Pfizer-BioNtech (Comirnaty) Covid-19 vaccine- Frequently asked questions

The information detailed below is correct as of 10/01/2022; any updates will be made as new information becomes available.

If you cannot find the answer to your query below please refer to the Specialist Pharmacy Service website or contact Nottingham University Hospitals Medicines information on 0115 9709200 or Sherwood Forest Hospitals Medicines Information on 01623 672213

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How does the vaccine work?

Vaccines help to prevent disease by stimulating your immune system to produce antibodies to a specific foreign body so that following vaccination a person develops immunity to a specific infection.

Pfizer BioNTech is an mRNA vaccine, unlike traditional vaccines, mRNA vaccines do not use inactivated virus, but a portion of the viral sequence which encodes for one or more of the viral antigens. It contains the genetic sequence for the spike protein found on the surface of COVID-19, against which protective antibodies are made.

Who is eligible?

Full details on vaccine eligibility are included in the Green book COVID-19 chapter 14a.

Which age groups can receive the vaccine?

The Pfizer BioNtech (Comirnaty 30 micrograms/dose) vaccine holds a product licence for 12 years plus and at a lower dose (Comirnaty 10micrograms/dose) for ages 5-11 years.

The JCVI advised on December 22nd 2021 that children aged 5-11 in a clinical risk group or who are household contacts of someone who is immunosuppressed (as defined in the Green Book) should be offered two 10 microgram doses of the Pfizer/BioNTech COVID-19 vaccine, with an interval of 8 weeks between the first and second doses.
It is expected that Comirnaty® 10 micrograms/dose COVID-19 mRNA vaccine will be available from late January and actions are being planned/delivered to facilitate its use.

All those under the age of 40 who are yet to have their first dose should be preferentially offered the Pfizer BioNTech or Moderna vaccines, unless there is a clinical **reason** that precludes the use of either of these alternative vaccines. e.g. PEG allergy.

For full information on the latest recommendation refer to the Green book COVID-19 chapter 14a

Is the vaccine safe?

The vaccine has been subject to the usual strict regulatory and safety requirements by the Medicines Healthcare Regulatory Authority. Refer to the green book or SPC for further safety information.

Is the vaccine licensed?

Yes, it's brand name is Comirnaty, the summary of product characteristics can be found here.

How effective is the COVID-19 vaccine?

Refer to the green book- section on real world effectiveness.

Can the COVID-19 vaccine cause COVID-19?

No. The vaccine does not contain any whole or live virus, so it cannot cause COVID-19. The mRNA naturally degrades after a few days. Patients may get a headache, fatigue and their arm may feel a bit sore where they had the injection.

How long does the COVID-19 vaccine take to become effective?

Preliminary findings show that neutralising antibodies were detected at day 14 and 28 days after the first vaccination, levels of antibodies were increased following the second dose. Manufacturer information states that individuals may not be protected until at least 7 days after their second dose of vaccine.

How long will the COVID-19 vaccine protect me for?

Refer to the Green book COVID-19 chapter 14a for information on reinforcing immunisation.

Can those who have allergies receive the vaccine?

The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate onset anaphylaxis) to a previous dose of the same COVID-19 vaccine or any component (excipient) of the COVID-19 vaccine. Excipients are listed in section 6.1 of the manufacturers information and are as follows:

- ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- cholesterol
- potassium chloride
- potassium dihydrogen phosphate
- sodium chloride
- disodium hydrogen phosphate dihydrate
- sucrose
- water for injections

The vaccine contains potassium, less than 1 mmol (39 mg) per dose, i.e. essentially 'potassium-free', and contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially 'sodium-free'.
More information about the excipient content can be found on the SPS website – click here.

As some individuals may not be aware of the specific component that they may be allergic to, local advice is that if they have ever had a serious immediate onset allergic reaction to a vaccine or an injection, that they do not receive the vaccine until discussed with a healthcare professional. For those with a known allergy to polyethylene glycol (PEG) this is a contraindication to the Pfizer vaccine.

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

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

- individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to the first dose of a COVID-19 vaccine can receive the second dose of vaccine in any vaccination setting

Can the vaccine be given if the patient is allergic to Latex?

