

Clinical information for vaccine consenters: Pfizer-BioNTech vaccine

This document is regularly updated. Please [download](#) the most recent version

DISCLAIMER: Information within this document may be updated before the PGD or Protocol you are working under. In the event of a discrepancy, always adhere to your PGD/Protocol.

Key references.....	3
1 Administration & dosing	4
1.1 Timing of the second dose	4
1.2 Why has the timing of the second dose changed?	4
1.3 Gap between doses is too long	4
1.4 Gap between doses was too short	4
1.5 Different brand for second dose	4
2 History of allergy or anaphylaxis	5
2.1 History of anaphylaxis.....	6
2.2 Allergy/reaction to first dose of Pfizer vaccine	6
2.3 Allergy – vaccine excipients	6
2.4 Allergy – polyethylene glycol (PEG)	6
2.5 Allergy – antibiotics	6
2.6 Allergy – “sulfa” medicines	6
2.7 Allergy – other medicines.....	6
2.8 Allergy – latex	6
2.9 Allergy – thiomersal or mercury.....	7
2.10 Allergy – food.....	7
3 Cautions and contraindications	8
3.1 Acute illness (other than COVID-19 infection)	8
3.2 Current or previous COVID-19 infection.....	8
3.3 Experiencing ‘long COVID’	8
3.4 Recent influenza vaccine	8
3.5 Taking immunosuppressive medicines.....	8
3.6 Taking anticoagulation or bleeding disorders	8
3.7 Recent or imminent elective surgery	8
3.8 Thrombophilia	9
3.9 Lymphoedema	9

3.10	Porphyria	9
4	Adverse effects	10
4.1	Common adverse effects	10
4.2	Media reports of anaphylaxis	10
4.3	Will the vaccine give me COVID-19?	11
4.4	Can the vaccine cause Bell's palsy?	11
4.5	Long term vaccine safety	11
5	Excipients	12
5.1	List of excipients	12
5.2	Animal- or human-derived product content	12
6	Pregnancy and breastfeeding	13
6.1	Pregnancy	13
6.2	Breastfeeding.....	13
6.3	Implications for fertility and fertility/IVF programmes?	14
6.4	I have been told to not get pregnant for 2 months	15
7	Interactions	16
7.1	Timing with other vaccines.....	16
7.2	About to begin immunosuppressive therapy	16
7.3	Treated with corticosteroids	16
7.4	Timing with Systemic Anti-Cancer Therapy (SACT)	16
7.5	Timing with rituximab treatment	16
7.6	Alcohol.....	17
8	Other questions.....	18
8.1	Catholic faith	18
8.2	Islamic faith.....	18
8.3	Jewish faith.....	18
8.4	How long does the vaccine take to work?	18
8.5	Effect of the vaccine on COVID-19 antibody tests.....	18
8.6	Should people who have already had COVID-19 get vaccinated?	18
8.7	Implications for blood donation	18
8.8	Will there be a choice of vaccines?	19
8.9	If I wait to have a vaccine, will a different vaccine be available?.....	19
8.10	How big is the needle used to give the vaccine?	19
9	Other questions (Provider Trust staff only)	20
9.1	Can I defer having the vaccine until a later date? If so, would that mean having to go to a different vaccination centre?	20
9.2	I am on the SIREN study. Can I receive the vaccine?	20
9.3	If I have the vaccine, do I still need to test myself for COVID-19?	20
10	Management of patients recruited into trials	21
10.1	COV002 (Oxford) trial	21

10.2	COVAC (Imperial) trial	21
10.3	NOVOVAX trial	21
11	Document management	22
12	Acknowledgement	22
13	Version history	22
14	References	23

