stories of the first people to receive a vaccine were celebrated in the local media.

During the week, we also got the news that deliveries would be made to a number of local vaccination centres run by primary care networks (PCNs) from week commencing 14 December and a huge amount of work has gone into getting preparations ready for this. The first vaccinations will start today (Tuesday 15 December), meaning that more patients across West Yorkshire will start to be offered the vaccine. As explained last week, the first wave of PCN local vaccination centres were selected based on the number of patients over 80 to target the delivery of the vaccine in line with the JCVI guidance as effectively as possible. However, the second wave of local vaccination centres should receive deliveries later this week and the third wave the week after so the intention is for all areas should have access to the vaccine within a very short space of time.

This will be supported by vaccinations from the hospital hubs at LTHT and Bradford Teaching Hospitals NHS Foundation Trust, which has also received its first delivery this week. These hubs will also be focussing on vaccinations for people over 80 and care home workers to help make sure we reach people in these priority groups as quickly as possible. In addition, we hope to be able to continue to offer some vaccinations to a number of frontline health and social care staff across West Yorkshire as originally planned.

Although it is great news that we are able to start offering vaccinations, this is very early days and there is a limited supply of the vaccine currently available.



As supply increases, or an alternative vaccine is approved, we will be ready to expand the programme and offer the vaccine to as many people as possible from a wider range of locations. We are still hopeful that the MHRA will approve the splitting of the vaccine packs shortly so that we can start vaccinating care home residents as soon as possible.

We would be very grateful for any support you can give in explaining the position if you get any questions around why people haven't been offered a vaccine yet or wanting to know when they will. In particular, we are urging people **not** to contact their GP practice or local NHS services to enquire about the vaccine – the NHS will contact people when it is their turn so they do not need to do anything. Services are extremely busy at the moment so these enquiries are putting them under additional pressure and potentially preventing people with urgent health problems getting through when they need to.

Once sufficient supplies are available to progress to wider vaccinations, we will be supporting the programme with a comprehensive communications campaign to encourage people to have the vaccine. This will be a national campaign to ensure a consistent approach but will be tailored to local needs across West Yorkshire. In particular, we will be focusing on engaging with communities in each Place to build confidence in the vaccine and address any specific barriers to them having a vaccination. Again, a partnership approach will be vital to achieve this and we are extremely grateful for the support from local authority and voluntary sector colleagues in this respect.

The patient information from Public Health England is now available and can be [downloaded online](#). In addition, NHS England has sent through some updated FAQs (enclosed) which you may find helpful for responding to any questions.

We will continue with a weekly update but let you know of any major developments that happen in between so that you always have the latest information available to us. If you have any further queries about this work that I can help with please do not hesitate to contact me on [wycovidvaccine@nhs.net](mailto:wycovidvaccine@nhs.net).

Yours sincerely



Dr Phil Wood, Chief Medical Officer, Leeds Teaching Hospitals NHS Trust  
SRO, Vaccine Programme, West Yorkshire and Harrogate Health and Care Partnership

**Enclosed: FAQs 14 December 2020**



## FAQs for patients

### **How will patients be invited for a vaccination?**

When it is the right time people will receive an invitation to come forward. For most people this will be in the form of a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number.

We know lots of people will be eager to get protected but we are asking people not to contact the NHS to get an appointment until they get their letter.

### **Is the NHS confident the vaccine is safe?**

Yes. The NHS will not offer any Covid-19 vaccinations to the public until experts have signed off that it is safe to do so. The MHRA, the official UK regulator, have said this vaccine is very safe and highly effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

### **How long does the vaccine take to become effective?**

The COVID-19 vaccination will reduce the chance of your suffering from COVID-19 disease. You may not be protected until at least seven days after your second dose of the vaccine.

### **Is the vaccine vegan/vegetarian friendly?**

Yes, the Pfizer vaccine does not contain any meat derivatives or porcine products.

If, and when, further vaccines are approved we will publish information about known allergens or ingredients that are important for certain faiths, cultures and beliefs.

### **Who cannot have the vaccine?**

The COVID-19 vaccination is not recommended for women who are pregnant.

People who are suffering from a fever-type illness should also postpone having the vaccine until they have recovered.

### **How effective is the COVID-19 vaccine?**

This is all included in the information published by the MHRA, and Public Health England will also be publishing more resources for patients and professionals. People can be assured the NHS will ensure that they have all the necessary information on those vaccines that are approved by the MHRA before they attend for their vaccination.

### **Is the NHS confident the vaccine will be safe?**

Yes. The NHS would not offer any COVID-19 vaccinations to the public until it is safe to do so. The MHRA, the official UK regulator authorising licensed use of medicines and vaccines by healthcare professionals, has made this decision, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products. There are checks at every stage in the development and manufacturing process.

### **What is the evidence to show the vaccine is safe for BAME communities?**

The phase three study of the Pfizer BioNTech COVID-19 vaccine demonstrated a vaccine efficacy of 95%, with consistent efficacy across age, gender and ethnicity. Overall, among the participants who received the COVID-19 vaccine 82.1% were White, 9.6% were Black or African American, 26.1% were Hispanic/Latino, 4.3% were Asian and 0.7% were Native American/Alaskan.

### **I'm currently ill with COVID-19, can I get the vaccine?**

People currently unwell and experiencing COVID-19 symptoms should not receive the COVID-19 vaccine until they have recovered.