The solution for injection is in a clear glass bottle with a bromobutyl stopper and a flip off plastic cap with aluminium seal. Latex is not used in the manufacture of the vaccine as wither a raw material or as an excipient during formulation. Pfizer stated to note latex gloves may have been used by handlers and/or the product may have come in contact with latex during the manufacturing process. Pfizer state:

"*We cannot guarantee that minute amounts of substances are not contained in raw materials obtained from our suppliers. To ensure we have a consistent and reliable supply of medications, we must use a network of suppliers and manufacturing sites globally for both active and inactive ingredients*."

What is the excipient content of the vaccine?

The excipients listed in the manufacturer's information are as follows:

- ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- cholesterol
- potassium chloride
- potassium dihydrogen phosphate
- sodium chloride
- disodium phosphate dihydrate
- sucrose
- water for injections
- sodium hydroxide (for pH adjustment)
- Hydrochloric acid (for pH adjustment)

The vaccine contains potassium, less than 1 mmol (39 mg) per dose, i.e. essentially 'potassium-free', and contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially 'sodium-free'.

More information about the excipient content can be found on the SPS website – click here. For information about allergies, see "Can those who have allergies receive the vaccine?".

How should a mild allergic reaction to COVID-19 vaccine be managed?

A mild allergic reaction to COVID-10 (e.g. swelling or rash local to the injection site) can be treated with oral antihistamines. The preferred option is liquid cetirizine due to the fact some of the antihistamine tablets contain the same substances found in vaccines which are known to cause allergic reactions. If a patient requires an antihistamine for a potential delayed onset mild allergic reaction then they can be directed to buy liquid cetirizine over the counter (OTC) from a pharmacy.

In the rare event of a more serious delayed reaction, e.g. collapse, difficulty breathing - phone 999, otherwise the patient should be advised to contact their GP or phone 111 for further advice.

If the recipient has recently received other vaccines how long do they need to wait before receiving the COVID-19 vaccine?

Whilst there is no data on the co-administration of the COVID-19 vaccine and other vaccines, in line with the green book recommendations interference between inactivated vaccines is likely to be limited. There is no evidence of any safety concerns, although it may make the attribution of side effects more difficult. It is advised that there no longer needs to be an interval between administration of other vaccines and the COVID-19 vaccine except for the shingles vaccine, where a 7 day interval should be observed. (Green Book)

Can the vaccine be given in pregnancy?

There are no known risks associated with giving inactivated vaccines during pregnancy, as inactivated vaccines cannot replicate so they cannot cause infection in either the mother or unborn child. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development.
Although clinical trials on the use of COVID-19 vaccines during pregnancy are not advanced, the available data do not indicate any harm to pregnancy. The Joint Committee for Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group. There is extensive postmarketing experience of the use of the Pfizer BioNTech and Moderna vaccines in the USA with no safety signals so far. Over 80,000 women now report having been vaccinated whilst pregnant or when they might be pregnant in England. Due to wider experience with mRNA vaccines (Pfizer or Moderna), these are currently the preferred vaccines to offer to pregnant women. Initial analysis of birth outcomes in women giving birth between January and August 2021 in England has shown good birth outcomes in vaccinated populations with similar rates of prematurity, stillbirth and low birthweight as those seen in the unvaccinated population.

If a woman finds out she is pregnant after she has started a course of vaccine, she should complete vaccination at the recommended interval.
Pregnant women who commenced vaccination with AstraZeneca, however, are advised to complete with the same vaccine unless contraindicated or they had a serious side effect after the first dose (Green book). Women who are inadvertently vaccinated in early pregnancy should be offered the second dose of the same product.

A patient information leaflet and decision aid from the Royal college of Obstetricians and Gynaecologists plusfurther information and Questions and answers are available at rcog.org.uk/covid-vaccine.

For those who choose to receive the COVID-19 vaccine, they should bring their maternity handheld notes so that an entry can be made in the notes to state the vaccine has been received. For those without a set of handheld notes, the patient vaccination card will be given as usual and the recipient should be advised to inform their midwife they have received the COVID-19 vaccine.

Termination of pregnancy following inadvertent administration is not recommended. All COVID-19 vaccines given from the first day of last menstrual period to any time in pregnancy should be reported to the UK Health Security Agency immunisation and Vaccine in Pregnancy surveillance programme. If a woman finds out she is pregnant after she has started a course of vaccine, she should complete vaccination at the recommended interval.