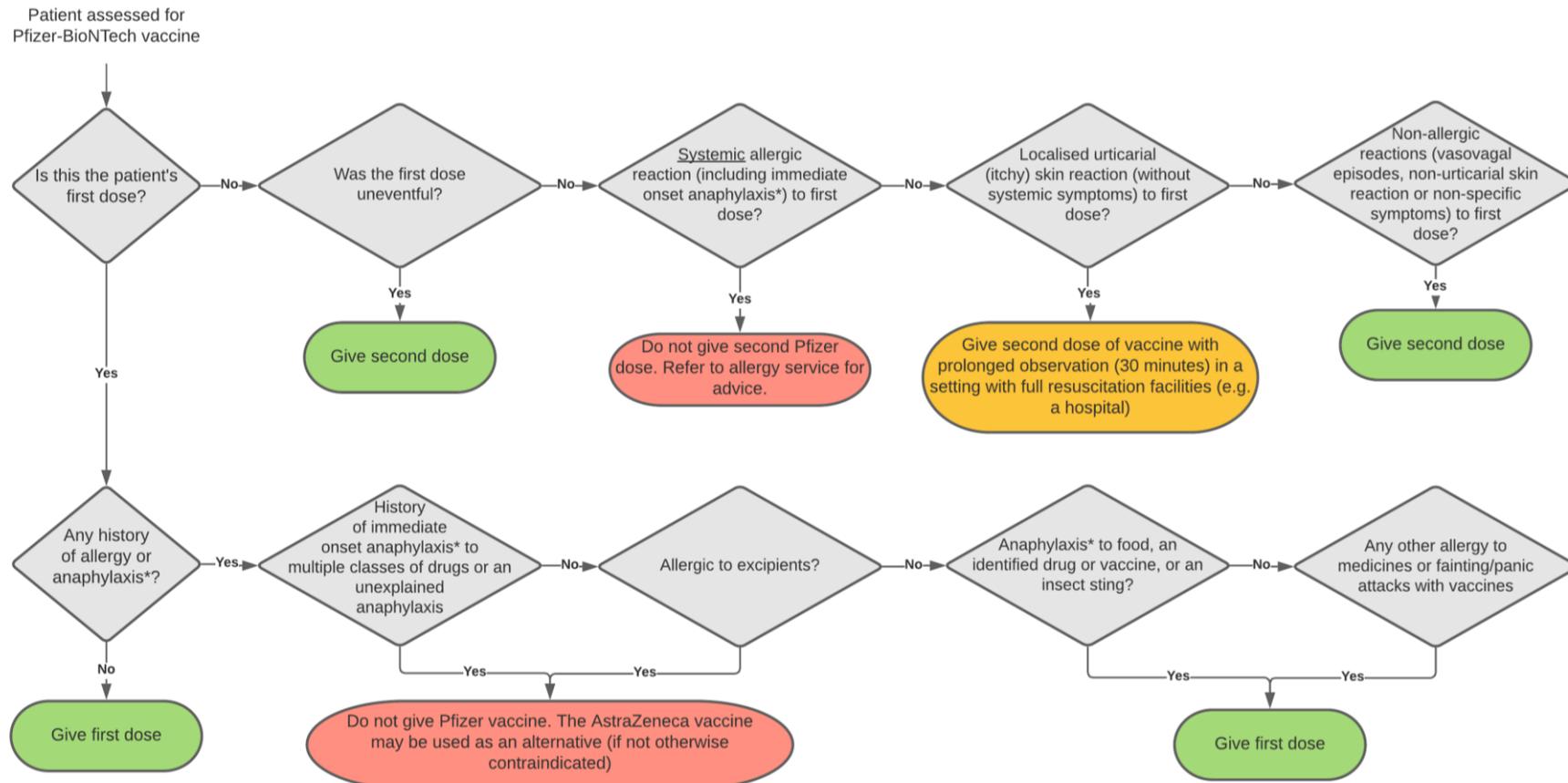
Key references

- [Pfizer vaccine: Information for Healthcare Professionals on Pfizer/BioNTech COVID-19 vaccine](#) (similar to an SPC)
- [Specialist Pharmacy Service: Answers to common questions for the Pfizer vaccine](#)
- [Immunisation against infectious disease: Chapter 14a – COVID-19](#) (The Greenbook)

