**COVID-19 Vaccines – Top lines and Q&A**

Last updated 12/01/2021 18:00

**[COVID-19 vaccine communications team, DHSC]**

**Contents**

[**Top lines** 2](#_Toc61366055)

[**Quotes and statements:** 3](#_Toc61366056)

[**General vaccines messages** 5](#_Toc61366057)

[**Q&A** 5](#_Toc61366058)

[**When will the vaccines be delivered?** 5](#_Toc61366059)

[**Vaccine Delivery Plan** 7](#_Toc61366060)

[**Changes to dose interval** 11](#_Toc61366061)

[**Oxford/AstraZeneca vaccine** 14](#_Toc61366062)

[**Which vaccine is better/more effective?** 14](#_Toc61366063)

[**What protection is given by each vaccine after the first dose?** 15](#_Toc61366064)

[**Vaccine efficacy, length of protection, impact on transmissibility** 15](#_Toc61366065)

[**Vigilance, surveillance and adverse incidents** 16](#_Toc61366066)

[**Deployment and Timing** 18](#_Toc61366067)

[**Operational delivery (NHS)** 22](#_Toc61366068)

[**Lockdown restrictions, tiering, vaccine passports** 25](#_Toc61366069)

[**Workforce (NHS)** 26](#_Toc61366070)

[**Deployment and Timing** 27](#_Toc61366071)

[**Regulation and Authorisation** 27](#_Toc61366072)

[**Ingredients, Controversial Substances, Moral and Ethical Advisory Group (MEAG)** 28](#_Toc61366073)

[**New variant of COVID-19** 29](#_Toc61366074)

[**Prioritisation** 30](#_Toc61366075)

[**What vaccines will we have?** 33](#_Toc61366076)

[**Vaccine trials importance** 34](#_Toc61366077)

[**Communications and Campaigns** 35](#_Toc61366078)

[**British Nationals (BNs) living abroad (including in EU member states)** 35](#_Toc61366079)

[**Annex – International Lines** 38](#_Toc61366080)

# **Top lines**

* Vaccines are the way out of this pandemic. An effective vaccine is the best way to protect people from coronavirus and will save thousands of lives.
* Following extensive safety trials and authorisation by the independent regulator, the MHRA, effective COVID-19 vaccines are available in the UK for free.
* The NHS has a clear vaccine delivery plan and will contact you when it's your turn to get the vaccine as quickly and easily as possible.
* 2.4 million of the most vulnerable and those who care for them have already received their first dose. Two fifths of over 80s have been vaccinated and will be protected from coronavirus when their immunity develops in 14 days.
* This will be a marathon, not a sprint, and we cannot let down our guard. People must follow the rules to stop the spread of coronavirus.

**Key messages:**

* Almost 1,200 vaccination sites have already been set up across the UK and hundreds more are opening soon to help those who are most at risk from COVID-19 to access vaccines for free, regardless of where they live.
* Our vaccine supply and scheduled deliveries will fully support vaccination of JCVI priority cohorts 1-4 by 15 February. We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

The Covid-19 vaccination programme is the biggest vaccination programme in NHS history and we’ve protected more people through vaccinations than all other countries in Europe put together.

* The NHS has opened the first seven NHS Vaccination Centres to vaccinate people aged 80 and over, along with health and care staff.
* We all have an important part to play to help the NHS:
	+ Please do not contact the NHS to seek a vaccine, the NHS will contact you;
	+ When you are contacted, please attend your appointments.
* We will continue to follow the JCVI advice and vaccinate those most at risk first, and those who work closest with them - care home residents and staff, followed by people over 80 and health and social care workers, then other people in order of age and risk.
* The UK has ordered 40 million doses of the Pfizer/BioNTech vaccine and 100 million doses of the Oxford/Astra Zeneca vaccine, both of which are now being given to people across the UK.
* An effective vaccine is one that saves lives and reduces hospitalisations. We don’t yet know how long people who are vaccinated will be protected from Covid-19 or if it prevents transmission. Once we have more data about how these vaccines perform and we will know the best way to use them to save the most lives.
* Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be authorised once it has met globally recognised standards of effectiveness, safety and quality by the medicine’s regulator, the MHRA.
* Our supply and scheduled deliveries of the Oxford/AstraZeneca and Pfizer/BioNTech vaccines will fully support vaccination of JCVI priority cohorts 1-4 by 15th February.
* We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

# **Quotes and statements:**

Health and Social Care Secretary Matt Hancock, on 12/01/2021, said:

“By the end of January, everyone will live within 10 miles of a centre, we’ll vaccinate several hundred thousand a day and at least 2 million per week. There will be 206 hospital sites, 1,200 local sites, and 50 large centres by the end of January. By spring, we will offer first dose to all Phase One priority groups (32m in UK), with all adults vaccinated by autumn (c.53m)”

**Press conference 11/01/2021: Health and Social Care Secretary Matt Hancock:**

For a year now we have been working to develop and buy vaccines for everyone in the UK.

Thanks to our investment in Ebola and MERS vaccines several years ago, the Jenner Institute at Oxford University was able to repurpose existing work and move so fast to develop a successful vaccine.

But our search has been global throughout, so whilst we’ve backed the scientists who’ve been working on this here at home, we’ve also worked with international partners like Pfizer and BioNTech, to ensure that we were the first country in the world to authorise and use the Pfizer/BioNTech vaccine. And of course, the Moderna vaccine has now been authorised and is ready to bring on stream.

The Plan sets out how we prioritise the vaccine so that we can protect those at greatest clinical risk. And one simple statistic explains why this is important.

The top four priority groups account for 88 per cent of the deaths from Covid.

This stark fact explains why we must prioritise according to clinical need - to save lives - and because that is the fastest route to safely lifting restrictions.

We are on track to deliver on our pledge to offer a first vaccine to everyone in the top four cohort by the 15th of February.

Two fifths of over 80s have now received their first dose.

**THE LARGEST VACCINATION PROGRAMME IN BRITISH HISTORY (11/01/2021)**

**Health and Social Care Secretary Matt Hancock said:**

“It’s taken a tremendous amount of hard work and dedication to make such an incredible start to this ambitious deployment programme. Our vaccine deployment plan sets out exactly how we will harness these efforts to expand the programme quickly and safely.

“Our UK Covid-19 vaccines delivery plan maps our route back to normality, but it does not mean we can be complacent and it is mission critical that everybody abides by the restrictions in the coming weeks.

“The next few months will present a significant opportunity to turn the tide of battle against Covid – I am looking forward to watching these plans bring more reassurance and hope back to people’s lives after a difficult year.”

**Business Secretary Kwasi Kwarteng said:**

“This historic vaccination programme is a truly national effort and shows the whole of the UK coming together to quickly and effectively protect the British public against this terrible virus.

“It’s fantastic to see so many people stepping forward to help out, and I encourage businesses, wherever possible, to allow their staff time and scope to volunteer. This is the greatest logistical challenge of our time and we must all play our part.”

**Minister for Covid-19 Vaccine Deployment Nadhim Zahawi said:**

“The UK Vaccines Delivery Plan is a culmination of all our hard work so far, and sets some very promising and challenging ambitions for the next few months.

“I have every faith the NHS will rise to the task and meet these ambitions, providing thousands of vulnerable and at risk individuals that crucial extra protection they need.”

**Interim Chair of the government’s Vaccines Taskforce Clive Dix said:**

“We have worked at unprecedented pace and scale to ensure Britain receives vaccines that meet strict safety standards as quickly as possible.

“The UK has led the world in procuring, authorising and deploying vaccines and I am confident that, working closely with manufacturers, we are ready and able to meet the government’s target for vaccinations.”

**New NHS Vaccination Centres Open Their Doors Today (11/01/2021)**

**Professor Stephen Powis, the NHS’s national medical director, said**:

 “Increasing supplies means the NHS can open even more vaccination services and protect even more people this week.

 “While my NHS colleagues are working hard to ensure we can offer vaccines to all of those who would benefit most over the next month, at the same time as providing care for everyone who needs it, we need the public to help us.

 “Please don’t contact the NHS to seek a vaccine, we will contact you. When we do contact you, please attend your booked appointments. And whether you have had a vaccine or not, please continue to follow all the guidance to control the virus and save lives – that means staying at home as much as you can, and following the ‘hands, face, space’ guidance when you can’t.”

**Health and Social Care Secretary Matt Hancock said:**

“Through our vaccine delivery plan around 2.2 million people have already received their first dose of the Covid-19 vaccines and these new large-scale vaccination centres will help us accelerate the rollout even further.

“Alongside GPs, pharmacies, hospitals and care homes the new sites will offer vaccines to everyone in the top four priority cohorts, saving thousands of lives and helping us start to return to normal in the future.”

**Vaccine statistics – More than 2.2 million people in the UK receive first dose of Covid-19 vaccine 11/01/2021**

**Latest Vaccination statistics between 8 and 10 January 2021**

More than **2.4 million** people in the UK have received the first dose of a COVID-19 vaccine, the latest figures show as the government begins daily publications on vaccination uptake.

The number of people who have received the first dose of a COVID-19 vaccine between 8 December and Monday 11 January is **2,431,648** and **412167** have had two doses**.**

The UK Government has procured doses on behalf of the entire UK. The number of people who have received the vaccine in each of the four nations is:

* England: 1,959,151
* Scotland: 163,377
* Wales: 86,039
* Northern Ireland: 78,005

More than **2.8 million** vaccine doses (2,843,815) have been administered overall in the UK – excluding the number of second doses in Scotland - over the same time period.

Additional line:

NHS England will publish a more detailed breakdown of their figures every week – starting from Thursday – which will include vaccinations in England by region.

The daily vaccination statistics are published daily on the [Covid-19 dashboard](https://coronavirus.data.gov.uk/details/healthcare).

# **General vaccines messages**

* Vaccines are the most effective way to prevent infectious diseases.
* Vaccines save lives. After clean water, vaccination is the most effective public health intervention in the world.
* Vaccination is the most important thing we can do to protect ourselves and our children against ill health. Vaccines prevent up to 3 million deaths worldwide every year.
* Vaccines are the only way to eradicate disease. We have eradicated smallpox and are near to eradicating polio, both through using vaccines.
* Measles vaccination alone has prevented 20 million measles cases and 4,500 deaths in the UK.
* Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once a vaccine has trained your immune system to know how to fight a disease, it can often protect you for many years.
* Neither HIV nor malaria have vaccines, which shows just how challenging the process of developing a vaccine can be.
* To create a vaccine for a disease, the germ which causes it is weakened, or completely inactivated so that it cannot cause the disease in question.
* When this weakened or ‘dead’ germ is introduced to the immune system, it trains the immune system to recognise the disease and fight it off if you come into contact with it in the future.
* Vaccines are now safer than ever before. Any vaccine must first go through the usual rigorous testing and development process and be shown to strict standards of safety, quality and effectiveness before it can be deployed.

#

# **Q&A**

# **When will the vaccines be delivered?**

**AstraZeneca/Oxford**

* The UK was the first country in the world to procure and authorise the Oxford vaccine, and we were the first country in the world to start a vaccination programme with it w/c 4th January.
* The Oxford vaccine is a British success story – it has had UK government backing throughout.
* Our supply and scheduled deliveries of the Oxford/AstraZeneca and Pfizer/BioNTech vaccines will fully support vaccination of JCVI priority cohorts 1-4 by 15th February.
* We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

**Is there a hold up with the Oxford vaccine?**

* There is no hold up. The first Oxford vaccines were given at hospitals on 4 January 2021 and sent to hundreds of GP-led services later that week.

**Is the hold-up that we can’t get enough vials?**

* There is no shortage of vials.

**Is batch testing slowing down the Oxford vaccine?**

* There is no hold up, batch testing is taking place to ensure the vaccines consistently meet strict requirements. This could not be done before the conditions were outlined by the MHRA.
* If each batch meets the quality standards then they are released and delivered to the NHS & Devolved Administrations.
* We are working closely with the manufacturer, AstraZeneca, to ensure that batches of the vaccine are released as quickly as possible.
* Biological medicines such as vaccines are very complex in nature and independent testing, as done by the National Institute of Biological Standards and Control, is vital to ensure quality and safety. NIBSC has scaled up its capacity to ensure that multiple batches can be tested simultaneously, and that this can be done as quickly as possible, without compromising quality and safety.
* The MHRA is fully scaled up to do the batch testing that’s so important, it is aspirational, but depending on the size of the batch, most certainly we have the capacity.

