

COVID-19 VACCINATIONS: THE FACTS

Answers to
50 Frequently
Asked
Questions



Muslim
Doctors
Association

GUIDE FOR
THE MUSLIM COMMUNITY
& HEALTHCARE WORKERS

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KEY MESSAGE:

Muslim communities are being disproportionately impacted by COVID-19 and having the vaccination can help reduce the risk

COVID-19 is a global pandemic affecting **more than 100 countries** across the world. In the **UK more than 100,000 people have died** from COVID-19 to date. **Ethnic minority communities are at a higher risk of serious illness and death.** This includes the Muslim community with causes being **multi-factorial** ranging from structural, social, economic, cultural, faith, linguistic, behavioural and physiological factors presumed to be implicated.

Vaccinations against COVID-19 have started being rolling out.

This document answers the **common questions** about COVID-19 vaccinations received from the community through online submission.

The document **includes responses** directly from decision makers, consultations, review of evidence and our own analysis reviewed by experts.

01 **May Allah reward you** for looking after your community as well as your elders.

SECTION 1

VACCINATION & HOW IT WORKS

In this section we cover

- What is a vaccine?
- Why is vaccination Important?
- What is herd immunity?
- How do the COVID-19 Vaccines work?
- Does it change your DNA?
- How many people have been vaccinated so far?
- Why should Muslim and ethnic minorities be taking the vaccine?
- Don't healthcare professionals get given an incentive to give the vaccine?

1. WHAT IS A VACCINE?

Vaccines may contain:

- A **killed or weakened version** of the whole virus or bacteria.
- A **small part of the micro-organism** such as a protein or genetic code.
- They are a type of medicine that **train the immune system** to protect against an infection to which they have not previously been exposed.
- This **creates acquired immunity without disease**, as opposed to natural infection which creates health risks associated with becoming unwell with disease.



2. WHY IS VACCINATION IMPORTANT?

- Vaccination has greatly reduced the global burden of infectious disease; only clean water performs better.
- Vaccines are **effective at protecting both individuals and society**, and in particular, more vulnerable members of society
- Vaccines **prevent 6 million deaths worldwide every year**.
- Below is a graph of the common infectious diseases and the impact that vaccination has made by **virtually eradicating deadly diseases**.