1 Administration & dosing

1.1 Timing of the second dose	<p>See 'Dosing schedule' https://www.sps.nhs.uk/articles/dosing-information-for-pfizer-biontech-covid-19-vaccine/</p> <p>NOTE: Joint Committee on Vaccination and Immunisation (JCVI) advise that substantial protection (89%) is achieved 14-21 days after one dose of the Pfizer vaccine (JCVI Statement).</p>
1.2 Why has the timing of the second dose changed?	<ul style="list-style-type: none"> • Getting vaccines deployed as rapidly as possible into as many older, clinically vulnerable patients, and also frontline health and social care workers is essential • The main barrier is vaccine availability, a global issue, and this will remain the case for several months and, importantly, through the critical winter period (CEM CMO 2020 044) • Joint Committee on Vaccination and Immunisation (JCVI) advise that substantial protection (89%) is achieved 14-21 days after one dose of the Pfizer vaccine (JCVI Statement). The second dose only offers a small amount of additional protection in the short term, although it is needed for long-term protection. • JCVI has recommended that first doses of vaccine are prioritised for as many people as possible on the Phase 1 JCVI priority list, in advance of second doses. • Second doses have been moved from '+3 to 4 weeks' to '+ up to 12 weeks' to allow for more people to receive their first dose <p>Offer DHSC report https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact</p>
1.3 Gap between doses is too long	<p>See 'Interval between doses is longer than recommended' https://www.sps.nhs.uk/articles/dosing-information-for-pfizer-biontech-covid-19-vaccine/</p>
1.4 Gap between doses was too short	<p>See 'Interval between doses is less than recommended' https://www.sps.nhs.uk/articles/dosing-information-for-pfizer-biontech-covid-19-vaccine/</p>
1.5 Different brand for second dose	<p>See 'The same brand of vaccine is unavailable for the second dose' https://www.sps.nhs.uk/articles/dosing-information-for-pfizer-biontech-covid-19-vaccine/</p>

2 History of allergy or anaphylaxis



* Refer to [Green Book \(Chapter 8\)](#) for advice on anaphylaxis. Anaphylaxis is likely when all of the following three criteria are met:

- sudden onset and rapid progression of symptoms
- life-threatening airway and/or breathing and/or circulation problems
- skin and/or mucosal changes (flushing, urticaria, angioedema).

The following supports the diagnosis:

- exposure to a known allergen where the patient is already known to be allergic.

Remember:

- skin or mucosal changes alone are not a sign of an anaphylactic reaction
- skin and mucosal changes can be subtle or absent in up to 20% of reactions (some patients can have only a decrease in blood pressure, i.e. a circulation problem)
- there can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence).

Most anaphylactic reactions occur in individuals who have no known risk factors

2.1	History of anaphylaxis	Follow criteria for exclusion and cautions within your PDG/Protocol/PSD in the first instance. Where further information is required, see 'Background' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.2	Allergy/reaction to first dose of Pfizer vaccine	See 'Allergies and reactions to the first dose of Pfizer-BioNTech COVID-19 vaccine' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-covid-19-vaccine/
2.3	Allergy – vaccine excipients	See 'Excipients' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.4	Allergy – polyethylene glycol (PEG)	See 'Polyethylene glycol (PEG)' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.5	Allergy – antibiotics	See 'Antibiotics' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.6	Allergy – “sulfa” medicines	See “Sulfa” medicines’ https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.7	Allergy – other medicines	See 'Other drugs' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-COVID-19-vaccine/
2.8	Allergy – latex	There is no reason to regard this vaccine as unsafe for patients with known latex allergy ^a ^a https://www.sps.nhs.uk/articles/pfizer-biontech-COVID-19-vaccine-formulation-information/

2.9 Allergy – thiomersal or mercury	This vaccine does not contain thiomersal (a mercury based compound) ^a ^a https://www.sps.nhs.uk/articles/excipients-information-for-pfizer-biontech-covid-19-vaccine/
2.10 Allergy – food	See 'Food' https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-covid-19-vaccine/