### **Do people who have already had COVID-19 get vaccinated?**

Yes, they should get vaccinated. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody, so people who have had COVID-19 disease (whether confirmed or suspected) can still receive the COVID-19 vaccine when it is their time to do so.

### **Are there any known or anticipated side effects?**

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Even if you do have symptoms after the first dose, you still need to have the second dose. You may not be protected until at least seven days after your second dose of the vaccine.

Very common side effects include:

- Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- Feeling tired
- Headache
- General aches, or mild flu like symptoms

As with all vaccines, appropriate treatment and care will be available in case of a rare anaphylactic event following administration.

### **How many doses of the vaccine will be required and when?**

You are required to have two doses of the COVID-19 vaccine, 21 days apart. You may not be protected until at least seven days after your second dose of vaccine.

### **I have had my flu vaccine, do I need the COVID-19 vaccine as well?**

The flu vaccine does not protect you from COVID-19. As you are eligible for both vaccines you should have them both, but normally separated by at least a week.

### **Will the COVID-19 vaccine protect me from flu?**

No, the COVID-19 vaccine will not protect you against the flu. If you have been offered a flu vaccine, please try to have this as soon as possible to help protect you, your family and patients from flu this winter.

## **Other FAQs**

The following FAQs have been provided as a guide for people involved in the vaccine programme. **Please do not publish these or share in their entirety** but the information can be used to help you respond to any questions you may get from members of the public or stakeholders.

## **The Covid-19 vaccination programme**

### **What vaccine for COVID-19 is currently available?**

The Pfizer/BioNTech COVID-19 vaccine is available. This vaccine is shown to offer up to 95% efficacy and has been given regulatory approval by the MHRA. Based on two doses of the Pfizer vaccine per person this would run to a maximum of 20m people. But we won't have all of these doses from day 1 or even in the first month – this is going to be a long-term programme.

The Government has secured access to six different vaccine candidates, across four different vaccine types, totalling over 357 million doses. This includes

- BioNTech/Pfizer alliance (40m doses)
- University of Oxford/AstraZeneca partnership (100m doses)

### **Why are BAME groups not 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, morbidity and mortality.

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. 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.

Societal factors, such as occupation, household size, deprivation, and access to healthcare can increase susceptibility to COVID-19 and worsen outcomes following infection.

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

The advice is for NHS England and NHS Improvement, the Department of Health and Social Care, Public Health England and the devolved administrations to work together to ensure that inequalities are identified and addressed in implementation.

This could be through culturally competent and tailored communications and flexible models of delivery, aimed at ensuring 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. These tailored implementation measures should be applied across all priority groups during the vaccination programme.

### **Staff**

#### **Why are healthcare workers amongst the first groups to receive the vaccine?**

The JCVI have put patient-facing health and social care staff into a priority group because of their heightened risk of exposure to the virus. Healthcare workers are not the top priority though and with limited vaccine, employers are being asked to offer the vaccine to the most at risk healthcare workers first.

The NHS is experienced in vaccinating hundreds of thousands of staff quickly and safely – we do it every year for the flu vaccine – and all local NHS employers will be responsible for ensuring that 100% of eligible staff have the opportunity to take it up over the coming weeks and months.

#### **Why aren't all healthcare workers getting vaccinated right now?**

The Government have confirmed that the vast majority of vaccinations administered by the NHS in this initial phase will be prioritised for those 80 years of age and over and care home residents and workers.

It is likely that some NHS staff are also likely to be among those vaccinated in the first few days, and employers will be identifying those who can benefit most. Over the following days and weeks as we get more supplies this will continue to be rolled out.

#### **Why is it important for staff to get their COVID-19 vaccination?**

If you're a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work.

Getting your COVID-19 vaccination as soon as you can, should protect you and may help to protect your family and those you care for.

The COVID-19 vaccine should help reduce the rates of serious illness and save lives and will therefore reduce pressure on the NHS and social care services.

#### **How will healthcare workers get the vaccine?**

The NHS will offer vaccinations using different models. For healthcare workers, dozens of NHS trusts will act as hospital hubs where NHS staff can get vaccinated on site.

**Which healthcare workers will be prioritised?**

Frontline health and social care workers at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment, are considered of higher priority for vaccination than those at lower risk. This prioritisation should be taken into account during vaccine deployment.

**Is it mandatory, and what happens if staff don't want the jab?**

There are no plans for a COVID-19 vaccine to be compulsory. Just as they do with the winter flu vaccine, local NHS employers will be working hard to ensure staff are able to get vaccinated, and that any concerns that staff have are answered. We are confident that most staff – as they do every year for the flu vaccine – will protect themselves and their patients by getting the vaccine.

**Can I go back to work after having my vaccine?**

Yes, you should be able to work as long as you feel well. If your arm is particularly sore, you may find heavy lifting difficult. If you feel unwell or very tired you should rest and avoid operating machinery or driving.

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. However, you will need to continue to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

**Will healthcare workers need to pay for the vaccine?**

No, the COVID-19 vaccination is only available through the NHS to eligible groups and it is a free vaccination.

**How are you raising awareness of the vaccine among the NHS workforce?**

The Cabinet Office have developed a campaign to raise awareness of the vaccine with the public and health and social care staff. This includes specific engagement with BAME communities and workforce.