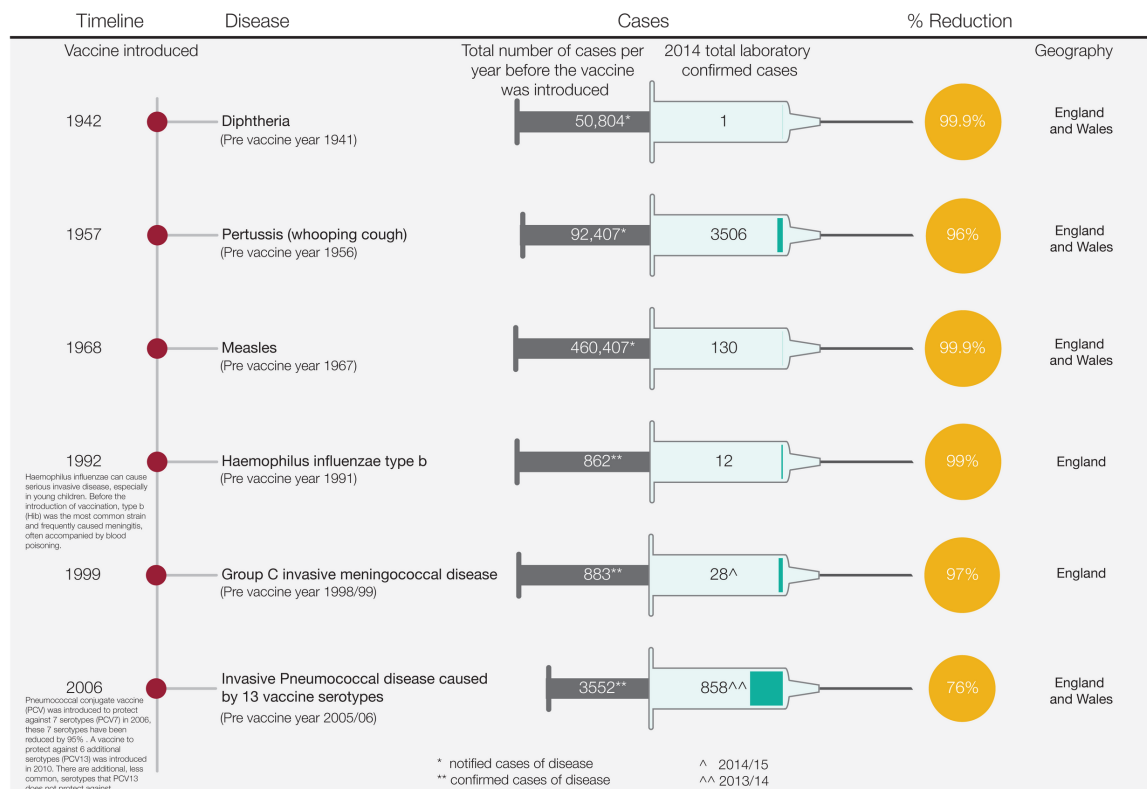


Figure 1: The impact of Vaccines

Source: Gov.UK 2016

3. WHAT IS HERD IMMUNITY?

- This is when a **large portion of the community** (the herd) becomes immune to an infectious disease thus reducing transmission from a person to another.
- It is normally **achieved through vaccination** and not through natural infection which would lead to high numbers of sickness, long term complications and deaths by allowing people, especially the most vulnerable, to become infected.

4. HOW DO THE COVID-19 VACCINATIONS WORK?

Pfizer/ BioNTech and Moderna

- The Pfizer/ BioNTech and Moderna vaccines are **mRNA vaccines** or messenger RNA.
- mRNA contains a **genetic code** which instructs the cells in our body to produce coronavirus spike proteins, which then triggers an immune response to produce protective antibodies.
- the mRNA **naturally degrades** after a few days.
- In this way we are **protected from future infection**.

Oxford/AstraZeneca

- The Oxford/AstraZeneca vaccine contains an **inactivated common cold virus** that has been modified to carry the same spike protein as coronavirus. This is produced in cell cultures.
- The vaccine itself **contains no cell culture**.
- This inactivation stops the virus from replicating in humans but allows the body to **trigger an immune response to coronavirus (spike protein)** and produce protective antibodies to protect from future infection.

5. DOES IT CHANGE YOUR DNA?

- The Pfizer/BioNTech and Moderna vaccines use **synthetic strands** of mRNA.
- The mRNA **never enters the nucleus of the cell** which is where our DNA is stored so it can NOT convert our DNA.
- In fact **our bodies are exposed to RNA and DNA from different organisms all the time.**
- **Our own DNA is not converted** when exposed to these organisms.

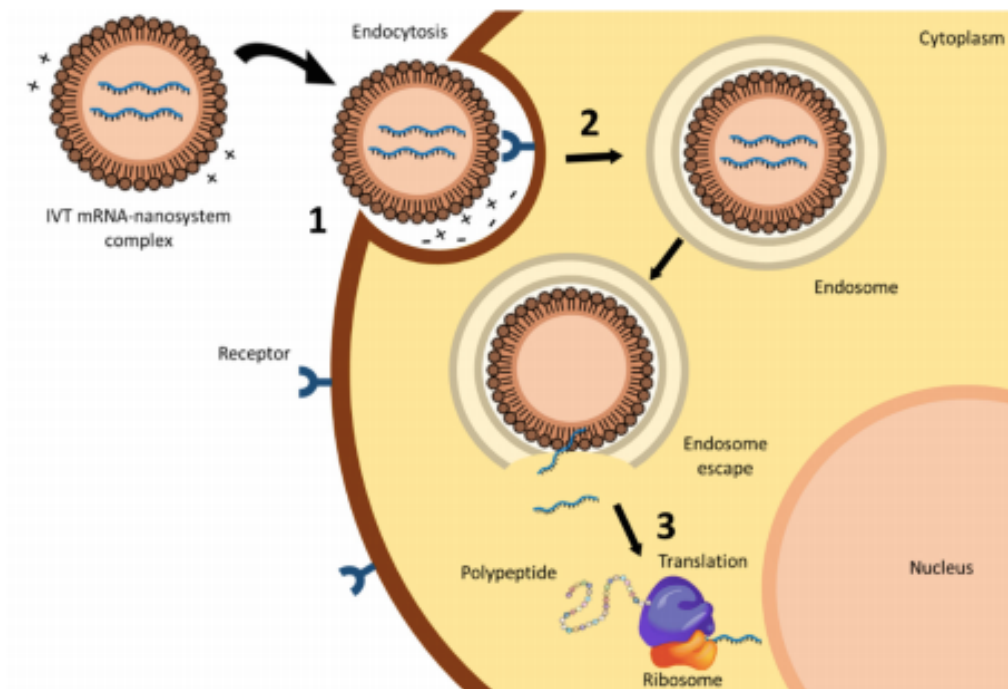


Figure 2: Mechanism of action of mRNA vaccines. The nanosystem complex stays in the cytoplasm (the jelly part of the cell) where the synthetic strands of mRNA are released. These do not enter the cell which contains the genetic material.

