

COVID-19 Vaccinations - Frequently Asked Clinical Questions and Responses / Quick Reference Guide for GPs and Healthcare Staff

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Key Information Documents:

- The Greenbook, Chapter 14a: <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>
- PHE COVID-19 vaccination: information for healthcare practitioners: <https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners>

Theme	Question	Response
Alternative Second Dose	Can a person have an alternative vaccine to their first dose due to post vaccine side effects?	<p>No. There are limited clinical circumstances where a second dose of an alternative vaccine is appropriate (also see contraindications section below). Patients will be assessed when they attend for their second dose at the site. The clinical exceptions are specifically:</p> <ul style="list-style-type: none"> • Post Vaccine Thrombosis or Embolism with Thrombocytopenia (TTS), (also termed Vaccination Thrombosis with Thrombocytopenia (VITT)) • Heparin Induced Thrombocytopenia and Thrombosis (HITT) or HIT type2 • Anaphylaxis / systemic allergic reaction to first dose or vaccine excipients • Individuals with a prior history of capillary leak syndrome should be offered an alternative COVID-19 vaccine to AstraZeneca. <p>The data on protection from illness, mortality and transmission is only available for the same vaccine, including for emerging variants of concern.</p> <p>There is also evidence that using an alternative second vaccine can lead to increased post-vaccine side effects.</p>
Early second dose for exceptional clinical reasons	In what clinical circumstances can / should a patient have an early second dose?	<p>In a small number of specific clinical circumstances it may be recommended that a patient receives their second dose earlier than the current recommendation of 8-9 weeks (56 days). This would include:</p> <ul style="list-style-type: none"> • Patients who are about to receive planned immunosuppressive therapy • Patients who are about to undergo planned elective surgery that would impact on their ability to attend for their scheduled second dose at a vaccination site in the days after immediately after surgery. <p>For both adenovirus vector and mRNA vaccines, there is evidence of better immune response and/or protection where longer intervals between doses are used. Currently, JCVI is recommending an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines.</p>

	How can I support the patient to get an early second dose?	Generally, NUH and SFHT will provide the patient with a letter providing instructions on how to bring forward their second dose and to demonstrate their eligibility for that at the vaccination sites. If a patient approaches the GP practice and it is felt that there are exceptional clinical circumstances, a healthcare professional can refer the patient to the ICS Clinical Executive Group for consideration via: nnccg.ics@nhs.net
Early second dose for non-clinical reasons	Are there any non-clinical circumstances in which a patient can receive an early second dose?	No. The only non-clinical exception that the programme team are aware of is for military personnel about to be posted abroad. Travelling abroad for holiday, personal circumstances, repatriation, study or work purposes are not considered to be exceptions. Returning home for international students or workers is not considered to be an exception.
Second dose at 8 weeks for cohorts 1-12	What is the current situation regarding second doses being brought forward to 8 weeks (56 days)?	All patients are now being encouraged to have their 2 nd dose after 56 days, between 8-9 weeks, to increase the level of protection from the currently circulating variants. They will not receive their 2 nd dose before 56 days, except for the clinical reasons set out above. Patients can book / re-book through the National Booking Service (NBS) via: https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ or telephone: 119. It will mean cancelling their existing appointment before they can be offered a new appointment, but they can now see local availability before doing so. Patients who booked via Swiftqueue can contact the local booking line on 0115 8834640 to move their appointment. All patients can walk in, without an appointment, to one of the vaccination sites and receive their second dose, providing it is 56 days since their first dose. The vaccination site opening times are available on the CCG's website: https://nottsccg.nhs.uk/covid-19/covid-19-vaccinations/where-to-go-for-your-covid-19-vaccination-appointment/
Pregnant women and breastfeeding	Can pregnant women be vaccinated? Which vaccine should pregnant women receive for first dose? What if a pregnant woman received AstraZeneca for her first dose?	Yes. The available data does not indicate any harm to pregnancy. JCVI has therefore advised that women who are pregnant should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group. There is more safety data available for the Pfizer BioNTech and Moderna vaccines which is why they are currently the preferred vaccines to offer to pregnant women. Pregnant women can make their appointment via the National Booking Service, 119, or, can get a 'walk in' vaccination at any of the vaccination sites. Pregnant women who commenced vaccination with AstraZeneca, are advised to complete with the same vaccine, providing there are no contraindications.

