Frequently asked questions about the vaccines

Are there any side effects?

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, lasting no longer than a week, and not everyone gets them.

These may include:

- a sore arm where the needle went in
- feeling tired
- a headache
- feeling achy
- feeling or being sick

Data published from UK's independent medicines regulator MHRA confirms approved vaccines meet strict regulatory standards for safety.

The vast majority of reported side effects are mild and short lasting, reflecting a normal immune response to vaccines – including a sore arm and fatigue. The benefits of the COVID-19 vaccines outweigh the risks.

Can I do what I want after I have been vaccinated?

It is essential that everyone continues to stay at home whether they have had the vaccine or not. We need tens of millions of people to be vaccinated, evidence that COVID-19 cases are decreasing and data on transmission before we make a decision on how and when we can remove restrictions.

This means it is important to:

- Continue to follow social distancing guidance
- Wear a face covering and remember hands, face, space
- Continue following the national restrictions, instructions from NHS Test & Trace, and to self-isolate if you are instructed to do so or if you have symptoms, even if you have had the vaccine

Is protection instant after I've been vaccinated?

Protection from any vaccine takes time to build up. In general, the older you are the longer it takes. It will take at least two weeks in younger people and at least three weeks in older people before you can expect to have a good antibody response. You must return when called for your second jab - even better and longer lasting protection then comes from the second dose. Vaccines offer important protection to reduce risk but they do not make you invincible. No vaccine offers 100% protection against any disease.

Can I catch Covid from the vaccines?

Vaccines work by tricking your body into thinking it has to fight the virus. It trains your immune system for this fight by stimulating you to make antibodies and T-cells. This means

that when Covid-19 is encountered naturally, the body has already been prepared to protect against it.

You cannot catch Covid from the vaccines. But it is possible to have caught Covid and not realise you have the symptoms until after your vaccination appointment.

- If you have any of the symptoms of Covid, stay at home and arrange to have a test.
- If you need more information on symptoms visit: www.nhs.uk/conditions/coronavirus-COVID-19/symptoms/

Further research is needed to understand how effectively the vaccines stop us transmitting the virus to one another.

How do we know the vaccines protect people from COVID-19?

All of the vaccine trials for Covid-19 vaccines have given half of the volunteers the vaccine and half a dummy or substitute. The rates of Covid-19 in each group are then monitored. The difference between those vaccinated and those unvaccinated can be used to calculate percentage vaccine efficacy.

Therefore in the trials, vaccine efficacy reports how good a vaccine is at preventing disease - counted as having symptoms and a positive test result.

The trials are not large enough to report how effective the vaccines are at reducing hospitalisation and deaths. We will only know this after the vaccines have been rolled out. However a vaccine that is highly effective (as these are) is very likely to have a big impact on hospitalisations and deaths.

The Pfizer / BioNTech and Astra Zeneca (Oxford) vaccines have been shown to provide a high level of protection from symptomatic COVID-19. We do not yet know the impact of the vaccine on transmission and so we are vaccinating those who are at highest risk of serious illness and death.

As vaccination programmes roll out globally, our understanding of the effectiveness of each vaccine on disease, serious disease, death and transmission will increase, and these data will be used to develop advice on the next phase of the programme.

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

I have heard it can make people infertile – is this true?

There is no evidence that the vaccine affects fertility. The theory that immunity to the spike protein could lead to fertility problems is not supported by any evidence. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems after Covid-19 disease.

Read the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives response to misinformation around Covid-19 vaccine and fertility.

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

The latest advice, from the Joint Committee on Vaccination and Immunisation (JCVI) is that the vaccine should be considered for pregnant women when their risk of exposure to the virus infection is high and cannot be avoided, or if the woman has underlying conditions that place her at a very high risk of serious complications of Covid-19.

Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. Women who are breastfeeding can also be given the vaccine.

- The RCOG has prepared an information sheet to help pregnant women who are eligible for and have been offered vaccination make an informed choice.
- Please also read the Royal College of Obstetricians and Gynaecologists Q&As on COVID-19 vaccination, pregnancy and breastfeeding.
- Public Health England has produced advice in a range of formats for pregnant, breastfeeding and women of childbearing age.

How were the vaccines developed so quickly?

The vaccines that are authorised have been through three stages of clinical trials and have been tested on tens of thousands of people around the world.

The trial phases were organised to overlap, speeding up the overall time of vaccine production, but without cutting any corners on trialling the vaccine and ensuring it meets strict standards of safety and effectiveness.

Time has also been gained because:

- Vaccine trial volunteers were recruited at the start of the process, so they were ready to go once the vaccine was ready for trial
- In the UK trials, the National Institute for Health Research (NIHR) made this their top priority
- Plans were made for the next phase of trials by the companies without having to wait for investor decisions.
- Companies made decisions to begin large scale production of vaccines which were still in trials. So, if vaccines were found to be safe and effective, they would be ready to be distributed.
- The University of Oxford, created a video about 'How to make a vaccine in record time'

Are there animal products/alcohol in the vaccine?

The MHRA has confirmed that the COVID-19 Vaccine AstraZeneca and Pfizer/BioNTech COVID-19 vaccine do not contain any components of animal origin.

There is a trace amount of ethanol in the vaccine, which is less than the quantity found in bread. We have worked closely with Imams who have reviewed the ingredients of the AstraZeneca vaccine and confirmed that it is Halal.

Pfizer/BioNTech: A full list of ingredients for the qualitative and quantitative composition of the Pfizer/BioNTech vaccine can be found here.

AstraZeneca/Oxford: A full list of ingredients for the qualitative and quantitative composition of the vaccine can be found here.

How do I know it has been widely tested on people like me?

Each of the vaccines are tested on tens of thousands of people across the world. They are tested on both men and women, on people from different ethnic backgrounds, representative of the UK population and of all ages between 18-84.

Pfizer/BioNTech trials took place in the US, Europe, Turkey, South Africa and South America. Approximately 42% of global participants and 30% of U.S. participants had racially and ethnically diverse backgrounds.

AstraZeneca also included a trial in South Africa of 2,130 participants, and another in the US including African American, Hispanic and Native American participants.

In the AstraZeneca trials, the non-white demographic in the UK trial was 8%.In the Brazil trial it was 34.2% and in South Africa it was 87.5%.