**Pfizer**

* The UK was the first country in the world to start a vaccination programme using the Pfizer/BioNTech vaccine and because of our swift and decisive action there has been a regular and steady supply of vaccine doses arriving into the UK since early December.
* Our supply and scheduled deliveries of the Oxford/AstraZeneca and Pfizer/BioNTech vaccines will fully support vaccination of JCVI priority cohorts 1-4 by 15th February.
* We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.
* We have been monitoring the requirements across the supply chain from supplier through to patient for some time. There are clear supply chain plans in place for both the supply and onward deployment of all vaccine candidates. This includes materials, manufacturing, transport, storage and distribution.
* The Vaccines Taskforce has conducted supply chain risk assessment and is working with the vaccine suppliers to understand the optimal logistics and timings.

**Moderna**

**When will the first doses become available and how many doses will we have by 1 April?**

* Moderna are currently scaling up their European supply chain, which means these doses would become available in Spring 2021 in the UK at the earliest.

**How will the Moderna vaccine be deployed?**

* When doses are available for deployment, the Moderna vaccine will become available through the COVID-19 immunisation programme, which is already successfully deploying doses of the Pfizer and Oxford-AstraZeneca vaccines throughout the UK to those most at risk of COVID-19.

**Is it true we’ve paid more for Moderna doses compared to EU countries?**

* The financial information in our contracts is commercially sensitive, so we are unable to disclose this at the present time.
* The price of any vaccine is a commercial decision for the company developing it. We take this into account when deciding whether or not to procure any vaccine.

**How much vaccine do you have in the country?**

Our vaccine supply and scheduled deliveries will fully support vaccination of JCVI priority cohorts 1-4 by 15 February.

We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

**Strictly for background**

**Why can’t you say exactly how much you have?**

Vaccines are the way out of this pandemic and vaccine supplies are now part of our critical national infrastructure. Vaccines are a precious resource in very high demand across the world and for obvious reasons we do not want to provide detail about the size of our supplies and exact detail about future deliveries.

**But surely you can say how much you have?**

The UK is in a very strong position with millions of vaccine doses and tens of millions on the way. But there is a global race for vaccine supplies, some countries have none, others are currently in negotiations to get more.

For that reason it would be unwise to provide exact details about our stock and exact detail about future deliveries.

# **Vaccine Delivery Plan**

**What is the Vaccines Delivery Plan?**

* The UK COVID-19 Vaccines Delivery Plan sets out how the Government will work with the NHS, devolved administrations, local councils and the Armed Forces to deliver the largest vaccination programme in British history.

The plan is split into four main areas:

* **Supply** - including the development and manufacturing of vaccines, ensuring their safety and effectiveness;
* **Prioritisation** - insight into the first two phases of deployment;
* **Places** - ensuring simple, fair and convenient access to vaccinations for the public, regardless of where they live; and
* **People** - mobilising the workforce and providing information on vaccinations to local communities.

**What does the Vaccine Delivery Plan set out and what will be in place by the end of January?**

* By the end of January, everyone in England will be within 10 miles of a vaccination site or, for a small number of highly rural areas, the vaccine will be brought to them via mobile teams.
* There will also be capacity to deliver at least two million vaccinations in England per week by the end of January and all residents and staff in over 10,000 care homes across the country will be offered a vaccine by the end of the month.
* This will be made possible by the rapid expansion of the programme, including:
* 206 active hospital sites;
* 50 vaccination centres; and
* around 1,200 local vaccination sites - including primary care networks, community pharmacy sites and mobile teams.
* This will mean every at-risk person has easy access to a vaccination centre, regardless of where they live.
* The expansion of the programme will also mean all adults will be offered a vaccine by the autumn.

**Will all adults receive their Covid-19 vaccine by the autumn?**

* Our goal remains to vaccinate as many people as quickly as possible, with the prioritisation guided by advice from the JCVI.
* The expansion of the programme will mean all adults will be offered a vaccine by the autumn.

**How many people will be vaccinated by the spring?**

* Tens of millions of people will be immunised by the spring at over 2,700 vaccination sites across the UK.

**Why are vaccinations not available 24/7?**

We have already given over 2.8 million doses, and will soon be doing hundreds of thousands of vaccines a day.

The NHS is able to extend hours if needed, and as the amount of doses available increases.

**Which groups did PM pledge to vaccinate by 15 February – is this still the plan?**

The PM set a target to offer vaccines to everyone in the top four priority groups, as outlined by the JCVI, by 15 February.

The plan also reiterates the commitment to offer the first vaccine dose to all those in the top four priority groups recommended by the Joint Committee of Vaccination and Immunisation (JCVI) by 15 February:

1. Residents in a care home for older adults and their carers
2. Those over 80 and frontline health and social care workers
3. Those 75 and over
4. Those 70 years and over and the clinically extremely vulnerable

With these groups accounting for 88 per cent of COVID-19 fatalities, the move will prevent thousands of deaths once their immunity develops in 14 days.

**How many people are in the top four priority groups?**

* Around 13 million in England.

**Can you break that number down by group?**

* The NHS will set out more details on the rollout in the coming days.

**How many vaccines need to be administered each week to achieve 13 million people in the top four priority groups by 15 February?**

* The NHS is doing everything it can to vaccinate as many at-risk people as quickly as doses can be manufactured and quality checked.
* More than 2.4 million people in the UK have received a first dose.

**Are we vaccinating 200k a day - is that every day?**

* Yes, that is our current capacity, which is increasing all the time.

**Who will be vaccinated after the four priority groups?**

* Phase 2 will look at the best tactics for achieving protection for the whole UK population, and may include vaccination of those at high risk of catching COVID-19 or delivering key public services. The JCVI will consider all available evidence for phase 2 recommendations of the vaccination programme.

**How many vaccines do you have in the U.K.?**

* We’re not providing a rolling commentary on the number of doses available. However, we’re publishing daily figures on the numbers vaccinated, and will also set out more detail on different regions and cohorts in future.

**How many places can now give vaccinations?**

* Around 1,200 sites have already been set up across the UK and hundreds more will be coming online in the coming weeks/months.
* Seven large-scale vaccination centres have opened today 11, January 2021 and will be followed by dozens more.

The 7 centres are as follows –

Robertson House, Stevenage

Excel Centre (London Nightingale)

Centre for Life, Newcastle

Etihad Tennis centre Manchester

Epsom Racecourse

Ashton Gate Stadium

Millennium Point, Birmingham

* Hundreds more GP-led and hospital services are also due to open this week along with the first pharmacy-led pilot sites, taking the total to around 1,200 sites.
* The initial sites were chosen from those ready to vaccinate large numbers of people quickly to give a geographical spread covering as many people as possible.
* Tens of millions of people will be immunised by the spring at over 2,700 vaccination sites across the UK, the Government has announced today 11, January, as part of comprehensive plans to rapidly scale up the Covid-19 vaccination programme.

**Who can use the new vaccination centres?**

* The NHS is opening its newest front in the fight against COVID-19 with the activation of the first seven NHS Vaccination Centres to vaccinate people aged 80 and over, along with health and care staff, from today.
* As well as offering additional options for the over-80s, the NHS Vaccine Centres will also help in the NHS’s drive to protect its own frontline staff as well as social care workers providing vital support in communities.

**How can people use the new vaccination centres?**

* The NHS will contact you. Please don’t contact the NHS to seek a vaccine. When the NHS contact you, please attend your booked appointments.
* And whether you have had a vaccine or not, please continue to follow all the guidance to control the virus and save lives – that means staying at home as much as you can, and following the ‘hands, face, space’ guidance when you can’t.
* Letters are being sent out to more than 600,000 people aged 80 who live up to a 45 minute drive from one of the new centres, inviting them to book an appointment.
* The letters will explain how people can book a slot over the phone or online through the national booking service.
* The centres are an additional option for people, who can book an appointment at one of the seven centres through the national booking service online or over the phone. If it is not convenient for them, they can instead be vaccinated at one of their local vaccination centres in the coming weeks.
* People should wait until they are invited and should not call their GP but use the booking line. If an appointment has already been offered by the GP, people can choose which appointment suits them best.

**Who will be vaccinating people at the vaccination centres?**

* The new services will also be the first to deploy trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme alongside NHS staff, more than 80,000 of who have completed the clinical training needed to administer vaccines so far.

**How many vaccines will the vaccination centres be able to administer?**

* The new vaccine centres will each be capable of delivering thousands of vaccinations each week, scaling their operations up and down according to vaccine supplies and demand.

**How big will the workforce be to deliver this vaccine programme?**

* The Government and the NHS have also mobilised a workforce of over 80,000 health professionals to help in the delivery of the programme across the different vaccination sites.
* Over 200,000 additional members of the public have expressed their interest in helping with the non-clinical elements of the rollout - such as administrative support, logistics, stewards and first aiders. All offers of support have been recorded and individuals will be contacted when they’re needed.

**Are you using volunteers yet?**

* The vaccine centres will be the first to deploy trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme.
* This will be alongside NHS staff - more than 80,000 of whom have so far completed the clinical training needed to administer vaccines.

**Why have care home residents been betrayed with many homes not yet receiving a single vaccine?**

* We have been doing everything we can to protect care homes and have placed residents and staff in the highest priority group for vaccinations.
* Around 2 million have already been vaccinated, including around a third of over-80s, and the Oxford/AstraZeneca vaccine is now being given in care homes across the country.
* By the end of the month, we aim to have offered every elderly care home resident a vaccine.

**Why are you asking over 80’s to travel so far for a vaccine?**

* Mass vaccination centres offer a convenient alternative to GP-led and hospital services, with letters being sent to more than 600,000 people aged 80 who live up to a 45-minute drive from one of the new centres.
* But as the Vaccines Minister said this on 11 January, they do not have to take the appointment if it is too far to travel and too difficult and can wait for a local appointment instead.
* In line with current restrictions, it is ok for friends or family to drive an elderly friend or relative to get to their vaccination appointments.

# **Changes to dose interval**

**What has changed to make 12 weeks safe for the dose interval when it wasn’t last week?**

* Throughout this global pandemic we have always been guided by the latest scientific advice. Having studied evidence on both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines the JCVI has advised that we should prioritise giving as many people in at-risk groups their first dose, rather than providing two doses in as short a time as possible.
* The four UK Chief Medical Officers agree with JCVI that 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
* This is because the evidence shows that one dose of either vaccine provides a high level of protection from Covid-19.
* For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection
* The NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. Everyone will still receive their second dose and this will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.
* The JCVI’s independent advice is that this approach will maximise the benefits of both vaccines allowing the NHS to help the greatest number of people in the shortest possible time.  It will ensure that more at-risk people are able to get meaningful protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.

**Are you changing the interval because we don’t have enough vaccine**?

* No. The decision to update the dosing interval is based on advice from the JCVI and MHRA and is designed to maximise the impact of the programme and save lives.

**Is it because the UK lack manufacturing capacity?**

* The NHS has a clear vaccine delivery plan and the vaccine is being rolled out as quickly as doses can be supplied and quality checked, with over 1.5 million people already vaccinated right across the UK.
* We have long recognised the importance of vaccine manufacturing, having announced an innovation centre in 2018 and invested £93 million earlier this year to rapidly accelerate its construction alongside establishing a rapid deployment facility to begin production ahead of the centre opening.
* The MHRA, JCVI and UK Chief Medical Officers updated guidance on the timing of second doses to increase the number of vulnerable people protected against Covid over the next three months, potentially saving thousands of lives.

**Pfizer say only 52% efficacy after 1 dose, surely everyone should have 2nd dose after 3 weeks as planned?**

* The data indicates that from a fortnight after the first dose both vaccines offer a very high level of protection.
* Updating the dosing interval is in line with the advice of the JCVI, and is the right thing to do, to maximise the impact of the programme and save lives.

**What does Pfizer say on the new dosing interval?**

04/01/21 - “Pfizer, BioNTech and the JCVI are guided by a shared sense of urgency to try to solve this devastating pandemic.

