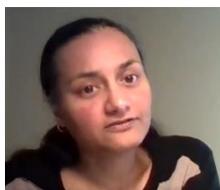


Summary of our Public Q&A on Covid Vaccines

- Held Via Zoom, 22 February 2021, with 45 attendees
- In partnership with Reading’s race equality body and NHS staff
- Giving local residents, especially Black, Asian and Minority Ethnic (BAME) people, a chance to put questions to frontline professionals
- Acknowledging hesitancy and helping people to make informed choices

Meet the speakers



Mandeep Kaur Bains, chief executive of Healthwatch Reading
Mandeep heads Reading’s statutory patient and public involvement body and also sits on a local Covid inequalities group, and the council’s Covid Outbreak Engagement Board.



Kim Frewin, nurse practitioner, Pembroke Surgery, Reading
Kim is the clinical nurse lead for the Reading Central vaccination hub based at Watlington House, giving jabs to people from multiple surgeries. She has more than 30 years’ experience and sees patients with chronic diseases and prescribes medications.



Ida Osei, clinical pharmacist, Tilehurst Surgery, Reading
Ida is a qualified UK pharmacist who has been working in general practice for five years, seeing patients who need help managing chronic diseases and medications. She has been involved in Covid vaccination clinics and going into care homes to deliver jabs to residents. She grew up in Africa.

Questions from the public

- Why do I need to wait 12 weeks for my second dose?
- What is the difference between the AstraZeneca and Pfizer vaccines?
- How can you know the vaccines are safe when they are so new?
- Who is responsible if something goes wrong?
- Why do people with learning disabilities have to fight to get them?
- How long is it effective for?
- Why have people from BAME backgrounds been refusing the jab?
- Can you have the vaccine if you’ve had Covid before, or get ill between doses?
- How can people get the vaccine if they’re not registered with a GP?
- Will children be getting it?
- Can you mix and match the two doses and can you choose which one you have?

Key points from the answers

- Covid vaccines help you produce antibodies and ‘cell memory’ to fight the virus
- You need two doses, 12 weeks apart for the full effects, so don’t stop following ‘hands, face, space’ guidelines after your first dose
- The government changed the drug makers’ recommended 3-week gap between doses, to 12 weeks, so more people could quickly get some protection rather than a smaller number having both doses
- Studies are ongoing to find out how long vaccine protection lasts
- Staff at vaccine hubs are there for your safety and to answer your queries
- You can have a vaccine if you’re on medication for diabetes and blood pressure - in fact you’re more likely to need one if you have a long-term condition
- You’ll be asked if you’re on blood thinners only to make staff aware they need to apply more pressure with the cotton wool on the injection site afterwards
- People with a history of serious allergies of unknown origin, may be offered the AstraZeneca vaccine rather than Pfizer
- Data doesn’t yet show if one vaccine is better than another - they both work as they’re intended to and you can’t choose which one you have
- You can change your mind about having a vaccine any time up until the jab and a prior refusal won’t stop you getting one later if you then decide to get one
- NHS staff work to stringent guidelines and want to do the best for you
- A mass vaccination centre has recently opened at the Madejski sports stadium, starting with invites to 65-69-year-olds, and GP surgeries are also running hubs
- Asylum seekers can register with a GP without disclosing their status
- All people on their GP’s learning disability are now in priority group 6
- Vaccines aren’t tested on pregnant women, talk to your GP if you want one
- You can’t choose which vaccine make you have

“I’ve had my vaccine. I had it as soon as I was offered it without any reservations. I’ve had it not just to show it is safe, but because I believe it is safe. It protects us, it protects the rest of the community, but also because our risk of serious illness is higher [for BAME people], there is no reason why we shouldn’t have the vaccine.” Pharmacist Ida Osei

“I have personally vaccinated at the hub, plenty of people with who are allergic to bee stings, wasp stings, shellfish, nuts, penicillin, many other antibiotics and they have all been perfectly safe.” Nurse Kim Frewin

“Healthwatch Reading is involved in several working groups to identify any groups that may not be registered with a GP or are vulnerable and to support ways of ensuring they go get vaccinated. If you have any concerns about particular individuals or groups, please do contact us and we will work with other professionals to ensure if they would like the vaccine, they have access to it.” Healthwatch Reading chief executive Mandeep Kaur Bains

The session in full

Introduction

How the vaccines work

Ida: I'm going to give you a brief idea of the vaccines that we have. I'll try to keep it very basic and not too technical.