3 Cautions and contraindications

3.1 Acute illness (other than COVID-19 infection)	Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. ¹
3.2 Current or previous COVID-19 infection	<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 antibody.¹</p> <p>Vaccination of individuals who may be infected or asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness. 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.¹</p>
3.3 Experiencing 'long COVID'	Having prolonged COVID-19 symptoms [long COVID] is not a contraindication to receiving 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. ¹
3.4 Recent influenza vaccine	Refer to ' Interactions: Timing with other vaccines '
3.5 Taking immunosuppressive medicines	https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/
3.6 Taking anticoagulation or bleeding disorders	https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patients-with-anticoagulation-and-bleeding-disorders/
3.7 Recent or imminent elective surgery	https://www.sps.nhs.uk/articles/use-of-covid-19-vaccine-in-people-with-recent-or-imminent-elective-surgery/

3.8 Thrombophilia	<p>This includes including factor V Leiden, protein C deficiency, protein S deficiency, antithrombin deficiency, antiphospholipid syndrome:</p> <ul style="list-style-type: none"> • Patient anticoagulated: See 'Cautions and contraindications: Taking anticoagulation or bleeding disorders' • Not anticoagulated: No additional measures required
3.9 Lymphoedema	<p>The vaccine should be safe and as effective for people with lymphoedema. However, for those with:</p> <ul style="list-style-type: none"> • upper limb swelling or at risk of developing upper limb lymphoedema: both injections should be in the unaffected arm. • swelling or are at risk of developing lymphoedema in <i>both arms</i>: both injections should be in either the thigh or buttocks.^a <p>^a https://www.lymphoedema.org/wp-content/uploads/2020/12/COVID-19_vaccination_and_lymphoedema_v2.pdf (15th December 2020)</p>
3.10 Porphyria	<p>See 'Advice for patients with porphyria' https://www.sps.nhs.uk/articles/using-the-pfizer-biontech-covid-19-vaccine-in-patients-with-porphyria/</p>

4 Adverse effects

4.1 Common adverse effects	<p>Very common side effects include²:</p> <ul style="list-style-type: none">• having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1 to 2 days after the vaccine• feeling tired• headache• general aches, or mild flu like symptoms <p>These side effects don't last long and are similar to other vaccines, like the influenza (flu) vaccination.</p> <p>Offer PHE patient information leaflet 'What to expect after your COVID-19 vaccination' https://www.gov.uk/government/publications/COVID-19-vaccination-what-to-expect-after-vaccination</p> <p>Full side effect profile is available in '4.8 Undesirable effects' https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine#clinical-particulars</p>
4.2 Media reports of anaphylaxis	<p>As the vaccine is given to more people, adverse reactions that were not seen during the vaccine trials can emerge. This is normal for any new medicine. There were two cases of allergic-type reactions in people who already had significant allergies that required them to carry adrenaline auto injectors on them.</p> <p>Risk management for <u>all vaccine recipients</u>:</p> <ul style="list-style-type: none">• Close observation for at least 15 minutes is recommended following vaccination³ <p>Risk management for patients with <u>history</u> of allergic reaction</p> <ul style="list-style-type: none">• Refer to 'Cautions and contraindications'

<p>4.3 Will the vaccine give me COVID-19?</p>	<p>No. You cannot catch COVID-19 from the vaccine but it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment.²</p> <p>Offer PHE patient information leaflet ‘What to expect after your COVID-19 vaccination’ https://www.gov.uk/government/publications/COVID-19-vaccination-what-to-expect-after-vaccination</p> <p>The Pfizer-BioNTech vaccine is a mRNA vaccine. It works by injecting the genetic code (mRNA) for the coronavirus’s spike protein. When the genetic code is taken up into our cells, our cells make the spike protein. The protein acts as the antigen to stimulate the immune response. The mRNA is degraded naturally within a few days.</p>
<p>4.4 Can the vaccine cause Bell’s palsy?</p>	<p>Some news and social media have reported that four people who were part of a COVID-19 Pfizer vaccine trial in the US have developed Bell’s palsy as a result of being vaccinated. This is misleading and not true. This low number of people (four) developing Bell’s palsy is consistent with the expected rate in the general population and there is no clear basis upon which to conclude this is related to the vaccine.^a</p> <p>^a https://www.fda.gov/media/144245/download (December 10, 2020)</p>
<p>4.5 Long term vaccine safety</p>	<p>The Pfizer/BioNTech vaccine has been approved by the MHRA (Medicines and Healthcare products Regulatory Agency). It has undergone extensive testing and rigorous evaluation. Around 22,000 people received the active vaccine in the clinical trial and almost 5.0 million^a in the UK alone [increases every day] have received either the Pfizer or AstraZeneca vaccine since it was approved.</p> <p>It is true there is no “long-term” safety data available for the COVID-19 vaccines. Vaccines however are inherently safe with almost all side effects being mild, short-term and occurring within a few days. The very rare longer-term side effects linked to other vaccines (for example Guillain-Barré syndrome [<2 cases per 1,000,000^b] or narcolepsy [3 cases per 100,000^c]) occur within 6 weeks of vaccination^d. We have several months of data from the Pfizer vaccine trial therefore we are confident that these longer-term side effects are, at most, very rare.</p> <p>^a https://coronavirus.data.gov.uk/details/vaccinations ^b https://www.nhs.uk/conditions/guillain-barre-syndrome/causes/ (6 February 2020) ^c WHO: Statement on narcolepsy and vaccination (21 April 2011) ^d https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6985921/</p>