“Recommendations on alternative dosing regimens reside with health authorities and may include recommendations beyond the label due to public health principles. As a biopharmaceutical company working in a highly regulated industry, our position is supported by the label and indication agreed upon with regulators and informed by data from our Phase 3 study”.

**Should both vaccines be given in two doses?**

* The MHRA authorisation includes conditions that the Oxford/AstraZeneca vaccine should be administered in two doses, with the second dose given between 4 and 12 weeks after the first
* The MHRA has also clarified that for the Pfizer/BioNTech vaccine, the interval between doses must be at least 3 weeks (21 days). This also aligns with the EMA position on the Pfizer vaccine.
* For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.

**The World Health Organisation said they do not recommend the second dose delay.  What can you say to reassure people?**

* The statement from Pfizer said it is up to public health authorities. Our public health authorities, the MHRA, the JCVI, all four CMOs agree we should go on to Pfizer second does after three to 12 weeks and Oxford/ AstraZeneca four to 12 weeks because we will vaccinate more people.
* To quote Jonathan Van Tam every 250 people we protect we save a life. This is the right thing to do.

**Does one dose of the vaccine offer protection?**

* The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority. This is because one dose of the vaccine offers important protection and we want to reach as many at risk people as possible in order to offer protection until the second dose can be administered.
* They have advised that the second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between 4 to 12 weeks following the first dose. The clinical risk priority order for deployment of the vaccines remains unchanged and applies to both vaccines. Both are very effective vaccines.

**Why are you prioritising the first dose?**

* The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.
* The four UK Chief Medical Officers agree with JCVI that 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.
* Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next 12 weeks.
* NHS delivery plans should prioritise delivering first vaccine doses to as many people on the JCVI Phase 1 priority list in the shortest possible timeframe. This will allow the administration of second doses to be completed over the longer timeframes in line with conditions set out by the independent regulator, the MHRA, and advice from the JCVI. This will maximise the impact of the vaccine programme in its primary aims of reducing mortality and hospitalisations and protecting the NHS and equivalent health services.

**What about people who have already had their 2nd dose after 3 weeks? Is this safe? Will they be protected?**

* Yes. The updating of the dosing interval is not a safety issue but is designed to maximise the impact of the vaccination programme, as advised by the JCVI.

**Should the first Oxford/AstraZeneca dose be lower, given efficacy from clinical trials?**

* The Committee on Human Medicines, an MHRA advisory committee that advises ministers on the safety, efficacy and quality of medicinal products, did not find any evidence to recommend this dosing regimen.
* They concluded that the apparent increased efficacy in seen in this approach is more likely to be the result of other differences, such as the dosing interval which was longer in the group given the lower “half” dose.

**Do we expect any other countries to follow this dosage regime? Has the WHO said anything on this issue?**

* Other countries will come to their own view as to the vaccination approach appropriate to their respective situations.

**What is the science behind the interval change – how effective is it compared to having 2 doses closer together**

* The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority
* 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.
* Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next 12 weeks.

**Surely most vulnerable need more protection – why don’t you give them the two closer together and then prioritise first dose for less vulnerable**

* The JCVI has recommended that as many people on the JCVI priority list as possible should be offered a first vaccine dose as the initial priority.
* The four UK Chief Medical Officers agree with JCVI that 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.
* For both vaccines, data provided to MHRA demonstrate that whilst efficacy is optimised when a second dose is administered both offer considerable protection after a single dose, at least in the short term. For both vaccines the second dose completes the course and is likely to be important for longer term protection.

**Why has this decision only just been taken – we could have vaccinated more people quicker.**

* We are following the science and are acting on updated advice from the JCVI, MHRA and UK CMOs
* The JCVI’s independent advice is that this approach will maximise the benefits of both vaccines. It will ensure that more at-risk people are able to get protection from a vaccine in the coming weeks and months, reducing deaths and starting to ease pressure on our NHS.

**Are you paying GP’s £1000 to stop second vaccinations?**

* Primary Care Networks are having administrative costs covered where they have rebooked second doses following updated JCVI guidance.

**If you had taken this decision sooner could we have avoided T4**

* Public safety has been and continues to be the Government’s top priority. We are following the science and are acting on updated advice *[from the JCVI, MHRA and UK CMOs].*

# **Oxford/AstraZeneca vaccine**

**Is the Oxford/AstraZeneca vaccine safe for people over 55?**

* Yes, the vaccine has been thoroughly assessed by MHRA – the UK medicines regulator – for its safety and efficacy.

**When will deployment of the Oxford/AstraZeneca vaccine begin?**

* Vaccinations using the Oxford/AstraZeneca vaccine to begin in hospital hubs on 4 January.

**Does this mean you will have vaccinated all vulnerable people by spring?**

* We want to vaccinate as many people as possible as quickly as possible. Deploying a vaccine at this scale is unprecedented, and timing will be subject, in part, to manufacturing timescales and supply.

# **Which vaccine is better/more effective?**

* Both Pfizer/BioNTech and Oxford/AstraZeneca are very effective vaccines. Comparisons between the vaccine efficacies are unhelpful due to the different methodologies used.
* It’s not as simple as saying one vaccine is better than the other. An effective vaccine will save lives and reduce hospitalisations.
* Comparing vaccines on a simple percentage of effectiveness is a mistake. A vaccine with slightly lower headline efficacy than another may prove to be the one that offers more durable protection or a greater effect on transmission
* Both vaccines have been approved because they pass the MHRA’s tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from Coronavirus.

# **What protection is given by each vaccine after the first dose?**

* The Pfizer/BioNTech and Oxford/AstraZeneca trials did not define a case of Covid using a common definition so vaccine efficacy numbers are not directly comparable between the two trials. Furthermore, VE measures how the vaccine prevents disease (whether mild or severe).
* What we want are vaccines that prevent hospitalisations and deaths and reduce transmission; both vaccines are highly likely to do this but we have to wait to get those data in full.
* JCVI has looked at all the data it can and is strongly convinced that both are good vaccines and both offer substantial protection after 1 dose, but that a second is needed to complete the course for longer term protection.”

# **Vaccine efficacy, length of protection, impact on transmissibility**

**How effective is the Oxford/AstraZeneca vaccine?**

* An effective vaccine is one that saves lives and reduces hospitalisations.
* As Prof Wei Shen Lim from the JCVI said at the technical briefing on 30th December 2020, one dose of the vaccine is thought to be around 70% effective.
* The 4 UK CMOs advise that both vaccines offer considerable protection after a single dose.

**When will you know if the vaccines prevent transmission?**

* PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
* It is likely to be some time until we have sufficient data to provide a clear picture of how vaccination impacts on onward transmission.
* While the Pfizer and AstraZeneca vaccines provide protection to a vaccinated person from serious disease, we do not yet know if they prevent someone from passing on the virus to others.
* We have been consistently clear in our messaging that everyone must continue to follow the rules to protect the NHS and save lives, even after they have been vaccinated, remembering hands, face, space.

**How long will the vaccines protect people for?**

* PHE will employ existing surveillance systems and enhanced follow-up of cases to monitor how effective the vaccine is at protecting against a range of outcomes including: infection, symptomatic disease, hospitalisations, mortality and onwards transmission.
* It is likely to be some time until we have sufficient data to provide a clear picture of how long the protective effect of vaccination lasts.

#

# **Vigilance, surveillance and adverse incidents**

**There have been reports of adverse reactions to the Pfizer/BioNTech vaccine – what has happened?**

* Since the immunisation campaign commenced on Tuesday 8 December, the MHRA has been notified of two reports of anaphylaxis, and a further possible allergic reaction, shortly after receiving the Pfizer/BioNTech COVID-19 vaccine. The individuals received prompt treatment and recovered.
* Incidents such as these are common with new vaccines and the MHRA has tried and tested processes to deal with them. The public can be reassured that we continue to adhere to the highest standards of safety as we provide this life-saving vaccine to those who need it most.

**Updated guidance from MHRA on managing allergic reactions (issued 30 December 2020).**

We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine. However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose.

Standard clinical procedure advises that vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment

This updated advice follows enhanced surveillance since the initial precautionary advice was issued, which has found no evidence of an increased risk of anaphylaxis in those with prior severe allergic reactions, other than to the vaccine and its ingredients.

**How do you monitor for problems, such as injuries or allergic reactions?**

* Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved by the independent regulator, the MHRA, once it has met robust standards of effectiveness, safety and quality. Right through the tests and the trials, teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available.
* The independent expert working group have supported MHRA proposals for a proactive safety monitoring strategy. This comprises the Yellow Card scheme and a special active monitoring programme which we are inviting people to join.
* Approved COVID-19 vaccines will be monitored continuously after roll out by the MHRA and PHE to ensure that the benefit of the vaccines continues to outweigh any risk.
* You can report suspected side effects to COVID-19 vaccines through the Coronavirus Yellow Card reporting portal <https://coronavirus-yellowcard.mhra.gov.uk/>
* The MHRA will work in collaboration with partners in the health system to rapidly assess all available safety data in real time and communicate any emerging issues, as necessary.

**Are there any side effects?**

* Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.
* These are important details which the MHRA always consider when assessing candidate vaccines for use.
* For the Pfizer/BioNTech vaccine, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the over 43,000 people involved in trials.
* All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

**If there are any significant medical incidents, could rollout be halted?**

* Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be approved once it has met robust standards of effectiveness, safety and quality. Right through the tests and the trials, teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available.
* Once a vaccine has been rolled out, PHE will continue to closely monitor safety data. In the rare instance of a medical incident, DHSC will review the available data.
* The government are clear that all vaccines being rolled out must continue to meet high standards of safety and efficacy.

**If you're given one type of vaccine does that mean you have to stick with that vaccine forever?**

* The Pfizer/BioNTech vaccine is rapidly being rolled out across the UK, starting with the highest priority groups.
* The AstraZeneca/Oxford vaccine and other candidates will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme.
* More evidence is needed to understand whether a seasonal vaccination or booster dose might be needed.
* The vaccines people are offered will be appropriate for them. This decision is based on clinical judgement supported by the advice of Joint Committee on vaccination and immunisation. This will take into account individual vaccine characteristics, which may mean they are more suitable for some groups of people, and not others – for example, some may be less well tolerated or effective in certain age groups.

**Can people choose what vaccine they have? It has been suggested that vaccines could be mixed and matched?**

* No. Any vaccines that are available will have been approved because they pass the MHRA’s tests on safety and efficacy, so people should be assured that whatever vaccine they get will be highly effective and protect them from coronavirus.
* The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. Now authorised, the AstraZeneca/Oxford vaccine will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.
* The Government’s Vaccine Taskforce keeps its approach under review, ensuring the UK is in the strongest position to protect people. The science is uncertain about how mixing vaccines could produce a better immune response, so trials and testing will continue to assess and test vaccine responses.

**In rare cases can the Pfizer/BioNTech and AstraZeneca/Oxford vaccine be mixed and matched?**

* 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.
* However, there may be extremely rare occasions where the same vaccine is not available, or where it is not known what vaccine the patient received.
* Our guidance is very clear that every effort should be made in these instances to give the same vaccine to the patient, but where this is not possible it is better to give a second dose of another vaccine than not at all.
* This is a reasonable measure on a very exceptional basis, when the alternative is to leave someone with an incomplete course – which is the greater concern, especially if the individual is likely to be at immediate high risk or is considered unlikely to attend again.
* In these rare circumstances, as both vaccines are based on the spike protein, it is likely the second dose will help to boost the response to the first dose.
* While there is no evidence on the interchangeability of the COVID-19 vaccines at this time, this is a pragmatic and scientific approach agreed by many scientists and vaccine experts, including the UK’s Deputy Chief Medical Officer.

# **Deployment and Timing**

**When was the first patient vaccinated?**

* The first vaccinations took place on Tuesday 8 December with the Pfizer/BioNTech vaccine.

**How many doses of the Pfizer/BioNTech Covid-19 vaccine will need to be administered?**

* The vaccine is given in two doses and data from clinical trials showed the vaccine is 94 percent effective in protecting people over the age of 65 from coronavirus, with trials suggesting it works equally well in people of all ages, races and ethnicities. There were also no serious safety concerns reported in the trials.
* Everyone will receive their second dose. This will be within 12 weeks of their first. The second dose completes the course and is important for longer term protection.
* From 30th December 2020, the NHS across the UK will prioritise giving the first dose of the vaccine to those in the most high-risk groups. With two vaccines now approved, we will be able to vaccinate a greater number of people who are at highest risk, protecting them from the disease and reducing mortality and hospitalisation.