Can the vaccine be given to women of childbearing age?

Yes, though women of childbearing age should be asked if they could be pregnant prior to receiving the vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after vaccination. Women who are planning pregnancy can be vaccinated with a suitable product for their age and clinical risk group. If a woman finds out she is pregnant after she has started a course of vaccine, she should complete vaccination at the recommended interval.Termination of pregnancy following inadvertent immunisation is not recommended

Can the vaccine affect fertility?

There is no evidence and no theoretical reason that any of the COVID vaccines can affect the fertility of women or men, for further information, refer to the British Fertility Society frequently asked questions document, available via this link. Women who are planning pregnancy can be vaccinated with a suitable product for their age and clinical risk group.

Can the vaccine be given to those who are breastfeeding?

There is no known risk associated with giving non-live vaccines whilst breastfeeding. Refer to the green book (page 28-covid vaccination-breastfeeding)

Can the vaccine be given to those who are Immunosuppressed?

As immunosuppressed patients are at risk of increased morbidity and mortality if they develop COVID-19, they should be offered the vaccine. The COVID-19 vaccine can be safely given to immunosuppressed individuals who are either immunosuppressed due to disease or treatment, including HIV positive individuals (regardless of CD4 count) though they may have a suboptimal immunological response to the vaccine. There is no data about concomitant use of immunosuppressants. A full definition of immunosuppression is detailed in the green book chapter 14a. As these individuals may not make a full antibody response, they should continue to follow advice to avoid exposure unless they are advised otherwise by a doctor.

Can the vaccine be given prior to immunosuppressive therapy and how can it be accessed?

Yes, the green book advises that a small number of patients who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response. Where possible, it would also be preferable for 2-dose schedule to be completed prior to commencing immunosuppression. This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.

Any decision to defer immunosuppressive therapy or to delay possible benefit from vaccination until after therapy should not be taken without due consideration of the risks from COVID- 19 and from their underlying condition. Although the immune correlates of protection are currently unknown, post-vaccination testing may be considered. Until further information becomes available vaccinated patients with immunosuppression should continue to follow advice to reduce the chance of exposure.

To access vaccination for these patients at NUH, the Consultant who identifies that the patient is planned for immunosuppressive treatment that will render them Clinically Extremely Vulnerable and would benefit from COVID-19 vaccination prior to starting therapy, needs to issue the patient with a letter. The patient will then need to present this letter on arrival at their vaccine appointment. Refer to NUH "access to COVID-19 vaccination prior to immunosuppressive therapy" process.

Can the vaccine be given to those currently receiving treatment for a rheumatological disorder?

The British Society for Rheumatology states the following:

Yes. People who are defined as Clinically Extremely Vulnerable (CEV) are considered to be at high risk of severe illness from COVID-19. All CEV patients are in a clinical risk group which should receive the vaccine.

This includes:

- Individuals receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid-sparing agents such as cyclophosphamide and mycophenolate mofetil.
- Individuals treated with (or likely to be treated with) systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age).

The British Society of Rheumatology advise that:

- Where clinically possible, the COVID-19 vaccine course should be given four weeks or more before rituximab
- There may be a sub-optimal response to COVID-19 vaccines, especially for people within six months of the last dose of rituximab, or those who must have maintenance treatment due to their underlying clinical condition
- Where clinically appropriate, consideration should be given to using alternative therapies to rituximab, because of the potential that after rituximab there may be sub-optimal response to a COVID-19 vaccine. This should be on a case-by-case basis, balancing the need for rituximab and the suitability of alternative therapies for the relevant clinical situation.

Can the vaccine be given to individuals taking steroid medication?

Individuals taking steroids can be safely vaccinated. As systemic steroids at a dose equivalent to prednisolone 20mg or more per day are considered to be immunosuppressive, patients taking steroids are at risk of serious illness if they develop COVID-19 and so should be vaccinated.

Can the vaccine be given to those receiving Chemotherapy or radiotherapy?

Those that are receiving chemotherapy are included as a clinical at risk group who should receive COVID-19 immunisation.

Please refer to the East/West midlands cancer alliance patient information leaflet for people receiving chemotherapy and radiotherapy:
For further information refer to the UK Chemotherapy Board frequently asked questions and guidance on COVID-19 vaccine for patients receiving Systemic Anti-Cancer Therapy.