	<p>If vaccinating what information / process needs to be undertaken?</p> <p>What is the advice for women that become pregnant following a first dose?</p> <p>Can women who are breastfeeding be vaccinated?</p>	<p>Clinicians should discuss the risks and benefits of vaccination with the woman, who should be told about the limited evidence of safety for the vaccine in pregnancy. The COVID-19 Vaccination in Pregnancy: Vaccinator Checklist https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/04/C1293-COVID-19-vaccination-in-pregnancy-vaccinator-checklist-version-2-19-May-2021.pdf should be completed and a PSD completed to record risk benefit discussion.</p> <p>All pregnant women should be provided with the PHE information leaflet prior to vaccination: https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding</p> <p>An information sheet and decision aid from the Royal College of Obstetricians and Gynaecologists can also be provided: https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-24-combined-info-sheet-and-decision-aid.pdf</p> <p>All pregnant women who are vaccinated should be invited to join the MHRA surveillance programme. The leaflet to give them to do this is at: https://assets.ctfassets.net/z2qh39eu46pr/134OgCmesW21xrpuGcsGKM/e7e6f54b6fd2482183861545cf779b96/PHE_11969_MHRA_VaccineMonitor_A4_leaflet_05_WEB_final.pdf</p> <p>If a woman finds out she is pregnant after she has started a course of vaccine, she may complete vaccination during pregnancy using the same vaccine product unless contraindicated. Alternatively, vaccination should be offered as soon as possible after pregnancy. Healthcare professionals should follow the advice provided in PHE's Inadvertent Vaccination in Pregnancy Guidance: https://www.gov.uk/guidance/vaccination-in-pregnancy-vip</p> <p>There is no known risk associated with being given a non-live vaccine whilst breastfeeding. JCVI advises that breastfeeding women may be offered any suitable COVID-19 vaccine.</p>
<p>Contraindications</p>	<p>Are there any contraindications for being vaccinated?</p>	<p>Allergy:</p> <p>The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:</p> <ul style="list-style-type: none"> ● a previous dose of the same COVID-19 vaccine ● any component (excipient) of the COVID-19 vaccine e.g. polyethylene glycol (PEG) <p>If you have a patient who you feel falls into the above categories, please follow the First Dose COVID-19 Vaccination Guidance for Managing Patients who have a History of Allergic Reactions and Second Dose COVID-19 Vaccination Guidance for Managing Patients who have a History of Allergic Reactions: https://www.nottsapc.nhs.uk/covid19/covid-vaccine/</p>

	<p>What if a person has a history of blood clots?</p>	<p>Heparin Induced Thrombocytopenia and Thrombosis (HITT) Individuals who have a history of a previous episode of heparin induced thrombocytopenia and thrombosis (HITT or HIT type 2) should not receive AstraZeneca, but may be offered vaccination with an alternative COVID-19 vaccine. Refer to ncccg.nottssvoc@nhs.net for advice on how to support a patient to book an alternative vaccine.</p> <p>Post Vaccine Thrombosis or Embolism with Thrombocytopenia (TTS), also termed Vaccination Thrombosis with Thrombocytopenia (VITT) Patients who have experienced TTS / VITT with any COVID-19 vaccine should be referred to NUH Haemostasis and Thrombosis Advice and Guidance and their second dose deferred until investigations completed. For clinical management of TTS see below.</p> <p>Capillary Leak Syndrome Individuals with a prior history of capillary leak syndrome should be offered an alternative COVID-19 vaccine to AstraZeneca.</p> <p>There is no reason to believe that individuals with a past history of clots or of certain thrombophilic conditions would be at increased risk of this very rare condition.</p> <p>For most of these individuals, the risk of recurrent thrombosis due to COVID-19 infection, remains far greater than the risk of this syndrome. Therefore individuals aged 40 years and over with such a history should be vaccinated with any of the available vaccines (provided they are not otherwise contra-indicated).</p> <p>Updated guidance for health professionals is available here: https://www.gov.uk/government/publications/covid-19-vaccination-blood-clotting-information-for-healthcare-professionals</p>
<p>Adverse reaction to first dose</p>	<p>What if a patient felt generally unwell after the first dose?</p> <p>What if a patient fainted or had a skin reaction?</p>	<p>The COVID-19 vaccine may cause a mild fever which usually resolves within 48 hours. This is a common, expected reaction and isolation is not required unless there are epidemiological or other clinical reasons to suspect SARS-CoV-2 infection.</p> <p>Feeling generally unwell, shivery, achy and tired were also symptoms commonly reported by vaccine recipients in the clinical trials. Generally these symptoms were found to resolve within 1 to 2 days without treatment but analgesics / anti-pyretics can be given if necessary to relieve any of these symptoms.</p> <p>As has always been recommended, any fever after vaccination should be monitored and if individuals are concerned about their health at any time, they should seek advice from their GP or NHS 111.</p> <p>Individuals with non-allergic reactions such as vasovagal episodes, non-urticarial (not itchy or raised) skin reaction or non-specific symptoms to the first dose of a COVID-19 vaccine can receive the second dose of the same vaccine.</p>