**Where/how are vaccines going to be administered?**

* Vaccination for at-risk groups will take place at the most appropriate settings to encourage uptake. This includes administering vaccination to at risk individuals in their usual place of residence. The three models of delivery are:
* Hospital Hubs – NHS providers vaccinating staff onsite. From December, more than 70 hospitals began delivering the Pfizer/BioNTech vaccine across the UK.
* Local Vaccination Services – Community and primary care-led service based on local and logistical considerations but is likely to include GP practices, local authority sourced buildings or other local facilities, and potentially roving teams if vaccines are transportable in this way.
* Vaccination Centres – Large scale centres such as sports and conference venues set up for high volumes of people.

**Who is going to be administering these vaccines?**

* Recruitment of workforce has focused on those who already have experience in handling vaccinations but may currently work outside of NHS settings, for example, independent nurses or allied health care professionals.
* Existing schemes such as NHS Bring Back scheme have also been utilised in order to fill roles.
* A comprehensive training package has been put together by NHS England and NHS Improvement (NHSE-I), with professional groups and Public Health England (PHE). New vaccinators will have undergone both a comprehensive training programme and competency assessment to ensure they can safely administer vaccines to patients under the clinical supervision of an experienced health care professional. This training will include how to deal with possible adverse reactions to a vaccine.

**Will vaccinations be available across the UK?**

* Vaccination will be managed by the health services in each nation: NHS England and NHS Improvement, NHS Wales, NHS Scotland, and Health and Social Care Northern Ireland. The UK government is working closely with the Devolved Administrations to ensure an aligned approach to COVID-19 vaccine deployment across the UK.
* The vaccine will be available for free across the UK. We have procured vaccines on behalf of all parts of the country. And the Government is working with the devolved administrations to ensure it is deployed fairly across the UK.

**Who is paying?**

* The UK government has agreed to buy these vaccines on behalf of the Devolved Administrations, Crown Dependencies and Overseas Territories at no charge.

**How are the doses being shared across the UK?**

We are allocating shares of vaccine based on the business-as-usual Barnett formula split of doses as follows:

* England: 84.09%
* Scotland: 8.28%
* Wales: 4.78%
* Northern Ireland: 2.85%

**What role will the military have in distributing the vaccine?**

* An enormous amount of planning and preparation has taken place across government to be able to quickly roll out the vaccine, including ensuring we have adequate provision, transport, PPE and logistical expertise to do so.
* The whole of government is working closely with the NHS to put plans in place to distribute the vaccine, including military planning teams to help coordinate regional and national deployment activity.
* The NHS is well prepared to deliver the vaccine and keep pace with supplies as they increase over the coming weeks.
* As part of prudent planning, a reserve force of 250 Army medically qualified military personnel has been placed on standby to support this work if needed.
* The MOD works hard to identify where it can most effectively assist other government departments. The Armed Forces have personnel, including specialist planners, logisticians, and medics ready to support responses to the outbreak however required.

**As with the flu vaccines, will people be able to jump the vaccine queue and buy this vaccine privately?**

* The UK government has secured early access to 367 million vaccine doses through agreements with seven separate vaccine developers, giving the UK the best chance of securing a safe and effective vaccine at the quickest speed.
* The vaccines are available from the NHS - for free – to everyone who would benefit, starting with those most at risk.

**Can the government be sure that safety won't be compromised due to the speed of development of a Covid-19 vaccine?**

* There are extensive checks and balances required at every stage of the development of a vaccine, and this is no different for a Covid-19 vaccine. No stages in the vaccine development process are bypassed.
* All vaccines are tested through three phases of clinical trials to ensure they meet the gold standard. Phase 1 trials are with a small group of people to make sure there are no safety concerns and determines the appropriate dosage for the best immune response. Phase 2 trials are conducted on a larger group of people to check the vaccine works consistently and that the immune response is sufficient. Phase 3 trials test the vaccines on thousands of people for scientists to assess if the vaccine is producing immunity that will prevent disease.
* Usually, these phases are run in sequence, but in an effort to find a safe and effective Covid-19 vaccine as quickly as possible, once safety has been ascertained through Phase 1, Phases 2 and 3 are being run in parallel.
* The data from each phase then goes to the regulator in a “rolling” review rather than once the trials have completed, which means the regulator can start looking at the results earlier than normal.
* Companies have made decisions to begin large scale production of vaccines which are still in trials. This means that if the vaccines are not shown to be safe and effective and are not approved for use the companies will have to destroy what they have manufactured.

**How can people be confident there won’t be long term side effects?**

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

**How was the Covid-19 vaccine developed so fast?**

* Vaccine technology and the technological approaches to making vaccines are getting better and better and we couldn’t have done it in this timeframe if we went back to the 2009 pandemic and we had a new virus about which we knew very little. We’re in a different place today because of the technology.
* It was very clear that it was a global public health emergency from the word go and governments were prepared to put in lots of funding to manufacturers, without any guarantee of success, but hoping that they would find a solution
* Manufacturers knew this had to be a straight run through, they didn't have time for investment decisions and pausing or thinking about a commercial market at the end of it. It had to happen with real urgency.
* But the vaccine trials have been just the same as normal vaccine trials. Phase one, phase two and phase three. Where time has been saved is by recruiting participants in advance, so at the moment the study protocol is in place, the Ethics Committee is in place, so are the vaccine trial participants – which speeds up the process. And that happened at phase one, phase two and phase three and therefore things ran very fast.

**How can a vaccine be developed in nine months?**

* These vaccines have been through phase 1, phase 2 and phase 3 clinical trials just like ordinary vaccines. The Pfizer/BioNTech vaccine clinical trial size was around 45,000 people. These are very, very big studies.
* Time has been gained is instead of getting an investment decision then going to ethics committee then starting to recruit volunteers, all of the recruiting volunteers was done in advance so that the people were completely ready to go and the ethics committees moved very fast to approve the trials.
* Organisations like the National Institute for Health Research made this their top priority and plans were made for the next phase by the companies without having to wait for things like investor decisions.
* But the numbers of people in the trials were the same as you would expect for any other vaccine, and on top of that the safety assessments and the assessments of effectiveness at the end are the same – it’s the same regulators doing the same job.
* Companies have made decisions to begin large scale production of vaccines which are still in trials. This means that if the vaccines are not shown to be safe and effective and are not authorised for use the companies will have to destroy what they have manufactured. If, however the vaccines are given authorisation for use, that means the vaccines are ready to be distributed.

**How was the UK able to approve the Pfizer/BioNTech and Oxford/AstraZeneca vaccine more quickly than other countries? What has been compromised?**

* Public safety has been and continues to be the Government’s top priority.
* No vaccine would be authorised for supply in the UK unless it meets high standards of safety, quality and effectiveness.
* Following a series of rigorous clinical trials, experts at the Medicines and Healthcare products Regulatory Agency have concluded that both the Pfizer/BioNTech and the Oxford/AstraZeneca vaccines have met its strict standards of safety, effectiveness and quality.
* The MHRA has already expressed that scientific rigour has been followed according to strict guidelines, and the vaccine has only been approved after passing these standards. The MHRA is recognised across the world for its high standards and professionalism.
* The Medicines and Healthcare products Regulatory Agency (MHRA) is a world leader in its field and followed rigorous international standards in its assessment of the Pfizer/BioNTech and Oxford/AstraZeneca vaccine to make sure it meets strict standards of safety, effectiveness and quality.
* This has been a rigorous assessment with the rolling review starting in October as soon as data from the clinical trials became available. The MHRA also sought advice from independent experts from the Commission on Human Medicines before authorising the vaccine.
* The way in which the MHRA has worked is equivalent to all international standards. The public can be absolutely confident that the standards we have worked to are equivalent to those around the world.

**Has this outcome only been made possible through Brexit?**

* The MHRA is globally recognised for requiring strict standards for quality, and safety in its medicines regulation. They made these vaccines their top priority whilst upholding the very highest safety standards.
* Whilst the UK has approved these vaccines first, it maintains strong relations with its EU counterparts, including on the response to this pandemic. We are committed to strengthening our collaboration with the EU outside of the joint procurement initiative, which includes collaborating on vaccine development, distribution and manufacturing.
* *NOTE: Until the end of December, and as part of the transition period, vaccines must be licensed via the European Medicines Agency.*
* *However, EU laws which the UK implemented [Regulation 174 of the Human Medicines Regulations] allows the MHRA to temporarily authorise the supply of a medicine or vaccine.*
* *This must be based on public health needs and only when accompanied by strong supporting evidence of safety, quality and effectiveness from clinical trials.*
* *After the transition period ends in January 2021, the MHRA will have new powers to approve medicines, including vaccines, and will have greater flexibility to do this faster, while maintaining the highest standards of safety, quality and effectiveness.*

**Will Brexit impact supply and/or distribution domestic and internationally?**

* The global deployment of the Pfizer/BioNTech and Oxford/AstraZeneca vaccines will require a huge logistical exercise over land, air and sea.
* The government is working closely with partners across the health system to put in place robust measures for the end of the transition period to ensure that Covid-19 vaccines can be delivered across the country wherever it is needed. This includes putting in place contingency measures to ensure that vaccine freight will continue unimpeded.
* All vaccine candidates for supply and onward deployment have clear supply chain plans, including materials, manufacturing, transport, storage and distribution.

**When and how will the Pfizer/BioNTech vaccine be brought into the UK?**

* For security reasons we are unable to share details about transport plans.

# **Operational delivery (NHS)**

**How many people have been vaccinated so far?**

* Figures on vaccination uptake for the UK will be published on a weekly basis on the [PHE coronavirus data dashboard](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.proofpoint.com%2Fv2%2Furl%3Fu%3Dhttps-3A__eur02.safelinks.protection.outlook.com_-3Furl-3Dhttps-253A-252F-252Furldefense.proofpoint.com-252Fv2-252Furl-253Fu-253Dhttps-2D3A-5F-5Feur02.safelinks.protection.outlook.com-5F-2D3Furl-2D3Dhttps-2D253A-2D252F-2D252Fcoronavirus.data.gov.uk-2D252Fdetails-2D252Fhealthcare-2D26data-2D3D04-2D257C01-2D257CJessica.Mckay-2D2540beis.gov.uk-2D257C812bd4808dda4bf9019808d8ae624c5e-2D257Ccbac700502c143ebb497e6492d1b2dd8-2D257C0-2D257C0-2D257C637451084501012445-2D257CUnknown-2D257CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0-2D253D-2D257C1000-2D26sdata-2D3Ds2QuT2VNzVo8zorvI6a28e7rYbIr9ss0yd-2D252B7XvMaD0I-2D253D-2D26reserved-2D3D0-2526d-253DDwMFAg-2526c-253DbXyEFqpHx20PVepeYtwgeyo6Hxa8iNFcGZACCQj1uNM-2526r-253DQmliD7YqPnR7pnaRZIbClUrrDModR8L-5FUyJZso5rEjE-2526m-253DVaJ5o3ruY3K3pfkXbFyUvf5bvkFro1OsIPIgGlrD4EM-2526s-253DbBh17ZSN0iPHnvkzntqYhi2ZqiW8bZwQ8Zhi4gFrWic-2526e-253D-26data-3D04-257C01-257CJessica.Mckay-2540beis.gov.uk-257C970c55bf6ee640bcd32508d8ae6d2196-257Ccbac700502c143ebb497e6492d1b2dd8-257C0-257C0-257C637451131062453155-257CUnknown-257CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0-253D-257C1000-26sdata-3Dpa5M0wkZBXQ6MsAtRnpi0edE-252F2-252BhDbf6FgRmJ8lc7SQ-253D-26reserved-3D0%26d%3DDwMGaQ%26c%3DbXyEFqpHx20PVepeYtwgeyo6Hxa8iNFcGZACCQj1uNM%26r%3DQmliD7YqPnR7pnaRZIbClUrrDModR8L_UyJZso5rEjE%26m%3D9_P8Y5aZXnsFTYqhQsqqmljvlKKDyRIyg7fPxxl-o-Y%26s%3Dvqse3jMbGxcCkxzWY0ucPshWL_uV6FhfYVNDX0-a3T4%26e%3D&data=04%7C01%7CJosh.Bell%40phe.gov.uk%7Cceded69e5e834292c95908d8af378718%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C637452000319974368%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=ey2PsFip5s0F7CXZpfDf4vl%2FHm%2Fz5Jjhz%2Ft%2Fscc6C9U%3D&reserved=0).