Source: Gómez-Aguado et al 2020

6. HOW MANY PEOPLE HAVE BEEN VACCINATED SO FAR?

- As of 31st January, **over 8 million people** in the UK have now received the first dose of either the Pfizer/BioNTech or the Oxford University/AstraZeneca vaccines since the vaccination programme began.
- Through the Vaccines Taskforce, the **UK has secured early access** to 367 million doses of 7 of the most promising vaccines so far

7. WHY SHOULD MUSLIM AND ETHNIC MINORITIES BE TAKING THE VACCINE?

- Ethnic minorities in the UK, in particular those from ethnic minority groups have been **more severely affected** by COVID-19 in comparison to other ethnic groups.
- Unfortunately, this is a **trend we are continuing to see** in the current wave.
- This means that those from an ethnic minority have the **most to benefit from the vaccine**

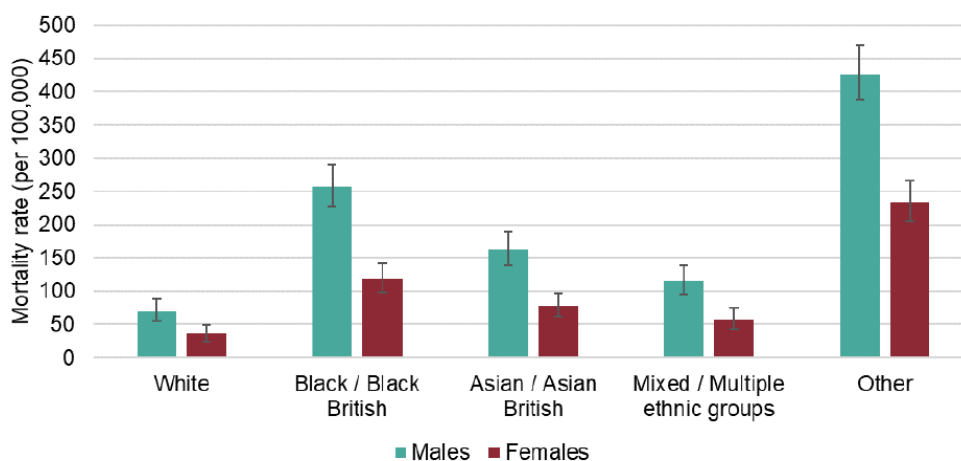


Figure 3: Age standardised mortality rates in laboratory confirmed COVID-19 cases by ethnicity and sex as of 13 May 2020.

Source: Public Health England, 2020

8. DON'T HEALTHCARE PROFESSIONALS GET GIVEN AN INCENTIVE TO GIVE THE VACCINE?

- The sources of information healthcare professionals use to provide advice to the public are **evidence-based**.
- Healthcare professionals appraise the breadth of evidence to assess its quality and relevance. This process is called **critical appraisal**.
- Additionally, healthcare professionals take an **oath to do no harm**.
- They have a duty to inform the public of the benefits and risks of treatments including vaccinations provided to **allow all individuals to make an informed choice**.
- GP practices are receiving a payment of £12.58 after both doses have been delivered to make the **programme cost neutral**. This fee covers the cost associated with providing the vaccination, and is paid by the NHS to practices.
- Many **healthcare professionals are volunteering** to give the vaccine and receiving no payment.
- Healthcare professionals **do not receive any incentive or payment** for the administration of any vaccine or drug in the UK aside from their regular wages.

SECTION 2

COVID-19 VACCINES & PRODUCTION

Multiple vaccinations have been developed globally to reduce the risk of contracting COVID-19.

In this section we cover:

- What are the current vaccines available for COVID-19?
- Are the vaccines halal?
- Is it derived from foetal cells?
- What do the COVID-19 vaccines contain?
- How has the vaccine been developed so quickly?

1. WHAT ARE THE CURRENT VACCINES AVAILABLE FOR COVID-19?

There are **more than 10 vaccinations** available globally. In the UK the vaccinations that have been approved for use are those developed by:

- **Pfizer/ BioNTech**
- **Oxford/ Astra Zeneca**
- **Moderna**

Table 1 below shows some of the details about these vaccinations.