	<p>What if a patient is suffering from a headache following vaccination?</p> <p>What if a patient has experienced more unusual adverse reactions?</p>	<p>For individuals who experienced swelling or rash local to the injection site or experienced an urticarial rash, refer to the Second Dose COVID-19 Vaccination Guidance for Managing Patients who have a History of Allergic Reactions: https://www.nottsapc.nhs.uk/covid19/covid-vaccine/</p> <p>If the headache is mild to moderate and is in the first few days following vaccination it is likely to be relieved with over the counter pain killers.</p> <p>However, if the patient presents with:</p> <ul style="list-style-type: none">• a severe headache that is not relieved with painkillers or is getting worse• a headache that feels worse when they lie down or bend over• a headache that's unusual for them and occurs with blurred vision, feeling or being sick, problems speaking, weakness, drowsiness or seizures <p>This could be TTS / VITT, refer to section below.</p> <p>Recently a number of cases of myocarditis and pericarditis have been reported after Pfizer BioNTech vaccine from Israel and the USA. The reported rate appears to be highest in those under 25 years of age and in males, and after the second dose. Onset is within a few days of vaccination and most cases are mild and have recovered without any sequelae. The MHRA has advised the benefits of vaccination still outweigh any risk in most individuals.</p> <p>There have been some rare occurrences of patients experiencing more unusual adverse reactions such as shingles and Bell's palsy. These should be treated in the usual manner.</p> <p>If the patient feels well by the time of their second dose appointment, they should go ahead with dose 2. If the patient feels unwell, they should defer and re-book when feeling better. Patients should be counselled that the shingles / Bell's palsy could recur with their second vaccination and be alerted to early warning signs so they can come back to the practice for prompt treatment.</p> <p>Initial reactogenicity and safety trial data shows that patients are better to have a second dose of the first dose vaccine as participants who received different vaccines for their first and second doses experienced an increased rate of reactions following the second dose compared to those who received the same vaccine for both doses. Mixed schedule recipients were more likely to experience feverishness, chills, fatigue, headache, joint pain, malaise, and muscle ache.</p> <p>Individuals who receive a different vaccine for their second dose should be informed that they may experience more reactions to the second dose.</p> <p>If you remain concerned or unsure about what advice to give, healthcare professionals only, can seek support for any such cases via the System Vaccination Operations Centre (SVOC) nnccq.nottssvoc@nhs.net for the attention of the clinical team.</p>
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<p>Suspected TTS (also termed VITT)</p>	<p>What should I do if I suspect a patient may have / have experienced TTS (also termed VITT)?</p>	<p>If a patient presents with any of the following symptoms starting from around 4 days to 4 weeks after being vaccinated with ANY COVID-19 vaccine:</p> <ul style="list-style-type: none"> • a severe headache that is not relieved with painkillers or is getting worse • a headache that feels worse when they lie down or bend over • a headache that's unusual for them and occurs with blurred vision, feeling or being sick, problems speaking, weakness, drowsiness or seizures • a rash that looks like small bruises or bleeding under the skin • shortness of breath, chest pain, leg swelling or persistent abdominal pain <p>If they remain symptomatic, refer directly to the Emergency Department, report via Yellow Card reporting scheme: https://coronavirus-yellowcard.mhra.gov.uk/ or call 0800 731 6789.</p> <p>If a patient presents having experienced but recovered from the above symptoms, refer to NUH Haemostasis and Thrombosis Advice and Guidance. Undertake FBC, clotting and D-dimer blood test. Defer second dose until investigations completed and Haemostasis and Thrombosis team advise on action to be taken.</p> <p>The RCGP guidelines can be found here: https://elearning.rcgp.org.uk/pluginfile.php/166267/mod_resource/content/5/Headaches%20after%20AZ_April%202021_V2.pdf</p>
<p>Reporting adverse reactions</p>	<p>How do I report a potential adverse reaction to the vaccine?</p>	<p>Suspected adverse reactions following administration of COVID-19 vaccine should be reported to the MHRA using the Yellow Card reporting scheme: https://coronavirus-yellowcard.mhra.gov.uk/ or call 0800 731 6789.</p> <p>Any adverse reaction to a vaccine should be documented in the individual's record.</p>
<p>People who received first vaccine elsewhere</p>	<p>Can a person have their second vaccine at a different location to their first?</p> <p>What if someone had their first vaccine abroad?</p>	<p>Patients are generally encouraged to return to the same location as second dose supplies are based on first dose administration. There are some exceptions, for example, students returning to / from university and people that have moved into the county from elsewhere.</p> <p>Patients can be advised to contact the booking line to arrange their appointment: 119</p> <p>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 can be advised to contact the local booking line on 0115 8834640 to arrange their appointment, or can attend one of the sites for a 'walk-in' appointment. They should be reminded to take any evidence of the first dose vaccination with them.</p> <p>If the vaccine they received for their first dose is not available in the UK, the most similar alternative should be offered. In this instance, see the PHE guidance for healthcare professionals, Appendix 1 (link at the top of this document and below): https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners</p>