**Are NHS staff constraints slowing down the vaccine rollout?**

* The main barrier to vaccine delivery will be availability of the vaccine, and it is completely untrue that staffing constraints are currently standing in the way of vaccine rollout.
* The NHS is off to a strong start vaccinating one million people and now beginning the rapid rollout of the Oxford-AstraZeneca, which will enable us to vaccinate millions more people with the support of tens of thousands of vaccinators.

**Are you accepting help and offers from the private sector on the Covid-19 vaccine delivery?**

* We are hugely grateful for all offers of support and assistance as we continue to expand our vaccination programme – the biggest vaccination programme in this country’s history.
* This is a huge national effort and the NHS is putting into practice the decades of experience it has spent delivering large scale vaccination programmes, and it has already vaccinated over 1.5 million people nationwide.
* of the Oxford/AstraZeneca and Pfizer/BioNTech vaccines will fully support vaccination of JCVI priority cohorts 1-4 by 15th February.
* We have signed deals for substantial future supply of both vaccines to replenish our stocks and enable swift vaccination of first and second doses across the UK in the weeks and months ahead.

**Why aren’t we going faster?**

* Over a million people have already received their first jab across the UK – the rollout will accelerate in the coming weeks Thanks to the authorisation of the Oxford vaccine and the JCVI advice to prioritise the first dose, that roll out will now be even faster.
* Hundreds of new vaccination sites have come onstream last week, we now have almost 1,200 vaccine sites.

**[if pushed on MHRA checks]**

* It is vital for public confidence that we never compromise safety which is why it is right that every single batch is quality checked before being made available to the NHS.

**Is it a postcode lottery on how quickly you will be invited to receive the Covid-19 vaccine?**

* The NHS vaccination programme began in hospital hubs chosen by their ability to deliver the Pfizer vaccine, with all the logistical challenges it presents, and provide a geographical spread.
* GPs were also invited to deliver the vaccine through Primary Care Networks. The overwhelming majority, but not all, PCNs opted to take part.
* In those areas where PCNs did not opt in the NHS will deliver the vaccinations by other means.
* Vaccinations have now been rolled to almost 1,200 sites, the majority of which are many GP-led local vaccination centres.
* Local NHS leaders were asked to prioritise areas with high numbers of people aged 80 or over in line with the prioritisation set out by the independent Joint Committee on Vaccination and Immunisation. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0938_PCN-notice-letter-4-December-2020.pdf>
* Up to 100 hospital more sites are due to come online across the country, subject to final assurance checks, this week.
* There are also another 180 GP-led services which are also due to come online this week.
* Vaccination figures, including a breakdown by age, are published here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>
* This new dataset will be reported weekly and will develop over time as we are able to quality assure data.

**Are the Covid-19 vaccines fairly deployed across country – is it a postcode lottery?**

* 2.4 million people have already been had their first dose right across the UK.  The NHS has a clear vaccine delivery plan for the biggest mass vaccination campaign this country has ever seen.
* We have already vaccinated more people than anywhere else in Europe, and it is expanding geographically each week as vaccine supplies increase.
* In the first few weeks sites were chosen based on their ability to handle the vaccine, with account taken of the number of people aged 80 or over in their area, while ensuring a geographical spread. With more supplies now available hundreds more sites are due to come online this week.
* Almost 1,200 vaccination sites have already been established across the UK and more will be opening over the coming weeks/months helping those who are most at risk from COVID-19 to access vaccines for free, regardless of where they live.
* Throughout the pandemic we have worked hand-in-hand with local authorities and Directors of Public Health and will continue to do so as the vaccine is rolled out.

**When will Covid-19 vaccines be administered at local GPs and practices?**

* Hundreds of local vaccination services run by family doctors and their teams opened across England w/c 14/12/2020.
* Groups of health providers are setting up local vaccination centres in villages, towns and cities covering every part of the country.
* Nurses, paramedics, pharmacists and other NHS staff will work alongside GPs to vaccinate those aged 80 and over, as well as care home workers and residents, identified as priority groups for the life-saving vaccine.
* The NHS will contact people in the priority groups when it is their turn to receive the vaccine.

**Retired doctors have complained about red tape holding the programme back, what is going on?**

* The NHS will vaccinate as quickly as doses can be supplied and quality checked.
* We have had an outstanding response from former healthcare professionals to support the NHS during the pandemic, with tens of thousands coming forward to assist vaccine roll out.

**Will you be getting rid of the red tape for vaccinators?**

* We are streamlining it as much as possible, but that isn’t the limiting step because the NHS is able to deliver the vaccine as it is produced.
* The Health Secretary has committed to working with the NHS to cut unnecessary red tape to allow the vaccination programme to rapidly scale up.
* We had an outstanding response from former healthcare professionals to support the NHS during the pandemic and tens of thousands have already come forward to support the vaccination programme.

**Why do doctors have to still fill out 15 forms to administer the vaccine?**

* Appropriate training and checks are vital before handling the vaccine, which is why processes are in place to make sure vaccinators have the necessary safety skills.
* At the same time, we are also doing all we can to simplify this process so vaccines are delivered as quickly as possible.

**How many vaccines are you expecting to do on day one? Is there an hourly/weekly/monthly target?**

* The most important thing here is that the NHS aims to vaccinate as many people as safely and quickly as possible.

**Now two vaccines have been approved, will the NHS have capacity to deliver both vaccines or will one have to be prioritised?**

* We have been planning extensively for this and a range of different scenarios, so if we get stocks of more than one at the same time this will potentially allow us to go further and faster. But we are not there yet.

**How is the Pfizer/BioNTech vaccine going to be stored? Do you have enough freezers?**

* It’s well-documented that the Pfizer/BioNTech vaccines needs to be stored at ultra-low temperatures. Special freezers are required for this and each of the hospital hubs has one in place.

**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.

**Additional lines:**

* **Action Fraud is warning the public to remain vigilant as criminals begin to take advantage of the roll out of the COVID-19 vaccine to commit fraud.**
* In the UK, coronavirus vaccines will only be available for free via the National Health Services of England, Northern Ireland, Wales and Scotland. You can be contacted by the NHS, your employer, a GP surgery or pharmacy local to you, to receive your vaccine. Remember, the vaccine is **free of charge.**At no point will you be asked to pay.
* The NHS will never ask you for your bank account or card details.
* The NHS will never ask you for your PIN or banking password.
* The NHS will never arrive unannounced at your home to administer the vaccine.
* The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.
* If you receive a call you believe to be fraudulent, hang up. If you are suspicious about an email you have received, forward it to report@phishing.gov.uk.
* Suspicious text messages should be forwarded to the number 7726 which is free of charge.
* If you believe you are the victim of a fraud, please report this to Action Fraud as soon as possible by calling 0300 123 2040 or visiting [www.actionfraud.police.uk](https://www.actionfraud.police.uk/).

**How will GPs be told who to vaccinate?**

* The JCVI will set criteria on an ongoing basis for who should get the vaccine when. GPs will be able to call in or go out to patients based on this, using their patient records. A national invite and recall system, drawn from GP patient records, may also be used.

**Will you be running vaccine clinics over weekends and bank holidays?**

* The NHS will be working hard to ensure the vaccine gets to those who need it, including on weekends and bank holidays – just as other vital services run 365 days a year.

# **Lockdown restrictions, tiering, vaccine passports**

**Now that we have two vaccines, can we end restrictions and lockdowns?**

* Effective vaccines will be the best way to protect the most vulnerable from coronavirus and the biggest breakthrough since the pandemic began. A huge step forward in our fight against coronavirus, potentially saving tens of thousands of lives.
* We will closely monitor the impact of vaccinations on individuals, on NHS pressures and on the spread of the virus.
* As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to prove the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions
* The full impact on infection rates will not become clear until a large number of people have been vaccinated, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

**Does this make it more likely that we will get back to normal by spring (restrictions loosened)?**

* As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to understand the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions
* The full impact on infection rates will not become clear until a large number of people have been vaccinated, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life.

**Are you introducing vaccine passports?**

* We have no plans to introduce immunity passports following this vaccination programme.

**Why are some patients receiving Covid-19 vaccination record cards?**

* When patients are vaccinated, they are likely to receive a vaccine record card that notes the date of their vaccination, the suggested date for their second dose and details of the vaccine type and batch.

**Is this a vaccine ID card showing proof of vaccination?**

* This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine.
* It is not intended to be used for any other purpose, or as an immunity certificate.
* All vaccinations are recorded on the patient’s record with their GP.

 **Will you make the vaccine compulsory?**

* There are no plans to make the Covid-19 vaccine compulsory. The UK operates a system of informed consent for vaccinations.

# **Workforce (NHS)**

**Who will vaccinators be?**

* They will either be existing staff or those recruited specifically for the programme– including those who signed up to the NHS Bring Back scheme. There are a number of roles within the vaccination programme and these will require different levels of qualifications and experience.
* The Department for Health and Social Care recently changed legislation to allow a wider group of people to administer vaccines, including more health care professionals as well as others who have passed a programme of training developed by PHE and HEE. New vaccinators will be assessed in person and closely supervised to ensure their and patients’ safety.

**What is the training?**

* PHE have compiled comprehensive training which will include anaphylaxis and Basic Life Support training, injection administration, training on vaccines in general and the specific ones that will be used, and all the mandatory training NHS have to do.
* Importantly vaccinators will be supervised and assessed by senior clinicians to ensure both their safety and of course the safety of the people they are vaccinating – just like any other vaccinator.

**Will you be pulling staff away from other care?**

* Our planning will ensure that wherever possible this doesn’t affect other vital services by drawing on a pool of experienced NHS professionals through the NHS Bring Back Scheme, recruiting new vaccinators from amongst a wider group of healthcare professionals and others who complete training, and using independent Occupational Health providers.

**How many immunisers are needed?**

* Nationally in the new year there will be tens of thousands of people required to vaccinate people at the pace and scale that we need to, which is why as well as the existing NHS workforce recruitment is ongoing.

# **Deployment and Timing**

**How many of the priority groups does the NHS expect to vaccinate, before running out of vaccines?**

* The Government has in principle secured access to six different vaccine candidates, across four different vaccine types, totalling over 367 million doses. This includes:

40 million doses of the BioNTech/Pfizer vaccine

100 million doses of the Oxford/AstraZeneca vaccine

**Will you use the Oxford/AstraZeneca vaccine more because it’s cheaper and easier to store?**

* The vaccines that the NHS uses and in what circumstances will be decided by the MHRA.
* The results that we have seen for all the vaccines so far have been very encouraging and if borne out by the final assessment each of them would be classed as being very effective.

**Should people who have already had Covid get vaccinated?**

* Yes, if they are in a priority group identified by JCVI. The MHRA have looked at this and decided that getting vaccinated is just as important for those who have already had Covid-19 as it is for those who haven’t.

**Is one vaccine easier to deliver than another?**

* All vaccines will present different logistical requirements, but the NHS has been planning for all eventualities, and people should be assured that the vaccine they will be offered is available because it has been assessed and approved by experts as being safe and effective.

**Did you refuse to use pharmacies that offered to give the vaccine?**

* No. Pharmacies are already working with GPs to deliver the vaccine in many areas of the country and, as more supply becomes available, community pharmacists will play a major role in the programme.