5 Excipients

5.1 List of excipients	https://www.sps.nhs.uk/articles/excipients-information-for-pfizer-biontech-COVID-19-vaccine/
5.2 Animal- or human-derived product content	<p>Animal or human cell lines are not used in the manufacturing process. The vaccine is vegan/vegetarian friendly⁴.</p> <p>See 'Animal- or human-derived product content' https://www.sps.nhs.uk/articles/excipients-information-for-pfizer-biontech-COVID-19-vaccine/</p> <p>Some antivaccine campaign groups claim that foetal cells (or “aborted foetuses”) are used in the Pfizer vaccine manufacturing process. This is not true (animal or human cell lines are not used in the manufacturing process).</p> <p>Also refer to:</p> <ul style="list-style-type: none">- ‘Other questions: Catholic faith’- ‘Other questions: Islamic faith’- ‘Other questions: Jewish faith’

6 Pregnancy and breastfeeding

6.1 Pregnancy	<p>Follow criteria for exclusion and cautions within your PDG/Protocol/PSD in the first instance.</p> <p>Latest advice from Immunisation against infectious disease: Chapter 14a – COVID-19 (Green Book; 21 January 2021)¹:</p> <ul style="list-style-type: none">• <i>JCVI has advised that vaccination in pregnancy should be considered where the risk of exposure to SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19.</i>• <i>In these circumstances, clinicians should discuss the risks and benefits of vaccination with the woman, who should be told about the absence of safety data for the vaccine in pregnancy.</i>• <i>Termination of pregnancy following inadvertent immunisation should not be recommended.</i> <p>Offer PHE patient information leaflet 'Women of childbearing age, currently pregnant or breastfeeding'</p>
6.2 Breastfeeding	<p>Immunisation against infectious disease: Chapter 14a – COVID-19 (Green Book; 21 January 2021)¹:</p> <ul style="list-style-type: none">• <i>There is no known risk associated with giving non-live vaccines whilst breastfeeding. JCVI advises that breastfeeding women may be offered vaccination with the Pfizer-BioNTech or AstraZeneca COVID-19 vaccines.</i>• <i>The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for immunisation against COVID-19, and the woman should be informed about the absence of safety data for the vaccine in breastfeeding women.</i> <p>Offer PHE patient information leaflet 'Women of childbearing age, currently pregnant or breastfeeding'</p>