Can the vaccine be given to those due to have surgery?

The Royal Surgical Colleges of England and Scotland have released guidance on the management of vaccinated patients:

- essential urgent surgery should take place, irrespective of vaccination status.
- non-urgent elective surgery can also take place soon after vaccination. There is some rationale for separating the date of surgery from vaccination by a few days (at most 1 week) so that any symptoms such as fever might be correctly attributed to the consequences of either vaccination or the operation itself.
- at present, there is no policy established for prioritising patients scheduled for elective procedures to be vaccinated before the planned operation date. However, if the vaccine is available for this cohort of patients, then this would not be a reason for it to be withheld.

  There is no information in the green book chapter 14a regarding the use of the COVID-19 vaccine in those patients with recent or imminent elective surgery. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell (for example, following elective surgery), immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness (including COVID-19) by wrongly attributing any signs or symptoms to the adverse effects of the vaccine. (SPS)

What if the recipient is acutely unwell when presenting for vaccination?

Vaccination may be postponed in those who are acutely unwell until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness by wrongly attributing any signs or symptoms to the adverse effects of the vaccine. Minor illness without fever or systemic upset, are not valid reasons to postpone immunisation.

Does the COVID-19 vaccine have side effects?

Any reactions reported to date have been similar to those seen following other vaccines such as generally unwell, achy, headache, fatigue and pain at the injection site.

Mild fever can occur which usually resolves within 48 hours. This is a common expected reaction and isolation is not required unless COVID-19 is suspected. Most reactions reported

were found to resolve in 1-2 days without treatment, but paracetamol can be given if necessary to relieve symptoms.

The COVID-19 vaccine will not interfere with testing for COVID-19 infection. As has always been recommended, any fever after vaccination should be monitored and if any individual is concerned about their health at any time should seek medical advice from their GP or NHS 111.

All suspected adverse reactions following administration of COVID-19 vaccine should be reported to the MHRA via the established yellow card reporting scheme (coronavirus-yellowcard.mhra.gov.uk or call 0800 731 6789.

Does the vaccine cause Myocarditis and pericarditis?

Refer to the information provided by the UK Health security agency Myocarditis and pericarditis after COVID-19 vaccination: guidance for healthcare professionals - GOV.UK (www.gov.uk)

Vaccinated individuals should be advised to seek medical attention if they experience new onset chest pain, shortness of breath, palpitations or arrhythmias.

If the recipient has recently tested positive for COVID19 or has a previous history of testing positive, or has tested positive for COVID antibodies, should they receive the vaccine?

Those individuals or are currently unwell and experiencing COVID-19 symptoms should not receive the COVID-19 vaccine until they have recovered. This is to prevent wrongly attributing any new symptom or progression of symptoms to the vaccine. As deterioration can occur up to 2 weeks after infection, vaccination should ideally be deferred until they have recovered and at least 4 weeks after onset of symptoms or 4 weeks from the first PCR positive specimen in those who are asymptomatic.

There is no evidence from clinical trials of any safety concerns from vaccinating those with a past history of COVID-19 infection or with detectable COVID-19 antibodies, therefore those who have had COVID-19 diseases (whether confirmed/suspected) can still receive the vaccine. This is because it is not known how long antibodies made in response to natural infection persist and whether immunisation could offer more protection. If antibodies have already been made following natural infection, receiving the vaccine would be expected to boost any pre-existing antibodies.

The recipient has been treated for COVID-19 diseases (with for example dexamethasone, convalescent plasma, monoclonal antibodies or antiviral medicines) how long do they need to wait before they can receive the vaccine?

As the COVID-19 vaccine is not live, these treatments would not contraindicate administration of the vaccine.

Monoclonal antibodies to SARs-CoV-2 have recently been licensed for the treatment and prophylaxis of COVID-19 infection. Primate data suggests that administration of the AstraZeneca combination monoclonal antibody product did not interfere with the

subsequent response to active vaccination. Based on this limited evidence, therefore, no specific interval is required between receipt of these products and COVID-19 vaccination, or vice versa.

Those individuals or are currently unwell and experiencing COVID-19 symptoms should not receive the COVID-19 vaccine until they have recovered. This is to prevent wrongly attributing any new symptom or progression of symptoms to the vaccine. As deterioration can occur up to 2 weeks after infection, vaccination should ideally be deferred until they have recovered and at least 4 weeks after onset of symptoms or 4 weeks from the first PCR positive specimen in those who are asymptomatic.