At the moment we are using two vaccines in the UK - the Pfizer/BioNTech and the Oxford/AstraZeneca one. There is a very slight difference between the two but both provide what we call ‘active immunity’.

When you have a vaccine, it gets into your cells and produces antibodies in your system in about two to three weeks. You also get something called T-Cells. They're almost like a memory in your cells so when they detect that you're exposed to the Covid virus, then they will help your own body produce more antibodies.

So we've got two vaccines, they both get into your cells, they both produce antibodies and something inside your cells that will remind your body, if you're exposed to the virus at a later date, to produce antibodies and then to help your body fight future infections.

How a local vaccination hub works and the questions most patients ask staff

Kim: The Central Reading Vaccination Hub at Watlington House went live on January 16. We get deliveries of both the AstraZeneca and Pfizer vaccines. We get deliveries each week but we usually don't get both vaccines at the same time. The hub is open 3-4 days, which vary each week depending on when we get a delivery.

We aim to vaccinate between 400-500 people a day and currently we've immunised just over 8,000 people, which is quite an achievement so far. As soon as we know we're getting a delivery, the GP practices are informed and the appointment system is opened.

The question we get asked the most, is, ‘is the vaccine safe’. People have been self-isolating and social distancing and for some, the visit to the hub is the first time they'll have been out of the house for a very long time. So, anxieties are running high. Our answer to them, is yes, because the Pfizer and AstraZeneca vaccines have been through testing and trialling before they've been given the final sign off, and secondly, the hub is full of a wide range of staff and clinical backgrounds each with their own important part to play to ensure the safety of every patient attending for their vaccine.

Before attending, patients are asked to fill out a detailed questionnaire that gives us an idea of their medical history. When they arrive, that questionnaire is then gone through with a member of staff. If there are any queries, that is escalated to the doctor, the clinical lead of the day. He will agree if they're happy for us to proceed with the vaccine. Finally, the nurse who will be giving the vaccine will also chat things through with you. So, there's plenty of opportunity for people to go through any queries, to ask questions - we don't want people to feel rushed. We want them to have the opportunity to raise any concerns.

There are very few people who cannot have the Covid vaccine. The people who would raise concerns to us, are people who present with a history of unknown multiple allergies, for example, if the person says 'I've had a history of being allergic to lots of different things, I'm not really 'sure what I've been allergic to but I know I've had to go to hospital quite a few times' or 'I know that every time I have a vaccine if I go on holiday or if I have the flu vaccine, I know I have a horrible reaction'. In that scenario, we would opt to give the person the AstraZeneca vaccine instead of the Pfizer vaccine; that is because the Pfizer vaccine contains a substance called PEG [Polyethelene Glycol] which can trigger an allergic reaction. But PEG is found in many household products and cosmetics and many medications so you will have been exposed to PEG at some point in your life. That's why we take the history and then we make the decision, which is made in partnership with you. We chat things through and like I said, you get plenty of opportunity to ask your questions.

Just to reassure you I have personally vaccinated at the hub, plenty of people with who are allergic to bee stings, wasp stings, shellfish, nuts, penicillin, many other antibiotics and they have all been perfectly safe.

The next question people tend to ask, is, will it interfere with their medication? The answer is no - it won't mess with your hypertensives, your diabetic drugs. It's safe and if you are on these medications, you are exactly the kind of people we want to be prioritising to get vaccinated because if you have underlying health issues, you're obviously more vulnerable to the Covid virus.

There is also a lot of concern out there about being on blood thinners and having the Covid vaccine: it's absolutely fine. It has nothing to do with the vaccine. The reason we asked you that question is, because if you are on blood thinners, you might be slightly more prone to bleed if you have an injection, so it's just so the nurses are aware and we'll pop just a little bit of pressure onto the injection site [with cotton wool, after the vaccine has been given], so we don't stain your clothes.

Mandeep: Thank you both for those introductions, which answer many of the questions Healthwatch Reading has been getting. Now over to public questions.