<p>6.3 Implications for fertility and fertility/IVF programmes?</p>	<p>Fertility: There are no data to suggest that the Pfizer-BioNTech COVID-19 vaccine causes infertility. Some antivaccine campaign groups claim that COVID-19 vaccines cause infertility because of a very short amino acid sequence in the spike protein of SARS-CoV-2 that is partly shared with a protein in the placenta called syncytin-1. From a scientific perspective, the differences between the two sequences are quite significant, making it very unlikely the vaccine could generate a response that would harm the placenta.^a We can take further reassurance that the claim is false, because women globally who have been infected with SARS-CoV-2 (the virus that causes COVID-19) are not reporting infertility.</p> <p>The Royal College of Obstetricians & Gynaecologists (RCOG) and Royal College of Midwives (RCM) have issued a joint statement to this effect https://www.rcog.org.uk/en/news/RCOG-and-RCM-respond-to-misinformation-around-Covid-19-vaccine-and-fertility/</p> <p>Fertility/IVF programmes: The British Fertility Society released a statement:</p> <ul style="list-style-type: none"> • <i>Women who would benefit from the vaccine should be able to receive it without compromising their planned fertility treatment. Women should be made aware that although there is no safety data for COVID-19 vaccinations in pregnancy, there is no known risk from other non-live vaccines in pregnant women. In line with the JCVI guidance, appropriately informed patients who choose to accept COVID-19 vaccination do not need to avoid treatment/pregnancy after vaccination.</i> <p>^a https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine (January 6, 2021)</p>
---	---

<p>6.4 I have been told to not get pregnant for 2 months</p>	<p>This advice has changed but may still be on some old information leaflets.</p> <p>When the Pfizer vaccine was first made available (early December 2020) the advice was “<i>women of childbearing age should be advised to avoid pregnancy for at least 2 months after their second dose</i>”. This was <u>not</u> due to fertility concerns but rather because the vaccine had not been studied during pregnancy.</p> <p>In late December 2020, the advice about avoiding pregnancy was removed because:</p> <ul style="list-style-type: none"> • There are no known risks associated with giving inactivated vaccines during pregnancy¹ • Non-clinical (animal) studies for the Pfizer and AstraZeneca vaccine have not suggested a risk^{1,3} • The JCVI have advised that the benefits of vaccination are important for (i) women at high of exposure to coronavirus or (ii) women with clinical conditions that put them at high risk of serious complications from COVID-19.¹ <p>In summary, there is no indication that the vaccine reduces fertility. Currently there is not enough evidence to recommend routine use of COVID-19 vaccines in pregnancy. Vaccination in pregnancy should be considered for women at high risk of exposure or high risk of severe COVID-19; see Pregnancy for further information.</p> <p>Offer PHE patient information leaflet ‘Women of childbearing age, currently pregnant or breastfeeding’ and Pfizer ‘Information for the recipient’</p>
--	---

7 Interactions

7.1	Timing with other vaccines	See 'Advice where patients receive another vaccine 7 days before or after Pfizer-BioNTech COVID-19 vaccine' https://www.sps.nhs.uk/articles/interactions-information-for-pfizer-biontech-covid-19-vaccine/
7.2	About to begin immunosuppressive therapy	See 'Patients scheduled to begin immunosuppressive therapy' https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/
7.3	Treated with corticosteroids	See 'Patients being treated with corticosteroids (oral, intra-articular, intra-muscular or intravenous)' https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/
7.4	Timing with Systemic Anti-Cancer Therapy (SACT)	See 'Patients being treated with immunosuppressive chemotherapy' https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/
7.5	Timing with rituximab treatment	Separate advice for rheumatology indications (see 'For rheumatology indications) and oncology indications (see 'For oncology indications') https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-patient-taking-immunosuppressive-medicines/

7.6 Alcohol	<p>Some news and social media have reported you should abstain from alcohol to boost your immune response to the vaccine. This is selective reporting from a statement from DrinkAware (a UK alcohol education charity).^a Their detailed recommendations:</p> <ul style="list-style-type: none">• Get vaccinated if you are offered a Covid-19 vaccine, <i>regardless of whether you ever drink any alcohol or not.</i>• Heavy drinkers have a higher risk of becoming seriously ill with COVID-19 <i>therefore it is very important to be take up the offer of vaccination</i>• There is no evidence that heavy or social drinking will affect your body's response to the COVID-19 vaccine• It is possible, but not proven, that drinking alcohol, especially regular heavy drinking, can reduce your body's response to some vaccines. Therefore it is prudent for you not to drink any alcohol for a few days before, and for at least two weeks after, you've been vaccinated. <p>Summary:</p> <ul style="list-style-type: none">• Receiving your COVID-19 vaccine without delay is important (regardless of whether you drink or not)• You may like to reduce your alcohol consumption as this is generally good for your health and there is limited evidence that it might improve your body's response to the vaccine. <p>^a https://www.drinkaware.co.uk/professionals/press/drinkaware-issues-advice-on-alcohol-and-the-covid-19-vaccine (January 7, 2021)</p>
-------------	--