Company	Vaccine Type	Number enrolled in clinical trial	Ethnic groups	Dosing	Effectiveness*	Storage
Pfizer/ BioNTech	mRNA	43,448	81.9% White 26.2% Hispanic 9.8% Black 4.4% Asian 3% Other	2 doses 21 days apart	95%	-70 degree Celsius
Oxford/ Astra Zeneca	Viral vector	24,000	92% White 0.4% Black Asian 5.6% Other 2.1%	2 doses 28 days apart	70%	Normal fridge temperature
Moderna	mRNA	30,351	63.6% White 20.5% Hispanic 10.2% Black 0.8% Asian Other 4.8	2 doses 28 days apart	94.1%	-20 degrees Celsius

Table 1: COVID-19 vaccines approved in the UK

* Preliminary Phase III trial results

2. ARE THE VACCINES HALAL?

- **Yes** all the vaccines currently approved for use in the UK are halal.
- There is **no gelatine or animal products** in the COVID-19 vaccinations.
- Both vaccinations have been **approved by multiple Muslim organisations in the UK** including the British Islamic Medical Association (BIMA), British Board of Scholars and Imams (BBSI) and Mosques and Imams National Advisory Board (MINAB).
- There is a **negligible amount of ethanol** in the Oxford/Astrazeneca vaccine which is less than the amount found in bread, bananas and fruit juices.

3. IS IT DERIVED FROM FOETAL CELLS?

- **No**, the Pfizer/ BioNtech vaccination does not contain and has not been produced using foetal cells.
- The Oxford/ Astra Zeneca vaccine is **grown in cell cultures**. There are concerns that these contain cells derived from an aborted foetus. This is not true.
- While some of the vaccine may have been grown in cells derived from stem cells originally cloned from a foetus that was aborted in the 1970s, the vaccine itself **does not contain any foetal cells**. The cells used today are lab produced clones of that original cell line.
- Major Islamic bodies are in agreement that these derived cells are **permissible to use**.

“The derived cells from this foetus have been used to produce many different vaccines over the decades. In other words, this foetus has been estimated to have saved over 1 million lives!”

~British Board of Scholars and Imams

4. WHAT DO THE COVID-19 VACCINES CONTAIN?

- The vaccines contain the active ingredient along with salts, sugars and fats.
- These ingredients are **commonly found in a range of foods and drinks**
- There **are NO preservatives or micro chips**.
- The **ingredients in vaccines are carefully chosen** and very closely monitored for safety.
-

The COVID-19 vaccines contain:

- The **active ingredient**- genetic code (Pfizer and Moderna) or inactivated virus (Oxford Astra Zeneca)
- **Lipid nanoparticles**- for mRNA vaccines. These are small oil droplets immersed in water which protect the mRNA from degradation and help with absorption into the body.
- **Stabilisers**- these prevent ingredients sticking and separating
- **Adjuvants**- these are used to strengthen the immune response
- **Ionic compounds**- these help balance pH
- **Acidity regulars**- pH control agents

4. WHAT DO THE COVID-19 VACCINES CONTAIN?

The detailed ingredients of each vaccine are outlined below:



- **Pfizer/BioNTech COVID-19 vaccine:**

This vaccine contains the following ingredients:

- **mRNA**

(messenger ribonucleic acid) - the genetic material which carries instructions to produce the Spike protein

- **Lipid nanoparticles**

(4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate), this forms a spherical shell around the mRNA which protects it and helps it to be absorbed into your body and start working. (in lieu of a virus as in the Astrazeneca/Oxford vaccine). This technology is used in any other drugs which are commonly used for a number of conditions.

- **Stabilisers**

Sucrose- this is a sugar that occurs naturally in fruit

- **Adjuvants**

2[(polyethyleneglycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine and cholesterol- these are widely present in a range of commercial drinks such as fortified water, soft drinks, juices, dairy drinks.

- **Ionic compounds**

Monobasic potassium phosphate- found in sports drinks.

Sodium chloride - this is salt. The vaccine contains less than 1 mmol sodium (23 mg) which is classified as 'sodium-free'.

Potassium chloride- this chemical is found in food products such as fruits and meat

.Dibasic sodium phosphate dehydrate- found in desserts, puddings and baking products

- **Water**

For injections

4. WHAT DO THE COVID-19 VACCINES CONTAIN?

- **AstraZeneca/ Oxford COVID-19 vaccine:**

This vaccine contains the following ingredients:



- **AZD1222**

the inactivated virus

- **Stabilisers**

Polysorbate 80- this ingredient is commonly found in food and drink.