Can patients taking anticoagulants or those who have a bleeding disorder receive the vaccine?

Individuals on stable anticoagulation therapy, (NOACs e.g. edoxaban, apixaban) including individuals on warfarin who are up to date with the INR testing and whose latest INR is below the upper threshold of their therapeutic range, can receive IM vaccination. Firm pressure should be applied to the site (without rubbing) for at least 2 minutes.

Individuals with a bleeding disorder may be vaccinated IM, if in the opinion of a doctor familiar with the individuals bleeding risk considers this to be reasonable. If the individual receives medication to reduce bleeding (e.g. haemophilia), the IM vaccination can be scheduled shortly after such medication/treatment is administered. A fine needle (23 or 25 gauge) should be used, followed by firm pressure (without rubbing) for at least 10 minutes. The individual/carer should be informed about the risk of haematoma from the injection site. Refer to the patient information leaflet "COVID-19 vaccination in people with bleeding disorders" or if required contact haematology.

For those patients known to have low platelets, NUH haematology advice would be to ensure that the platelet count is >20, use a fine needle (23 or 25 gauge) and apply direct pressure to the site of the injection for at least 10 minutes afterwards. The injection site should be checked regularly after leaving the vaccination centre for 4-6 hours after.

Does the vaccine contain alcohol?

No, there is no alcohol in the form of ethanol included as an excipient in the Pfizer COVID-19 vaccine.

Does the COVID-19 vaccine contain any animal derivatives?

The manufacturer provides the following information:

- A material used in the early stage of the manufacturing process contains a component that is derived from bovine milk. The bovine milk is fit for human consumption and complies with bovine spongiform encephalopathy (BSE)/transmissible spongiform encephalopathies (TSE) regulations.
- Other raw materials used in the manufacture of the vaccine are of non-animal origin.
- All lipid excipients used in the vaccine are either from plant-derived sources or are synthetic and have no animal components.

- The manufacturer cannot guarantee that minute amounts of substances are not contained in raw materials obtained from their suppliers.

The manufacturer states that animal or human cell lines are not used in the manufacturing process of the Pfizer COVID-19 vaccine.

Does the COVID-19 vaccine contain gelatin?

A material used in the early stage of the manufacturing process contains a component that is derived from bovine milk. The bovine milk is fit for human consumption and complies with bovine spongiform encephalopathy (BSE)/transmissible spongiform encephalopathies (TSE) regulations. Other raw materials used in the manufacture of the vaccine are of non-animal origin. All lipid excipients used in the vaccine are either from plant-derived sources or are synthetic and have no animal components.

Does the COVID-19 vaccine contain egg?

The manufacturer states that eggs are not used during the manufacturing of the vaccine and the final product does not contain eggs. However, the manufacturer cannot guarantee that minute amounts of substances, such as egg, are not contained in raw materials obtained from their suppliers.

Does the COVID-19 vaccine contain gluten?

The manufacturer states that gluten is not used during the manufacturing process and the final product does not contain gluten. However the manufacturer cannot guarantee that minute amounts of substances, such as gluten, are not contained in raw materials from their suppliers.

Is the COVID-19 vaccine suitable for vegans?

Dairy or milk derivatives are not listed as an ingredient in the COVID-19 mRNA vaccine. A material used in the early stage of the manufacturing process contains a component that is derived from bovine milk. The bovine milk is fit for human consumption and complies with bovine spongiform encephalopathy/ transmissible spongiform encephalopathies regulations.

Eggs are not used during the manufacturing of the vaccine and the final product does not contain egg. Pfizer state “We cannot guarantee that minute amounts of substances are not contained in raw materials obtained from our suppliers. To ensure we have a consistent and reliable supply of medications, we must use a network of suppliers and manufacturing sites globally for both active and inactive ingredients.”

What is the recommended interval between the first TWO doses of the vaccine?

Refer to the green book for information on dosing and schedule.

As there are 2 doses of the vaccine required as part of the primary immunisation schedule (for non-immunosupressed individuals), do they both need to be the same vaccine brand?