8 Other questions

8.1 Catholic faith	https://www.cbcew.org.uk/home/our-work/health-social-care/coronavirus-guidelines/update-on-COVID-19-and-vaccination/
8.2 Islamic faith	See 'Halal certification' https://www.sps.nhs.uk/articles/excipients-information-for-pfizer-biontech-COVID-19-vaccine/
8.3 Jewish faith	See 'Suitability for the Jewish community' https://www.sps.nhs.uk/articles/excipients-information-for-pfizer-biontech-COVID-19-vaccine/
8.4 How long does the vaccine take to work?	One dose offers a high level of protection after two weeks ⁴ . Full protection kicks in around a week or two after that second dose. ⁵
8.5 Effect of the vaccine on COVID-19 antibody tests	<p>Vaccines teach your immune system how to create antibodies. But these are different to the ones the antibody test checks for to tell you if you've had the virus before. The COVID-19 vaccine will not affect the result of your antibody test.^a</p> <p>Offer PHE patient information leaflet 'Coronavirus (COVID-19): antibody testing'</p> <p>^a https://www.gov.uk/government/publications/coronavirus-covid-19-antibody-tests/coronavirus-covid-19-antibody-tests</p>
8.6 Should people who have already had COVID-19 get vaccinated?	<p>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, including those who have mild residual symptoms.⁵</p> <p>For patients with a current/recent COVID-19 infection, refer to 'Caution & Contraindications: Current or previous COVID-19 infection'</p>
8.7 Implications for blood donation	<p>Please wait 7 days from your vaccine before donating blood^a</p> <p>^a https://www.blood.co.uk/news-and-campaigns/news-and-statements/coronavirus-covid-19-updates/</p>

8.8 Will there be a choice of vaccines?	No. Any vaccines that the NHS will provide 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, it is worth their while. ⁵
8.9 If I wait to have a vaccine, will a different vaccine be available?	We do not know. Our advice is to take the first vaccine available to you.
8.10 How big is the needle used to give the vaccine?	Usually: '23 gauge' x 25mm long (2.5cm). Morbidly obese patients: '23 gauge' x 38mm long (3.8cm) ⁶

9 Other questions (Provider Trust staff only)

9.1 Can I defer having the vaccine until a later date? If so, would that mean having to go to a different vaccination centre?	The current plan is for all hospital staff to be vaccinated at their place of work, subject to agreement and a process that allows staff at networked sites to access the vaccine through host trusts' vaccination programmes.
9.2 I am on the SIREN study. Can I receive the vaccine?	Yes, part of the SIREN study will be to assess the impact of vaccination on COVID-19 transmission You will be asked by the SIREN team if you have been vaccinated as part of the study.
9.3 If I have the vaccine, do I still need to test myself for COVID-19?	The vaccine and both PCR and lateral flow testing should not cross-react so you should continue to test yourself.

10 Management of patients recruited into trials

10.1 COV002 (Oxford) trial

Participant need to unblind to understand their options⁷:

- <https://apps.ovg.ox.ac.uk/login/>
- Login is their participant number. Password is their DOB as an 8 digit number (DDMMYYYY)

Control arm (MenACWY vaccine)	<ul style="list-style-type: none">• Receive national rollout vaccine as normal (2 doses of Pfizer vaccine)• A 2 week gap is recommended between the last dose of control vaccine and the national rollout vaccine
One dose of ChAdOx1 vaccine (either low or standard dose)	<ul style="list-style-type: none">• Receive one dose of national rollout vaccine• A 3 week gap is recommended between the last dose of ChAdOx1 vaccine and the national rollout vaccine
Two doses of ChAdOx1 vaccine (either low:low or low:standard)	<ul style="list-style-type: none">• No need to have the national rollout vaccine

Participants who were advised to not receive a booster dose of the trial vaccine should contact the site to discuss options before having a COVID-19 vaccine as part of the national roll out.