Questions from the public

Q1: A relative died in another country late last year but I wasn't able to go because of Covid concerns. I am due to get my second vaccination in May but can I get it sooner so that I can fly out and bring this matter to closure for me?

Ida: Originally the manufacturers said we needed 21 days between doses but in the UK, ministers and Public Health England agreed that it would be better if we extended the period up to 12 weeks. During this time, the aim is to get as many people as possible within the top priority groups to be vaccinated, with everyone scheduled to have their next dose within 12 weeks. Unfortunately, there isn't a way we can bring it forward.

Kim: The aim is to get as many people as possible having their first Covid vaccination, to get the best coverage, rather than aiming to have a smaller group having had two vaccines, leaving other people vulnerable.

Q2: I have had my first vaccine and it was the AstraZeneca one. Can you tell me the effectiveness of each vaccine?

Ida: At the moment we don't have any reason to believe that one vaccine is more superior to the other. They both provide active immunity. On how long the antibodies will last, and the T-cells, we don't know, but there are post-surveillance studies, so as we give the vaccines, studies are going on, to find out what happens in one month, two months and so on and that will carry on for a very long time.

Q3: I haven't taken the vaccine yet. When I hear your explanations, it gives me more questions - you mentioned the introduction of T-Cells within our system and you're not sure whether it's going to affect people negatively in the long run. Have you taken the vaccination yourself?

Ida: I've had my vaccine. I had it as soon as I was offered it without any reservations.

The vaccine does not introduce the T-Cells, the vaccine introduces something that will cause your own cells to produce the T-Cells. Active immunity is not something new. If you're had flu or polio vaccines, they all provide active immunity.

Covid virus is new - it's almost impossible to have an old vaccine that will work for a new virus. We have to make a new vaccine for a new virus.

You asked about long-term effects. I'm a pharmacist and every time a new medication comes on the market it is monitored for years. Even for an old drug, if something should happen, we have a reporting system, that we have to put it on. There is something called the Black Triangle and every new therapeutic agent has got that to show it will be monitored for a very long time.

Healthwatch Reading note added afterwards: [The Black Triangle on packaging looks like this, ▼, and you can find out more [here](#)].

Q3 continued: What would happen if the vaccine triggered something wrong in my system?

Ida. In the world we’ve had millions of people who’ve had their vaccines.

Remember at some point in time, paracetamol used to be like Covid when it came new onto the market. We had to use it, gather information and had to feed that back into the system. The Covid vaccine has been looked at in terms of safety, not just in terms of allergic reaction but everything possible has been done to make sure that it is safe, and not only that, there are systems in place to make sure that we pick up even subtle safety issues.

Q3 continued: I am a victim of negligence from my own home country. Nothing can be guaranteed. What if the worst happened to me?

Ida: I can understand where you’re coming from because I come from Africa as well and I grew up there, so I understand your concerns with what happens when things go wrong. But we are working and living in the UK and we have procedures that we follow.

If I saw you in my clinic and I said I think you’ve got high blood pressure, here you go, and something happens, I would be doing that in good faith - I wouldn’t be acting with negligence intentionally, working outside my competencies, or knowing it is wrong but still going ahead and giving it to you. We will be working within stringent procedures and protocols. We are accountable to our professional bodies. We follow manufacturers’ and regulators’ guidelines.

Kim: I’m a paediatric nurse by trade and I give a lot of baby immunisations and people - wherever they were born - are always very anxious about the first lot of immunisations for their baby. What I say to people is, why would I risk everything I’ve worked for to do something that I thought was wrong? I’m acting in my belief I’m doing the correct thing, if for no other reason to protect myself, my career. We’re not out to get anybody. We’re there to look after you, after ourselves and our families. We’re following the guidelines and the best advice.

Q4: Why do people with learning disabilities get missed off or further down the list because they have a learning disability? My dad had to fight to get my jab.

Kim: You shouldn’t have had to fight to get your vaccine. What it is happening where I’m working, people are getting their vaccine in priority order. I myself have vaccinated many people on the learning disability register and we have accommodated them, making sure they’re coming to the hub at a time when it’s a little quieter, so there’s no extra stresses if you find being in busy places stressful.