Sucrose- sugar but in very low quantity.

Magnesium chloride hexahydrate- found in tofu, soy beverages and baby formula milk

Ethanol- The vaccine does contains a very small amount of alcohol (0.002 g) which is less than the amount found in bread, bananas and fruit juices.

- **Ionic compounds**

Sodium chloride- this is salt. The vaccine contains less than 1 mmol sodium (23 mg) which is classified as 'sodium-free'.

Disodium edetate dehydrate -found in many personal care products such as shampoos.

- **Acidity regulators**

L-histidine, L-histidine hydrochloride monohydrate. Histidine is an amino acid found in almost every single cell of the body.

- **Water**

For injections

4. WHAT DO THE COVID-19 VACCINES CONTAIN?

- **Moderna COVID-19 vaccine:**



This vaccine contains the following ingredients:

- **mRNA**

(messenger ribonucleic acid) - the genetic material which carries instructions to produce the Spike protein

- **Lipid nanoparticles**

((SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG] (also an adjuvant), cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC])

- **Stabilisers**

Sucrose- this is a sugar that occurs naturally in fruit

- **Ionic compounds**

Acetic acid- this is found in vinegar. sodium acetate- found in food products and intravenous fluids given for rehydration.

Tromethamine, tromethamine hydrochloride - a commonly used PH stabiliser

5. HOW HAS THE VACCINE BEEN DEVELOPED SO QUICKLY?

There are multiple reasons why these vaccines have been developed more rapidly compared to previous vaccinations.

These reasons are:

- **Previous research and knowledge available**- information from the previous SARS outbreak between 2002-04 (caused by SARS- CoV2) means that information about the basic genome (genetic material) of the SARS coronavirus species has been known for almost 20 years. This greatly accelerated the scientific research phase of the clinical trial for the current pandemic caused by SARS- CoV2.
- **Already used in other treatments**- mRNA vaccines have been studied before for viruses including flu, Zika, rabies. Beyond vaccines, this mRNA technology has been used in cancer research to trigger the immune response in targeting certain cancer cells.
- **International collaboration and coordination** - between multiple bodies enabling rapid mobilisation of resources.
- **Shorter recruitment period** (weeks rather than months)- the high rate of infections meant there was a higher database of potential participants. Many volunteers put themselves forward for the vaccination trials to help in the global effort to tackle the pandemic.
- **Overlapping clinical trial phases**- Normally clinical trials have sequential phases (i.e. occur in steps one after another). With the COVID vaccine trials, companies overlapped phases allowing more rapid development combined with real time review of data (see diagram X)
- **Technology** - technological developments have allowed production at scale.

5. HOW HAS THE VACCINE BEEN DEVELOPED SO QUICKLY? (CONTINUED)

- **Expedited Bureaucracy** - vaccine and drug development is usually set back by long waiting times for bureaucracy. For example, applications for funding, ethics committee approval, waiting for regulators to engage, dealing with personnel changes etc, which were all expedited due to urgency.

COVID-19 vaccine development timeline

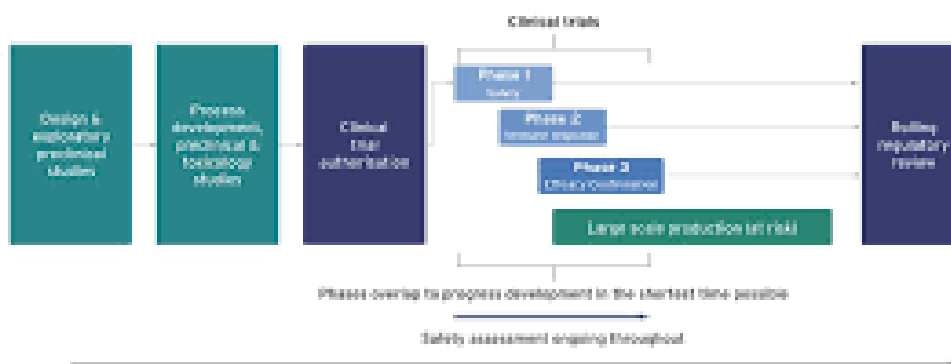


Figure 4: COVID-19 Vaccine Development Timeline.

Source: Gov.uk, December 2020.