# **Regulation and Authorisation**

**How are vaccines regulated and authorised for use?**

* The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK’s independent regulator. Their role is to ensure medicines, devices and vaccines work effectively and are safe for use.
* Each COVID-19 vaccine candidate is assessed on a case-by-case basis and will only be authorised once it has met robust standards of effectiveness, safety and quality.
* Teams of scientists and clinicians carefully, methodically, scientifically rigorously review all data on safety, effectiveness and quality as soon as they become available, and have done so throughout all tests and trials
* The data looked at includes all the results from laboratory studies, clinical trials, manufacturing and quality controls and testing the product. The public on that basis should be very confident that all tests are done to the very highest standards, and only then will a COVID-19 vaccine be made available

**Why would a vaccine be made available before a formal licence is issued?**

* Until the end of December, and as part of the transition period, any vaccines must be authorised via the European Medicines Agency and that authorisation will automatically be valid in the UK.
* EU legislation which we have implemented allows us to temporarily authorise the supply of a medicine or vaccine, based on public health need. The UK would only take this approach should there be delay with the EU process relative to when we can safely deploy in the UK.
* In response to certain public health threats, supply of a medicine may be temporarily authorised for use by the licensing authority, ahead of formal marketing authorisation, when it is satisfied there is robust evidence to show the safety and effectiveness of the medicine.

# **Ingredients, Controversial Substances, Moral and Ethical Advisory Group (MEAG)**

**COVID-19 vaccine ingredients**

* The MHRA has confirmed that the COVID-19 Vaccine AstraZeneca and Pfizer/BioNTech COVID-19 vaccine do not contain any components of animal origin.
* A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found at point 2 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca).
* A full list of ingredients for the excipient composition of the vaccine can be found at point 6.1 in the [Information for Healthcare Professionals of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca).
* A full list of ingredients for the qualitative and quantitative composition of the vaccine and a full list of the excipient composition of the vaccine can be found at point 6 in the [Information for Recipients of COVID-19 Vaccine AstraZeneca](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca).

**Further MHRA lines (only if needed on foetal lines specifically)**

* No foetal material is present in the final vaccine; it is all removed during the manufacturing process.
* Some vaccines are made by growing cultures of the target virus (including modified viruses such as found in the AstraZeneca vaccine) in cells and so some vaccines can be grown in cell-lines derived from mammals, including humans. Such cell lines used to grow the virus are derived from a primary culture of cells from an organ of a single animal which has then been propagated repeatedly in the laboratory, often over many decades.
* The best-known human cell line is MRC5. These cells derive from a pregnancy that was terminated for medical reasons in 1966. This cell-line is used to grow viruses for vaccines against rubella, chickenpox and hepatitis A. Other foetal cell lines have been used for other vaccines, including influenza vaccine and some of the new COVID-19 vaccines.
* The HEK293 cell line which is used in the manufacture of the AstraZeneca vaccine was derived in Holland from a single aborted foetus in the early 1970s.
* The issues around the use of vaccines grown on foetal cell lines have been discussed within the Catholic church. The church distinguishes between the ethics of the initial termination, compared to the acceptance of such vaccines where there is no appropriate alternative. In 2017, the Pontifical Academy for Life in Rome issued a statement that said: “We believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion.”

<http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>

* The Catholic church re-confirmed this position in a statement [statement](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vatican.va%2Froman_curia%2Fcongregations%2Fcfaith%2Fdocuments%2Frc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html&data=04%7C01%7CFarhana.Tutniwala%40beis.gov.uk%7Cd1b6fdb3620740d7043608d8b239fed6%7Ccbac700502c143ebb497e6492d1b2dd8%7C0%7C0%7C637455309450925740%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=I5VNzNADreh1uJCBa4G4900l8Ve2S%2Bz4TZmJjx6giwY%3D&reserved=0) in December 2020 clarifying the original statement as follows: “When ethically irreproachable Covid-19 vaccines are not available (e.g. in countries where vaccines without ethical problems are not made available to physicians and patients, or where their distribution is more difficult due to special storage and transport conditions, or when various types of vaccines are distributed in the same country but health authorities do not allow citizens to choose the vaccine with which to be inoculated) *it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted foetuses in their research and production process”.*

**What engagement has DHSC had with faith/vegetarian/vegan groups on vaccine components?**

* We have met with faith leaders and the Moral and Ethical Advisory Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about potential COVID-19 vaccines candidates.

# **New variant of COVID-19**

* A variant of SARS-COV-2 is a version of the virus that has undergone some genetic changes (mutations). Some mutations may change the characteristics of the virus and how it interacts with humans. We have named this VUI – 202012/01 (the first Variant Under Investigation in December 2020). We are concerned that one of the mutations found in VUI-202012/01, called N501Y, has a potential impact on the characteristics of the SARS-CoV-2 virus.

**Is this strain resistant to the vaccine?**

* There is currently no evidence to suggest that the Pfizer/BioNTech or Astra/Oxford vaccine would not protect people against the new strain.
* Further laboratory work is currently being undertaken as a priority to understand this.

 **Vaccine safety**

* Vaccines are now safer than ever before. Any vaccine must first go through the usual rigorous testing and development process and be shown to strict standards of safety, quality and effectiveness before it can be deployed.
* The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK’s independent regulator. Its role is to ensure medicines, devices and vaccines work effectively and are safe for use.
* Each COVID-19 vaccine candidate is assessed on a case by case basis and will only be authorised once it has met robust standards of effectiveness, safety and quality by the medicines regulator, the MHRA.
* Teams of scientists and clinicians carefully, methodically, scientifically and rigorously review all data on safety, effectiveness and quality as soon as they become available, and have done so throughout all tests and trials
* The data looked at includes all the results from laboratory studies, clinical trials, manufacturing and quality controls and testing the product. The public on that basis should be very confident that all tests are done to the very highest standards, and only once these tests have demonstrated that the vaccine meets the expected standards of safety, quality and efficacy will a COVID-19 vaccine be made available

**Line on six deaths from Covid-19 vaccine during Pfizer/BioNTech trial – FDA report**

* The MHRA and its independent advisory body the Commission on Human Medicines (CHM) reviewed the clinical trial data as part of their safety evaluation of the Pfizer/BioNTech Covid-19 vaccine.
* On careful evaluation of the data, the MHRA and the CHM did not consider that any of the reported deaths were related to receiving the vaccine.

Background

* Two deaths were reported in more than 21,000 participants that received the vaccine.
* Four deaths were reported in more than 21,000 participants that received a normal saline placebo.

# **Prioritisation**

The full prioritisation list can be found [here](https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020) and is as follows (in order of priority):

* Residents in a care home for older adults and their carers
* All those 80 years of age and over and frontline health and social care workers
* All those 75 years of age and over
* All those 70 years of age and over and clinically extremely vulnerable individuals
* All those 65 years of age and over. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and
* mortality
* All those 60 years of age and over
* All those 55 years of age and over
* All those 50 years of age and over

**How many people need to receive the Covid-19 vaccine in JCVI’s first phase?**

* The JCVI recommendations of vaccination by age and risk factors is estimated to cover over 25 million people in phase 1.
* The vaccination of the top two cohorts is estimated to cover over 6 million people.

**Why aren’t BAME groups 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.
* 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.
* 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, we have prioritised protecting the most vulnerable in our society and have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

**Additional points:**

* 9.6% of participants in the Phase 2 and 3 Pfizer/ BioNnTech clinical trials were Black and 4.6% were Asian.
* The phase 2/3 study was considered sufficiently representative of the UK population as a pre-authorisation study. Further effectiveness studies in representative populations are planned post-approval. In addition, MHRA have now published the Public Assessment Report on their website which has more information on demographics:<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

**Why are care home workers prioritised over NHS staff?**

* There is evidence that infection rates are higher in residential care home staff, than in those providing home care or in healthcare workers. Care home workers are therefore considered a very high priority for vaccination.

**There have been reports that only a small fraction of care homes have received the vaccine (26 Dec 2020) is this the case?**

* We have been doing everything we can to ensure care homes in England are getting the support they need to tackle Covid-19, with thousands of care home residents vaccinated so far.
* In line with advice from the Joint Committee on Vaccination and Immunisation (JCVI), vaccines have been administered to care home residents, those aged 80 and over and health and social care staff through over 500 vaccination sites across the UK.
* Larger care homes with 50-70 beds will be prioritised at first and we are working hard to vaccinate all care home residents and workers as quickly and safely as possible.”

 **Why aren’t you vaccinating economically active people? Surely that would be a good approach to get the economy back up and running again?**

* The full impact of vaccination on infection and transmission of the virus will not become clear until a large number of people have been vaccinated.
* The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise Government on which vaccine/s the United Kingdom should use and provide advice on prioritisation at a population level.
* The Committee have advised that the first priorities for any COVID-19 vaccination programme should be the prevention COVID-19 mortality and protection of health and social care staff and systems. Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.
* Given the current epidemiological situation in the UK, all evidence indicates that the best option for preventing morbidity and mortality in the initial phase of the programme is to directly protect persons most at risk of morbidity and mortality.

**Why no priority for certain occupations?**

* The JCVI have considered evidence on the risk of exposure and risk of mortality by occupation. Under the priority groups advised, those over 50 years of age, and all adults in a risk group, would be eligible for vaccination within the first phase of the programme.
* This prioritisation captures almost all preventable deaths from COVID-19, including those associated with occupational exposure to infection.
* As such, JCVI does not advise further prioritisation by occupation during the first phase of the programme.

**Are you going to prioritise giving teachers the vaccine so schools can reopen?**

* We are following the advice from independent experts on the JCVI on which groups of people to prioritise for Covid-19 vaccines.
* The Committee advised the immediate priority should be to prevent deaths and protect health and care staff, with old age deemed the single biggest factor determining mortality.
* We understand this is a challenging period for many, and the NHS is working hard to vaccinate those most at risk as soon as possible.

**What about people who are immunocompromised who can’t benefit from a vaccine?**

* The Government is exploring all avenues available to us, to ensure that a treatment for COVID-19 is found.
* Treatments containing COVID-19 neutralising antibodies have been secured from AstraZeneca to support immunocompromised people who will not be able to benefit from a COVID-19 vaccine.
* The antibody treatment currently being developed by AstraZeneca is a combination of two monoclonal antibodies and has the potential to be given as a preventative option for people exposed to the virus, and to treat and prevent disease progression in patients already infected by the virus if successful.

**Why do the JCVI’s recommendations focus on reducing people’s individual risk and not stopping transmission?**

* The most important thing is that we protect those who are most at risk of dying. At the start of any vaccination programme, we won’t 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.

**Why is vaccination not recommended for children?**

* Almost all children with COVID-19 have no symptoms or mild disease and the vaccines not yet been tested in younger children. The Committee advises that only children at very high risk of catching the virus and serious illness, such as older children with severe neuro-disabilities in residential care, should be offered vaccination.

**Does the addition of the Oxford/AstraZeneca mean you can start vaccinating secondary school children?**

* We are following the advice from independent experts on the JCVI on which groups of people to prioritise for Covid-19 vaccines.
* They advised the immediate priority should be to prevent deaths and protect health and care staff, with old age deemed the single biggest factor determining mortality.
* We understand this is a challenging period for many, and the NHS is working hard to vaccinate those most at risk as soon as possible.

**Is the vaccine safe for people with pre-existing conditions?**

* The trials have involved people with chronic underlying conditions deliberately, and they have involved people from very broad age ranges and quite a lot of people in the elderly bracket. The JCVI have looked at this, there’s no indication that there should be any difficulty in giving it to people with chronic underlying conditions.
* The JCVI has picked out, not just by age, but people 18 to 65 with at-risk conditions. And, and the reason for that is that they are at extremely high risk from coronavirus compared with the general population.

**Can pregnant women have the Pfizer/BioNTech or Oxford/AstraZeneca vaccines?**

* The JCVI has amended its previous precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding.
* The new advice sets out that vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed.
* The Pfizer/BioNTech vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the mother and baby. Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. Women who are breastfeeding can also be given the vaccine.
* Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman’s clinical need for immunisation against COVID-19. The UK Chief Medical Officers agree with this advice.

**Will unpaid carers be included in the JCVI prioritisation?**

* The Joint Committee on Vaccination and Immunisation (JCVI) have advised that the vaccine should be prioritised for care home residents and staff, followed by people over 80 and health and social care workers – including home carers.
* We recognise the vital role unpaid carers play in caring for vulnerable individuals and we will provide further details on their access to the vaccine in due course.