With the AstraZeneca vaccine you can take that to people’s homes and I did that three weeks ago to people in that particular group.

It may be that on your GP practice the necessary code hasn’t been put on [your record to identify your extra needs] so I would encourage you to have a conversation with one of the nurses or GPs and also see what necessary adjustments they can make for you.

Healthwatch Reading note added afterwards: Two days after the Q&A session, the government announced a change to allow all people with learning disabilities to be in priority group 6, and not just those with severe forms of disability. The local charity, Reading Mencap, can offer help with this issue.

Q5: What is the length of time the vaccine will be effective?

Kim: We’re on a learning curve. None of us can tell you whether this time next year you’ll need another vaccine. The important thing is we’re starting to build immunity and getting that going as soon as we can from the first vaccine.

Q6: Is it right that having the first vaccine then getting COVID-19 or a second dose of the vaccine, can promote a cytokine storm [an overstimulated immune response that can be harmful rather than protecting you]?

Ida: In the UK, very few people have had their second doses but there are reports in America, where they’re giving the second one within the three-week window, that your arm gets more painful or you may have a few more side effects but in terms of the cytokine storm, we haven’t heard reports of that happening with the second dose here.

Healthwatch Reading note added afterwards: The drugs safety body, the MHRA, publishes weekly data on reported side effects and says so far, nearly all relate to expected and short-lived effects like a sore arm, or fever or flu feelings for a few days.

Q7: Is there any specific information for people with diabetes?

Kim: Just because you’re diabetic, there’s no reason you can’t have the vaccine. It won’t interact with your insulin or your oral medications. When your time comes, you can come and have your vaccine.

Q8: We’ve heard a lot in the news that people from BAME communities have been refusing the jab. What would your advice to them be? Why do you think that is?

Ida: What I will say to Black and ethnic minority groups (I’m from Africa so I’m biased towards the African group) is that we have been disproportionately affected by the infection.

So, we should be first in line when it's our turn because once you get the infection - for reasons still being investigated - we become more ill than the average person who is not from a black and ethnic minority group. I've had my vaccine without reservation, not to *show* people that it's safe, but because I *believe* that it is safe. I can't promise that it would be the end of everything, but I think that, it protects us, it protects the rest of the community, also because our risk of serious illness is higher, there is no reason why shouldn't have the vaccine.

Q9: Does the vaccine have any impact on potential future fertility, pregnant women or breastfeeding women?

Kim: As far as I know we haven't been given any information that younger adults shouldn't be having the vaccine. Trials on vaccines aren't done on pregnant women therefore we don't have the evidence to back it up. That could change over time, like it did with the flu vaccine [which pregnant women can have]. The guide we follow says that if you've given the vaccine and then a woman should find out she was pregnant the next day, that isn't considered a cause for concern.

Healthwatch Reading note added afterwards: Revised guidance from the medicines safety body, the MHRA, on December 30 says breastfeeding women can receive either vaccine. It also says either 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'.

Q10: Do people who have recently recovered from Covid need to take the vaccine?

Ida: Yes we are offering the Covid vaccine to people who've had Covid. The advice is to give it at least 28 days after they've fully recovered or tested negative.

Q11: What happens to people who are eligible for a Covid vaccine but aren't registered with a GP?

Kim: If you're not registered with a GP practice, you're vulnerable to missing out on being offered the vaccine so the message would be to get registered with a GP practice, not only for your Covid vaccine but to meet all your other healthcare needs and then you will be called accordingly like everybody else.

Mandeep: I would add that Healthwatch Reading is involved in several working groups to identify any groups that may not be registered with a GP or are vulnerable and to support ways of ensuring they go get vaccinated. If you have any concerns about particular individuals or groups, please do contact us and we will work with other professionals to ensure if they would like the vaccine, they have access to it.

Q12: I know the vaccines aren't available to children but I have heard there some trials now involving children - is there a new vaccine being developed?

Kim: Children are not involved in the same kind of trials that adults typically are. The evidence suggests that it's been the elderly needing NHS resources most rather than 14-15 year-olds. So, the trials have been prioritised as well. We'll have to wait and see.

Healthwatch Reading note added afterwards: A [study](#) has just started involving 6-17-year-olds to test their response to the AstraZeneca vaccine. The researchers say that while children generally don't become unwell from Covid, there are some children who may benefit from the vaccine, so it's important to test how they react.