	<p>What if someone had both first and second vaccines abroad? Do they need one of the vaccines being used in the UK?</p> <p>How can vaccines given abroad be recorded in the patient record?</p>	<p>For some of the vaccines administered abroad no further vaccine is required, however for others, a third dose of one of the vaccinations being used in the UK is recommended. The detail of this is at Appendix 1 of the PHE guidance for healthcare professionals (link above)</p> <p>If further advice is required, healthcare professionals only, can contact the System Vaccination Operations Centre (SVOC) ncccg.nottssvoc@nhs.net for the attention of the clinical team.</p> <p>SystemOne Practices: Use the F12 Covid Vaccination template. Emis Web Practices: Use SNOMED code 1324681000000101 Enter as much info as possible i.e. batch numbers, manufacturer name etc.</p> <p>NHS Digital are working on a solution as to how any vaccinations administered outside England will be recorded and appear on NIMS, the NHS app and transferred to GP Clinical Systems. In the interim period Vaccination sites have been advised that any second dose vaccinations that need administering for people who have received a first vaccination outside of England are to record the details in the Pinnacle notes section when recording the second dose.</p>
<p>Patient unable to book on National Booking Service</p>	<p>How can I support a patient to book in for a vaccine if they are unable to do so through the National Booking Service?</p>	<p>If a patient is unable to book via the National Booking Service, this may be for several reasons, including the following:</p> <ul style="list-style-type: none"> • First vaccine not recorded in the system • First or second vaccine erroneously recorded • First vaccine received abroad • Carer, but not recorded with GP or local authority • Not registered with a GP practice <p>These patients can book via the local booking line: 0115 8834640</p> <p>If there is a data recording issue, healthcare professionals can report it to the NHIS data quality team: sfh-tr.nhisdataqualityteam@nhs.net</p> <p>Carers should be advised they need to be formally recorded as a carer in the GP record to facilitate future eligibility if required.</p>
<p>Housebound</p>	<p>How can I support a housebound patient to get vaccinated?</p>	<p>Housebound patients can book an appointment via the local booking line: 0115 8834640. The vaccination programme has made provision for a supply of transport to those who meet eligibility criteria. This will be provided by volunteer drivers and taxis and can be requested / discussed at the time of booking.</p> <p>Healthcare professionals can refer housebound patients unable to make their own appointment via: ncccg.nottshouseboundcv19@nhs.net (This can only be used for referral by a healthcare professional).</p>