# **What vaccines will we have?**

* The UK has secured access to seven different possible vaccines, across four different vaccine types, reflecting the government’s strategy to ensure the UK has a supply of vaccines should they prove safe and effective in clinical trials. These are at separate stages of development.
* We have secured early access to over 367 million vaccines doses through agreements with several separate vaccine developers at various stages of trials, including:
* 100 million doses of University of Oxford/AstraZeneca vaccine – phase 3 clinical trials
* 40 million doses of BioNTech/Pfizer vaccine
* 17 million doses of Moderna vaccine
* 60 million doses of Novavax vaccine
* 60 million doses of Valneva vaccine
* 60 million doses of GSK/Sanofi Pasteur vaccine
* 30 million doses of Janssen vaccine
* We have invested over £300m into manufacturing any successful vaccine and an enormous amount of planning and preparation has taken place across Government to be able to quickly roll out the vaccine, including ensuring we have adequate provision, transport, PPE and logistical expertise to do so. We are also working at pace to prepare for the delivery of any potential COVID-19 vaccination programme as quickly as possible.

**How much money has been spent on vaccines?**

* We have supply agreements in place with five vaccine developers for 267 million potential doses, and agreement in principle with a further two developers for an additional 90 million potential doses
* As announced in the Spending Review, the Government has made available more than £6 billion to develop, manufacture and procure Covid-19 vaccines. This funding will also be allocated to manufacturing, research and development and other areas needed to develop vaccines, including fully funding the University of Oxford’s clinical trials, as well as funding trials for other vaccines such as Novavax, Janssen and Valneva.
* The total cost to purchase, manufacture and deploy a vaccine will cost approx. £11.7bn
* As announced in the spending review, the government has now made available more than £6 billion in total to develop, manufacture and procure Covid-19 vaccines.

# **Vaccine trials importance**

* The encouraging news about vaccines is thanks to clinical study participants volunteering to take part and shows the importance of this vaccine research.
* Clinical trials into the vaccines against Covid-19 continue at pace, and it is essential that these do so. We will need data about a number of vaccines and their safety and effectiveness, in order to protect the population. No one vaccine is likely to be suitable for everyone, the first vaccine may not be the most effective and easiest to use, and we must make sure that the other studies continue to allow us to have a selection of vaccines to protect the whole population. We are likely to need several vaccines to provide enough doses for everyone at risk, as early as possible.

**How many people have taken part in clinical trials and what about ages, ethnic backgrounds and medical conditions?**

* All of the vaccines will be tested on between 15,000 to 50,000 people across the world. They are tested on both men and women, on people from different ethnic backgrounds, and of all ages between 18-84.
* The studies have also looked as to whether the vaccines work on people with certain medical conditions and in older people, as their immune responses can work less effectively and therefore give them less protection through vaccines. 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.
* There will be further studies to look at how best to use the different vaccines, for example, which vaccine is most effective in which individuals and what sized dose is most effective A number of vaccines remain in development, and these may offer benefits over the first approved vaccine/s.
* All this ongoing research will be vitally important to ensure we get the best protection from the vaccine. Research and vaccine development will not end with the first approved vaccine - there will be a process of continuous improvement.

**Will people on vaccine trials be able to have a Covid-19 vaccine when it is available?**

* Once a vaccine is available, we will have a process in place so people on vaccine studies are not disadvantaged. People taking part in the vaccine research will still be able to have an approved vaccine when this is available. Taking part in a study is the best way to help effective vaccines to be identified and made available to everyone earlier and may even give you early access to a vaccine later found to be effective.

#

# **Communications and Campaigns**

**Are you launching a campaign with celebrities to promote vaccinations?**

* An effective vaccine will be the best way to protect the most vulnerable from coronavirus and the biggest breakthrough since the pandemic began, potentially saving thousands of lives.
* We will provide advice and information at every possible opportunity to support those who have been prioritised to receive a vaccine and anyone who has questions about the vaccination process.

**What is the government doing about the spread of disinformation?**

* False information about COVID-19 vaccines could cost lives.
* The government is working with health experts to provide information and advice at every possible opportunity.
* The Government’s Counter Disinformation Unit, led by DCMS works to tackle disinformation and misinformation relating to COVID-19.
* The Unit works closely with social media platforms to help them identify and take action to remove incorrect claims about coronavirus, and to promote authoritative advice and information.
* The Government published the Full Government Response to the Online Harms White Paper consultation in December 2020, which sets out new expectations on companies to keep their users safe online.
* The new laws will have robust and proportionate measures to deal with disinformation that could cause significant physical or psychological harm to an individual, such as false information about Covid-19 and COVID-19 vaccines.
* We have developed the [SHARE checklist](https://sharechecklist.gov.uk/) which aims to increase audience resilience by educating and empowering those who see, inadvertently share and are affected by false and misleading information. The checklist provides the public with five easy steps to identify false content, encouraging users to stop and think before they share content online.
* We have also partnered with the University of Cambridge to create a game called “[Go Viral](https://www.goviralgame.com/en?utm_source=EO&utm_medium=SocialMedia&utm_campaign=goviral&utm_content=Eng)!”. Our aim is to build the public’s resilience to false information, mitigating the risk of undermining the uptake of Covid-19 vaccines, treatments and diagnostics.

# **British Nationals (BNs) living abroad (including in EU member states)**

**How can British Nationals (BNs) living overseas access the COVID-19 vaccine?**

* There are no plans to roll out the UK’s NHS COVID-19 vaccination programme to BNs living abroad.
* We are closely monitoring other countries’ plans to roll out the vaccine. FCDO will advise British nationals on where to find information about local programmes.
* The UK is playing a leading international role to ensure global access to vaccines, for example through our contribution of £330m a year for the next five years (totalling £1.65bn) to Gavi, the Vaccine Alliance.
* Our priority is to provide consular assistance to those British nationals overseas that need our help the most. The level and type of assistance we may provide is tailored to the individual circumstances of each case.
* Further information about the international roll out of COVID-19 vaccines can be found on [World Health Organization](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines) and [GAVI](https://www.gavi.org/) websites.
* Information about eligibility for the COVID-19 vaccines that are currently approved for use within the UK’s NHS vaccination programme is available on [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus).

**Why aren’t you offering vaccinations overseas?**

* As a residence-based system, the NHS does not provide healthcare (including vaccinations) outside the UK. The normal rules on access to the NHS will continue to apply.

**Will BNs who live overseas be able to receive the NHS vaccine outside of the UK?**

* No, NHS vaccines are not available to British nationals living in a foreign country overseas.

**What about those BNs returning to the UK for a visit. Will they be eligible for the COVID-19 vaccine?**

* BNs who are considering returning to the UK to access the vaccine should be made aware that they cannot arrange a vaccine in the UK from overseas.
* BNs visiting the UK are, like foreign national visitors, generally chargeable for NHS care.
* Encourage BNs to keep up to date in the latest NHS guidance on the vaccine roll out in the UK [**here**](https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/).

**What about those BNs planning to return to the UK to take up ordinary residence?**

* In general, access to free NHS medical services is based on ordinary residence in the UK, rather than nationality or payment of UK taxes.
* Being ‘ordinarily resident’ broadly means living in the UK on a lawful and properly settled basis.
* BNs who are returning to take up ordinary residence in the UK will be entitled to the vaccine within the same prioritisation as the rest of the population.
* In order of priority, most people already resident in the UK will be contacted by their GP to book their vaccine via an online or telephony system.
* BNs returning to take up ordinary residence in the UK would need to have returned to the UK and registered with a GP in order to access an NHS administered COVID-19 vaccination.
* Encourage BNs to regularly check the latest NHS guidance on ‘How to access NHS services if you are visiting from abroad’ [here](https://www.nhs.uk/nhs-services/visiting-or-moving-to-england/how-to-access-nhs-services-in-england-if-you-are-visiting-from-abroad/).

**Can S1 health certificate holders access a vaccine free of charge in the UK?**

* An S1 form is a healthcare certificate that entitles the holder and any dependants to healthcare in another EU/EEA country and Switzerland on the same basis as a resident of that country.
* Where possible, all BNs overseas, including S1 holders, should try to access a vaccine in the country that they reside in.
* UK pensioners with a UK-issued S1 who are resident in an EEA State or Switzerland on or before 31 December 2020, and who visit the UK, are eligible to receive free NHS care. They will need to register with their GP on return to the UK and will be entitled to the vaccine within the same prioritisation as the rest of the population.

**How long does someone need to be back in the UK before they can access NHS services? And how do they register for services when they arrive back in the UK?**

* Entitlement to free NHS treatment is generally based on ordinary residence in the UK. A person who can show they have taken up ordinary residence in the UK can access all NHS services immediately, based on clinical need. This will be on a free of charge basis.
* They can apply to register with a GP practice near where they now live.

**Are British nationals living overseas able to return to the UK and pay for a vaccine?**

* Privately funded healthcare arrangements are a matter for the individual concerned.

**Can non-British Nationals come over to UK and access a vaccine?**

* Foreign nationals living overseas should obtain the vaccine in their country of residence. They cannot arrange a vaccine in the UK from overseas.

**Why are you providing a COVID-19 vaccine for the British Overseas Territories but not other parts of the world?**

* The people of the Overseas Territories are British Nationals in British sovereign territory. We have a constitutional duty to support them, which is why we have committed to supply the Overseas Territories with a proportionate share of vaccines.
* During the pandemic, the Overseas Territories had their usual routes for medical evacuations and supply lines cut, and the UK has been supporting them to bring the virus under control.

**Will British embassy staff be eligible for the vaccine? Will they have to return to the UK to receive it?**

* HMG staff working at British missions overseas will have access to COVID-19 vaccinations in line with the prioritisation set by the UK’s national vaccination programme. More information has been shared with those who are eligible.

**Why are you vaccinating your own staff but not other British Nationals living overseas?**

* We have a duty of care to ensure HMG staff and dependants overseas in the diplomatic network are vaccinated.  This will be done using the same prioritised categories as the UK programme based on age and clinical vulnerability.

**What about BNs living 6 months in the UK and 6 months in another country. Can they access the vaccine in the UK?**

* Those in eligible priority groups registered with a UK GP should expect to receive correspondence from their GP, at their UK registered address, about the scheduling of a vaccination.

**What about non-British-National family members of BNs living overseas. Can they access the vaccine in the UK?**

* In general, access to free NHS medical services is based on ordinary residence in the UK.

**Are British National (Overseas) (BNO), British Subject or British Protected Persons eligible for a vaccine in the UK?**

* Entitlement to free NHS treatment is generally based on ordinary residence in the UK, rather than nationality or payment of UK taxes. Those visiting the UK are generally chargeable for NHS care. More information on the latest NHS guidance on ‘How to access NHS services in England if you are visiting from abroad’ can be found [here](file:///C%3A%5CUsers%5Chaoconnor%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CGR6TPC6N%5CHow%20to%20access%20NHS%20services%20in%20England%20if%20you%20are%20visiting%20from%20abroad)

# **Annex – International Lines**

**Foreign Secretary statement on approval of Oxford/AstraZeneca vaccine:**

**Foreign Secretary Dominic Raab said:**

“A global pandemic requires global solutions. The UK and its scientific expertise is a key part of the international fight against coronavirus and thanks to hard work at Oxford University and AstraZeneca, the world is one step closer to defeating it. This month I visited a health clinic in India where this vaccine will be administered.

“As the biggest country donor this year to both CEPI and to the COVAX Advance Market Commitment, we are also leading the way in making sure vaccines will be accessible to developing countries.”

Background:

* At the UK hosted Global Vaccine Summit in June 2020, AstraZeneca committed that 300 million doses of the Oxford University vaccine candidate would be made available to the COVAX facility. The UK has committed up to £548 million to the AMC which will go towards helping developing countries access vaccines, including the Oxford/AstraZeneca vaccine.
* AstraZeneca has also announced a licencing agreement for the Serum Institute India (SII) to produce 1 billion doses of the vaccine candidate for low- and middle-income countries.
* AstraZeneca is working with governments, multilateral organisations and collaborators around the world to ensure broad and equitable access to the vaccine at no profit for the duration of the pandemic.