Q13: I know quite of number of people who don't have [asylum/residence] status in the UK. How will they access the Covid vaccination?

Mandeep: It has been identified locally that we must ensure those groups aren't forgotten and we can share a firm plan once we know about it. We've also been supporting lots of new arrivals into the country to register with a GP. If you need any support with this, call Healthwatch Reading.

Healthwatch Reading note added afterwards: You do not need to declare your immigration status to register with a GP. It has also been reported recently that the government has instructed doctors not to share information with the Home Office in order to encourage people to sign up with a GP so they can get a vaccine.

Q14: I've heard that people are dying between getting the first dose and the second dose, while they wait the 12 weeks.

Ida: I understand where you're coming from but we need to look at the numbers of people who've had the vaccine and gone on to have serious infections and sadly passed away, and those who haven't had any vaccinations at all.

Unfortunately, even with the two vaccines we have, we still need more vaccines to come through to be able to vaccinate as many people as possible. If we vaccinate a small section of society, there will still be a large proportion unvaccinated and infection still running in the community and we wouldn't get anywhere. The more of us are vaccinated the better it is for all of us. I think it is for the greater good.

Q15: Can people book their appointment outside their GP if they work outside of Reading?

Ida: Today the mass vaccination centre opened [at the Madejski Stadium]. The advice is to have them within your GP surgery or within the mass vaccination hub where you either work or live.

Mandeep: To add to that, when you receive a letter calling you up to have your vaccination, they may offer you the option to have your vaccination at the mass vaccination site or at the GP surgery. The mass site is initially serving the population of 65-69-year-olds. When you go onto the national booking system, you get a choice of mass sites that are up to 45 minutes or an hour away from where you live.

Q16: What happens if I test positive for Covid-19 in between my two doses?

Ida: We have had a few people who’ve tested positive after their first vaccine. You would get your second vaccination when your time is due for that, as long as that is 28 days after you test negative.

Q17: Can you mix and match which vaccines you have for the first and second dose?

Ida: AstraZeneca and Pfizer are two different pharmaceutical companies so they were not mixed tested in the trials. The advice is whichever one you had for your first dose, you have the same one for your second dose. However, if by mistake we gave you the wrong one, then it’s not the end of the world.

Q18: Can you choose which vaccine you have?

Ida: No you don’t. I can tell you from my own experience of doing Covid clinics. We don’t get a choice as to what we can order. You get told that next week, you’ll be getting X number of vaccines from Y. So the option to say I want Pfizer or I want AstraZeneca is not there. But as I said in the beginning, either vaccine provides active immunity so it doesn’t really matter which one you get - they will do the same thing.

Q18 continued: But if I go to one and they have a vaccine which I think for whatever reason, I don’t want, can you say I’m not having this and then walk away?

Ida: When you come in for vaccination, you have to consent to it. You fill in the form and we will go through your form and say today, we’re going to give you the Pfizer, or today, we’re going to give you the AstraZeneca. Until we actually inject you, at any time, you can change your mind.

Q18 continued: Could I then rebook?

Ida: If you turn up and you don’t want it, you just say I don’t want to have the vaccine today and then you go home and rebook. We won’t say because you’ve refused AstraZeneca, we’re not going to offer you another vaccine appointment. You will be offered another appointment but we can’t guarantee that when you turn up, it would be your preferred vaccine.

Q19: Lastly, someone has asked why you would get Covid after having the first vaccine?

Ida: People can think, yes, I’ve had my vaccine and that’s it. But you don’t get antibodies on day one, it takes time for your antibodies to develop. The trials were based on having two vaccines to give you immunity and to say it is effective. So, you have to continue to follow your hand washing, your social distancing and following the government guidelines. Just like us at work - we’ve still got our masks on, we still follow all the protocols and test twice a week.

Thank you

Healthwatch Reading would like to thank:

- Victor Koroma, manager of the Alliance for Cohesion and Racial Equality for promoting the event to local people
- Nurse Kim Frewin and Pharmacist Ida Osei for giving up their professional time to attend and answer questions
- Local people, for sharing their questions and concerns with us.

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