10.2 COVAC (Imperial) trial

All participants should receive national rollout vaccine as normal (2 doses of Pfizer vaccine). A 4 week gap is recommended between the last dose of COVAC vaccine and the national rollout vaccine.

10.3 NOVOVAX trial

Participants are asked to contact the trials team to be unblinded before they make an appointment for a vaccine.

11 Document management

This document is subject to constant review. If you identify any information that needs to be updated please contact admin.ncl-mon@nhs.uk.

12 Acknowledgement

This document is based on an FAQ development by the Pharmacy Department at Moorfields Eye Hospital NHS Foundation Trust.

13 Version history

Date	Version	Amendments
11 Jan 2021	1.0	New document
12 Jan 2021	1.1	[8.10 update] Needle length for individuals for morbidly obese patients. [8.7 new] Advice for people who want to donate blood. [3.9 new] Advice for lymphoedema. [4.1 update] Added link to to SPC equivalent. [2.2 new] Advice for people who reacted to the first vaccine dose. [8.4 new] How long do the vaccines take to work.
13 Jan 2021	1.2	[10 update] Merged all the trial advice into a single section. [3.8 new]. Specific advice for thrombophilia. [7.4 new] Timing advice with SACT. [7.5 new] Timing advice with rituximab. [5.2 update] Specified vaccine is vegan/vegetarian friendly. [6.3 update] Question refresh and formatting amend.
15 Jan 2021	1.3	Reference updates. [1.1 update] Replaced content with link to SPS website which provides advice for if more than 12 weeks elapses. [4.3 update] Aligned to NHS advice and link provided to PIL. [4.5 update] Reference change and new figures for number of people vaccinated.
19 Jan 2021	1.4	Reference updates. [6.3 update] Moved from a non-pregnancy specific section. [6.4 new] Specific advice as to why advice was not to get pregnancy for 2 months.
20 Jan 2021	1.5	[3.7 new] Specific advice around vaccines and surgery. [1.3, 1.4 & 1.5 new] Specific advice on early or delayed second doses and different brands. [0 update] Added algorithm. Reduced font size throughout.
22 Jan 2021	1.6	Reference updates. [6.3 updated] Added jointed RCOG/RCM statement.
25 Jan 2021	1.7	Updated reference format. Removed 'administration site' query (is extensively covered in vaccinator training). [7.2 new] Specific advice for those commencing immunosuppressive therapy. [7.3 new] Specific advice for those treated with corticosteroids. [3.10 new] Specific advice for people with porphyria.

14 References

1. Public Health England. COVID-19: the green book, chapter 14a. Published online January 21, 2021. <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>
2. Public Health England. What to expect after your COVID-19 vaccination. Published online January 20, 2021. <https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination/what-to-expect-after-your-covid-19-vaccination>
3. Medicines and Healthcare Regulatory Agency. Information for Healthcare Professionals on Pfizer/BioNTech COVID-19 vaccine. Published online December 31, 2020. <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine#clinical-particulars>
4. NHS England. The NHS COVID-19 Vaccination Programme. Communications resources: pull-out guide for staff uptake campaigns (Version 2). Published online January 8, 2021. <https://northcentrallondonccg.nhs.uk/covid-19-vaccination-information/>
5. NHS England. The NHS COVID-19 Vaccination Programme: Communications resource pack update (Version 5). Published online January 8, 2021. <https://northcentrallondonccg.nhs.uk/covid-19-vaccination-information/>
6. NHS England. PVH3 Preparation of Pfizer-BioNTech COVID-19 Vaccine in PCN Designated Sites Issue 2.4. Published online January 22, 2021. <https://www.sps.nhs.uk/articles/preparing-the-pfizer-biontech-covid-19-vaccine-at-pcn-designated-sites/>
7. COV002 (Oxford) trial. IRAS Project ID: 281904 REC Ref: 20/SC/0179 COV002 Participant Email and Online Unblinding Form version 1.0. Published online December 8, 2020.