		Housebound patients will normally receive AstraZeneca vaccine, even if they had Pfizer as first dose, in line with Chapter 14a of the Green Book and national guidance due to vaccine stability.
16 and 17 year olds	<p>Can 16 and 17 year olds be vaccinated?</p> <p>What vaccine should be administered to 16 and 17 year olds that are eligible?</p> <p>What should happen if a 16 or 17 year old has been inadvertently vaccinated with AstraZeneca for their 1st dose?</p>	<p>16 and 17 year olds that can be vaccinated are:</p> <ul style="list-style-type: none"> • those in the Clinically Extremely Vulnerable (CEV) groups • those in Clinically at Risk / Clinically Vulnerable (CV) groups • carers • a household member of an immunosuppressed person • employed in, studying or in training for frontline health and social care work <p>16 and 17 year olds that are eligible, as above, should receive Pfizer. Neither AstraZeneca or Moderna are approved for use in under 18s.</p> <p>If they have already received a 1st dose of AstraZeneca, they should be offered AstraZeneca as a second dose providing that there were no significant problems with the first. Duty of candour should be enacted and fully informed consent following a risk/benefit discussion obtained under a PSD.</p>
Under 16 year olds	We have received an enquiry from a parent who has an under 16 year old child in a clinically at risk group – should they be vaccinated?	<p>Children under 16 years of age, even if they are Clinically Extremely Vulnerable (CEV), or in a Clinically at Risk / Clinically Vulnerable (CV) group, are at low risk of serious morbidity and mortality, and, given the absence of safety and efficacy data on the vaccine, are not recommended for vaccination. Limited data however, suggest that children with neurological comorbidities may be at a greater risk of developing severe COVID-19. Given the very high risk of exposure to infection and outbreaks in institutional settings, vaccination may be considered for children with severe neuro-disabilities who tend to get recurrent respiratory tract infections and who frequently spend time in specialised residential care settings for children with complex needs.</p> <p>Please refer any such cases via the System Vaccination Operations Centre (SVOC) nccg.nottssvoc@nhs.net for the attention of the clinical team.</p>
Previous / current COVID-19	Can someone who has COVID-19 / has had COVID-19 still be vaccinated?	<p>There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibodies and the vaccine can therefore be given.</p> <p>Vaccination should be deferred in those with confirmed infection to avoid confusing the differential diagnosis. As clinical deterioration can occur up to two weeks after infection, ideally vaccination should be deferred until clinical recovery to around four weeks after onset of symptoms or four weeks from the first confirmed positive specimen in those who are asymptomatic.</p>

	<p>What about vaccination if someone has long COVID-19?</p>	<p>Having prolonged COVID-19 symptoms is not a contraindication to receiving a COVID-19 vaccine but if the patient is seriously debilitated, still under active investigation, or has evidence of recent deterioration, deferral of vaccination may be considered to avoid incorrect attribution of any change in the person's underlying condition to the vaccine.</p>
<p>40 years and over getting Pfizer</p>	<p>Can patients aged 40 years and over choose which vaccine they have?</p>	<p>No, patients cannot choose which vaccine they wish to have.</p> <p>Vaccine is currently available at sites for both first and second doses, if a person aged 40 years and over arrives for their first vaccine and Pfizer is the vaccine being offered for first doses, it will be administered. If Pfizer is not the vaccine on site being administered for first doses, the patient can decline and rebook, but it cannot be guaranteed that Pfizer will be available at the next booking.</p> <p>Access to an alternative vaccine will not be facilitated unless clinically indicated to ensure sufficient supply for those that can only have Pfizer.</p>