**General FCDO lines:**

* Disease outbreaks do not respect borders. No one is safe until we are all safe.
* Globally accessible COVID-19 vaccines and effective treatments and tests are needed to end the pandemic and start global economic recovery.
* As **the biggest country donor** to the Coalition for Epidemic Preparedness Innovations (CEPI) we are leading international efforts to develop new vaccines, including for COVID-19.
* The UK has pledged up to **£548 million for the COVAX Advance Market Commitment, (AMC) which will contribute to a total supply of 1 billion COVID-19 vaccine doses for 92 developing countries** in 2021.
* The UK’s leadership in hosting the Global Vaccine Summit, helped raise **US$8.8 billion to help immunise 300 million children in the world’s poorest countries** against diseases like measles, polio and diphtheria by the end of 2025. This work is essential to avoid further disease outbreaks which would place additional strain on health systems already weakened by COVID-19.
* The UK remains Gavi, the Vaccine Alliance’s, largest donor, **pledging £1.65bn, the equivalent of £330 million per year** over the next five years. This support for Gavi will also be used to help lower-income countries meet the challenge of COVID-19 by strengthening health systems and vaccine distribution.

**Facts and figures:**

We have so far committed **up to £1.3 billion** of UK aid to counter the health, humanitarian, and socio-economic risks, and to support the global effort to find and distribute a vaccine. This includes up to £829 million on vaccines, therapeutics and diagnostics (VTDs) with:

* Up to £500m for the COVAX Advance Market Commitment. This is on top of our existing contribution of £48m re-programmed from existing Gavi programming.
* Up to £250 million to the Coalition for Epidemic Preparedness Innovations an organisation which is working on the global development of a COVID-19 vaccine, the biggest contribution of any country.
* Up to £40 million to the COVID-19 Therapeutics Accelerator, a fund for supporting the rapid development of and access to COVID-19 treatments.
* Up to £39 million to support the development of COVID-19 tests, including up to £23 million to the Fund for Innovative and New Diagnostics (FIND) to develop COVID-19 tests that can be easily mass-produced, to help identify and slow the spread of COVID-19, and to support rapid testing technology.

On 4 May 2020, the UK co-hosted the Coronavirus Global Response International Pledging Conference, to kickstart a month of fundraising for the research and development of new COVID-19 vaccines, treatments and tests, alongside the European Commission, Germany, France, Norway, Italy, Canada, Japan and Saudi Arabia.

This Conference was a vital moment to focus global efforts to raise £7 billion ($8 billion) for vaccines, tests and treatments to tackle the virus. Money raised will go to key funds undertaking important work in this area such as Coalition for Epidemic Preparedness Innovations, Gavi- the Vaccine Alliance, the Global Therapeutics Accelerator, the Foundation for Innovative and New Diagnostics and the World Health Organization.

The Prime Minister addressed the Global Citizens ‘Unite for Our Future’ event on 27 June, setting out the UK’s commitment to international collaboration on COVID-19 vaccines, treatments and tests. The Summit generated $6.9 billion (around £5.2 billion) in pledges for vaccines, therapeutics and tests research and development, and in support of the wider COVID-19 international response.

**Oxford/AstraZeneca specific lines:**

* We are proud of the regulatory approval of AstraZeneca and Oxford University’s vaccine and this will allow us to continue to tackle COVID-19 effectively.
* This is testament to both the UK’s fast-moving innovative life science industry and our strong connections to world-leading academic centres and biotech industry clusters around the world.
* Whilst this is a great achievement for the UK, our commitment to international collaboration is clear. This is a global effort and the UK is taking a strong global leadership role in collaborating with other countries in the development and distribution of successful vaccines.

**The UK has approved the AstraZeneca vaccine ahead of other countries, is it safe to use?**

* The way the MHRA has worked is equivalent to all international standards. Approval of the vaccine follows rigorous clinical trials and a thorough analysis of the data by experts at the MHRA, which has concluded that the vaccine has met its strict standards of safety, quality and effectiveness.

**What are AstraZeneca’s international deployment plans?**

* AstraZeneca has agreed supply deals for a total of 3.2bn vaccine doses, enough to vaccinate 1.6bn people. These include bilateral deals with a range of countries including the US, Brazil, EU, China and India
* AstraZeneca will also be making its vaccine available as part of COVAX, the global initiative that is aiming to distribute at least 1bn doses to 92 low and middle-income countries by the end of 2021.
* AstraZeneca continues to engage with governments, multilateral organisations and partners around the world to ensure broad and equitable access to the vaccine at no profit for the duration of the pandemic.

**We understand that the AstraZeneca vaccine is likely to be deployable internationally, will you support developing countries with accessing the vaccine?**

* The UK is proud to be one of the biggest contributors to the COVAX Advanced Market Commitment (AMC), which will give low- and middle-income countries equitable access to vaccines that are developed. The UK committed an initial £48 million at the Global Vaccine Summit in June and has since pledged up to £500 million more to the AMC.
* We are also proud to work through multilaterals such as the G7 and G20, and with WHO and international partners, including industry, to agree collaborative approaches to supporting manufacturing scale-up and future distribution to meet both domestic and international needs, including for the world’s poorest countries.

**Are there any global supply risks/ what is the impact of the End of Transition Period on the UK’s access to the vaccine?**

* The UK has put in place a number of measures to facilitate trade with the EU beyond the end of the Transition Period and to avoid disruption at ports. This includes specific preparation for potential deployment of a COVID-19 vaccine.
* An enormous amount of work has been done across Government helping businesses to prepare for end of the transition period and to facilitate future trading arrangements with Europe. This includes work on customs arrangements, VAT, regulatory approval, movement of professionals and personal data.
* All COVID-19 vaccine candidates have clear supply chain plans, including for materials, manufacturing, transport, storage and distribution. Measures are in place to ensure the deployment of vaccines across the whole of the UK including NI.

**GLOBAL EQUITABLE ACCESS**

**What is the UK doing to support developing countries’ access to a vaccine?**

* No one is safe until we are all safe.
* The Prime Minister made clear in his [UNGA speech](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fspeeches%2Fprime-ministers-speech-to-un-general-assembly-26-september-2020&data=04%7C01%7Cs-rees%40dfid.gov.uk%7C0d828ea7450445acc8b408d88d2e2bec%7Ccdf709af1a184c74bd936d14a64d73b3%7C0%7C0%7C637414576731242764%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=o%2FMMkhsSqVc%2FkXUho8VfrJ5WaV2LAZRQJo2z8SrDatU%3D&reserved=0) in September 2020 that equitable access is an integral part of the UK’s approach to vaccine development and distribution, and that world leaders have a ‘moral duty’ to support these efforts.
* The UK has committed up to £548million to the COVAX Advanced Market Commitment (AMC), co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, which is a global mechanism that will make sure developing countries can access a coronavirus vaccine, once found.
* The UK is the largest donor to Gavi, the Vaccine Alliance, which has spent the past two decades expanding and updating cold-chain infrastructure to support the distribution of vaccines in lower-income countries.

**Do you care more about getting a vaccine for the UK or for poor countries? You talk a good game as a supposed force for good in the world, but as Matt Hancock has demonstrated with his “front of the queue” comments, ultimately you only really care about yourselves?**

* Disease outbreaks do not respect borders. No country is safe until the virus is under control everywhere.
* The UK has two key goals: the primary objective of any government is the safety of its people. Therefore, yes, we want to make sure any coronavirus vaccine is available to the UK public, but we also recognise that this virus will not be truly beaten until it is defeated everywhere. As a force for good in the world, through our participation in COVAX, the UK is therefore also championing the need for access for all countries, particularly the world’s poorest.
* This is not the first time we have stepped up; the UK has a longstanding record of supporting countries across the globe to prepare for large disease outbreaks.
* So far, we have committed up to £829 million UK aid for the development of COVID-19 vaccines, treatments and tests and their distribution in developing countries. This brings our total new UK aid commitment to fight the pandemic worldwide to up to £1.3 billion. We are one of the largest contributors to the COVAX Advance Market Commitment – the scheme to help the poorest countries access COVID-19 vaccines.

**Why is the Pfizer vaccine for profit and at how much will each dose cost?**

* Pfizer is a private company and we do not intervene in their commercial decisions.
* The financial information in our contracts is commercially sensitive, so we are unable to disclose this.

**Will the Pfizer vaccine be available to developing countries? If not, why not?**

* The COVAX AMC, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, is the international mechanism for ensuring developing countries can access a coronavirus vaccine, once found.
* Pfizer and BioNTech, along with a variety of other vaccine manufacturers, have expressed interest in possible supply to the COVAX Facility. Proposals are being considered by COVAX.

 [If pressed]

* The Pfizer vaccine needs to be kept at -70C which presents logistical challenges to rolling it out at scale, especially in fragile environments.
* Gavi, the Vaccine Alliance, administers the COVAX AMC and stands ready to provide cold-chain support to countries where necessary. Gavi is in regular consultation with all countries participating in the COVAX Facility about addressing the challenges of each promising potential vaccine.
* Huge global demand means we will need as many vaccines candidates as possible to get a vaccine to all those who need it. Different vaccines may have different storage requirements, but as with all vaccines, the majority of those currently in development for coronavirus need to be stored at cold temperatures.
* Gavi has spent the past two decades expanding and updating cold-chain infrastructure to support the distribution of vaccines in lower-income countries.

**Is the Pfizer vaccine available through COVAX?**

* Pfizer and BioNTech, along with a variety of other vaccine manufacturers, have expressed interest in possible supply to the COVAX Facility. Proposals are being considered by COVAX.
* The UK's membership of COVAX helps the UK secure access to vaccines for domestic use as well as helping developing countries access them too. Gavi, the Vaccine Alliance, administers the COVAX AMC and stands ready to provide cold-chain support to countries where necessary. Gavi is in regular consultation with all countries participating in the COVAX Facility about addressing the challenges of each promising potential vaccine.

**Doesn’t the Pfizer vaccine go against the UK’s global access principles?**

* The UK has two key goals– to make sure any coronavirus vaccine is available to the UK public, through direct deals with manufacturers and our participation in COVAX, and is accessible to all others who need it.
* Pfizer signed an agreement at the UK co-hosted UNGA event on vaccines, treatments and tests, agreeing to make products we are developing or supporting affordable in lower-income countries.

**Would the Oxford University/AstraZeneca vaccine be available for developing countries?**

* Yes. The COVAX Advance Market Commitment (AMC) is the best route for developing countries to access COVID-19 vaccines.
* At the UK hosted Global Vaccine Summit in June 2020, AstraZeneca committed that 300 million doses of the Oxford University vaccine candidate would be made available to the COVAX facility. The UK has committed up to £548 million to the AMC which will go towards helping developing countries access vaccines, including the Oxford/AstraZeneca vaccine, if successful.
* AstraZeneca has also announced a licencing agreement for the Serum Institute India (SII) to produce 1 billion doses of the vaccine candidate for low- and middle-income countries.

**Moderna vaccine**

* US pharmaceutical company Moderna has [announced interim results](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finvestors.modernatx.com%2Fnews-releases%2Fnews-release-details%2Fmodernas-covid-19-vaccine-candidate-meets-its-primary-efficacy.&data=04%7C01%7Cs-rees%40dfid.gov.uk%7C0d828ea7450445acc8b408d88d2e2bec%7Ccdf709af1a184c74bd936d14a64d73b3%7C0%7C0%7C637414576731252726%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=xfqUVMfYKE7xQ2UaED4KdfMQgl3wbZZDXCazY6R8Qts%3D&reserved=0) indicating that their COVID-19 vaccine candidate is 95% effective. These initial findings are exciting but as with all interim results, these findings should be treated with caution, until the final data is reviewed.
* UK aid has committed £250 million to the Coalition for Epidemic Preparedness Innovations (CEPI) this year to support their work to research and develop vaccines for epidemic diseases, including COVID-19. Some of this funding supported the development of Moderna’s vaccine.
* The Moderna vaccine can be stored in a normal refrigerator, at around 2 to 8 degrees Celsius, for up to 30 days which means the vaccine is suitable for use in low-income countries, where access to extremely cold storage and cold-chain infrastructure is limited.
* The UK’s commitment of up to £548 million for the COVAX Advance Market Commitment will contribute to a total supply of 1 billion COVID-19 vaccine doses for 92 developing countries in 2021, subject to the successful approval of stringent safety tests and regulations. Negotiations are at an early stage for the Moderna vaccine to be part of the COVAX vaccine pool, and through this, the UK as well as poorer countries will be able to gain access.
* The UK government has secured access to 5 million doses of this promising vaccine, enough for around 2.5 million people.