Every effort should be made to determine which vaccine an individual received and to complete with the same vaccine. Once you receive your vaccination you will receive a vaccination card which will detail this information.

For individuals who started the schedule and who attend for vaccination where the same vaccine is not available or suitable, or if the first product received is unknown or not available, one dose of the locally available product should be given to complete the primary course. Individuals who experienced severe expected reactions after a first dose of AstraZeneca or Pfizer BioNTech vaccines should be informed about the higher rate of such reactions when they receive a second dose of an alternate vaccine.

What if the second dose is given at less than the recommended interval?

If the Pfizer BioNtech COVID-19 vaccine is given <19 days after the first dose, the dose should be discounted and another dose (third dose) should be given at least 21 days after the dose given too early. The 19 day interval is the minimum interval that was used in the clinical trials. If this situation arises, the 'third dose' cannot be supplied under the Patient Group Direction (PGD) for this vaccine. Instead a Patient Specific Direction (PSD) would be required to enable the administration of a third dose.

What if the second dose is given at more than the recommended interval?

The Green Book recommends that if an interval longer than the recommended interval is left between doses, the second dose should still be given (preferably using the same vaccine as was given for the first dose if possible). The course does not need to be restarted.

For which patients is a third dose required as part of the primary vaccination schedule?

Refer to the green book- section on 'Third primary dose for those aged 12 years or over'

Is a booster dose (reinforcing immunisation) required?

Refer to green book- section on reinforcing immunisation.

What if someone has received covid vaccinations overseas? Do they need one of the vaccines being used in the UK?

Visitors to the UK from overseas can and should receive a Covid vaccine if they meet the vaccine programme's clinical and operational criteria (ie: they are in an eligible cohort, there

are no contra-indications to them receiving a vaccine, and a suitable time interval has elapsed since the last dose). Individuals do not need to be UK citizens or to be resident in the UK to receive a vaccine, as detailed here.

It is not a requirement to be registered with a GP or to have an NHS number in order to be vaccinated against Covid-19. All Point of Care systems allow the user to create a vaccination record without these details being needed. Individuals should however, and when appropriate, be encouraged to register with a local GP to ensure that they receive ongoing health care. Details are available here.

If a person has received a first dose of COVID-19 vaccine overseas that is also available in the UK, they should receive the same vaccine for their second dose, provided they meet UK eligibility criteria (as per the JCVI guidance). Patients are required to bring any evidence of the first dose vaccination with them to the vaccination centre.

If the vaccine they received for their first dose is not available in the UK, the most similar alternative should be offered, refer to UK Health Security Agency guidance here
If a patient has received more than one dose overseas, refer to the UKHSA guidance.

Do recipients have a choice over which vaccine they receive?

The choice will depend on which is available at the vaccination site. Recipients will be informed and consented as appropriate.

Will receiving the vaccine interfere with lateral flow testing results?

There is no evidence to suggest the vaccine will affect test results.

The recipient is fit and well / exercises regularly / has good immunity / eats a healthy diet. Do they still need the COVID-19 vaccine?

Yes. COVID-19 is infectious and anyone can catch it. Having a strong immune system does not guarantee that your COVID-19 symptoms will not be severe if you do catch it.

By having the COVID-19 vaccine, you are protecting those who are most vulnerable to serious COVID-19 disease. Current available data suggest that increasing age and male gender are significant risk factors for severe infection. However, there are also groups of patients with underlying comorbidities, where infection may result in increased risk of serious disease, including diabetes, cancer and severe asthma.

Following administration of the vaccine, if the recipient develops Covid-19 symptoms should they get tested?

The most commonly reported COVID-19 symptoms are: a high temperature, a new, continuous cough, or a loss or change to sense of smell or taste. If someone experiences any of these symptoms they should get tested. The COVID-19 vaccine will not interfere with testing for COVID-19 infection.

Are there any special requirements for health and safety when handling the vaccine?

The Pfizer-BioNTech Covid-19 vaccine is not supplied with a Material Safety Data Sheet, Pfizer report that there are no special COSHH handling requirements for routine handling or spillages once defrosted.

References

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Written by: Annette Clarkson Lead pharmacist antimicrobials and infection control, NUH

Checked by: Laura Catt, Jill Theobald & Irina Varlan, Specialist Interface pharmacists - Medicines Optimisation team, NHS Nottingham and Nottinghamshire CCG