SECTION 3

SAFETY & EFFICACY

Vaccinations are thoroughly tested to confirm their safety and efficacy before being used, this applies to COVID-19 vaccinations.

In this section we cover

- Where is the evidence published about the vaccine?
- Are the vaccines effective?
- Are the vaccines safe?
- What if unforeseen circumstances arise?
- Will the vaccine give me COVID-19?
- What are the side effects?
- How many doses are needed?
- Why is the interval between the two doses of the Pfizer/BioNTech vaccine in the UK 12 weeks?
- How effective is the vaccine after the first dose?
- What is the process the MHRA uses to assess vaccines?
- Can a microchip be inserted through the vaccine?
- We don't know the long-term effects, is this not concerning?
- Isn't this all about money?

1. WHERE IS THE EVIDENCE PUBLISHED ABOUT THE VACCINE?

- The Pfizer/BioNTech trial evidence is published in **the New England Journal of Medicine**.
- The Oxford/ AstraZeneca phase III trial analysis is published in **The Lancet**.
- The Moderna phase III preliminary results are published in **the New England Journal of Medicine**.
- There is additional detailed information available on the **Medicines and Healthcare Regulatory Agency (MHRA)** pages on gov.uk.

2. ARE THE VACCINES EFFECTIVE?

- The clinical trials have been conducted on **tens of thousands of research participants** and have shown the vaccines to be effective if both doses are taken.
- In the preliminary phase III trials, **Pfizer's vaccine was shown to be 95% effective**, the latest studies have also shown it is effective against **the new COVID strain**.
- **The Oxford/AZ vaccine is 70% effective, while Moderna's vaccine is 94.1% effective.**
- Additionally the **Medicines and Healthcare Regulatory Agency (MHRA)** **has strictly assessed** the vaccines' effectiveness and their standards have been met.

3. ARE THE VACCINES SAFE?

- All COVID vaccinations approved must go through robust clinical trials and safety checks.
- **Clinical trials** have shown the vaccines are safe and effective.
- The **Medicines and Healthcare Regulatory Agency (MHRA)** is an independent body of scientific experts that reviews the data and makes a recommendation on safety and quality issues around the vaccine. It has a strict review process and no shortcuts have been taken.
- MHRA has confirmed the vaccinations have **met its standards of safety**.
- The MHRA follows international guidelines and is currently conducting a **rolling review**; analysing data in real time.
- Several people have already been vaccinated and reports of serious events **are very rare** such as allergic reactions.
- There have been **no reports of long-term complications**.

4. WHAT IF UNFORESEEN CIRCUMSTANCES ARISE?

There are always safeguards with any new medication and the MHRA will be carefully monitoring the rollout of vaccines to ensure that any unforeseen side effects are identified as early as possible and appropriate action is taken. The Yellow Card Scheme enables any unforeseen problems with medications and vaccines to be reported as quickly as possible and it has been reported that the MHRA has procured an additional AI system specifically to allow fast reporting of any side effects of the COVID vaccine.

5. WILL THE VACCINE GIVE ME COVID-19?

- No, the vaccine does not include the virus and will not give you COVID-19.
- There have been reports of people getting COVID-19 after vaccination. This is not because of the vaccine but because high community transmission means they were **most likely infected before they received the vaccine** but were not showing symptoms.
- Additionally there are reports of COVID-like symptoms after the second Pfizer dose. In the majority of patients these **subside in 48 hours**.
- The vaccine **protects against serious infection**, it is not yet known whether it protects against catching and passing on the virus, although it is likely that it reduces this risk.
- This means it is still important to **follow basic precautions** to wash hands frequently, wear a face covering, maintain social distancing and continue to shield if you have been advised to do so.

6. WHAT ARE THE SIDE EFFECTS?

Its side effects are similar to those of other vaccinations and are reversible, which include:

- Sore arm
- Feeling Tired
- Generalised aches
- Headache
- Chills
- Joint Pain
- Fever
- Injection site swelling and redness
- Nausea
- Swollen lymph nodes

No long-term side effects have been reported.

For the Pfizer vaccine the side effects are more common in younger age groups (16-55)

7. HOW MANY DOSES ARE NEEDED??

- **Two doses of the Pfizer/BioNTech vaccine** are needed and will be given within 12 weeks. In the original clinical trial the doses were given 21 days apart.
- **Two doses of the Oxford/Astra Zeneca vaccine** are needed and they are given within 12 weeks. In the original clinical trial the doses were given 21 days apart.
- **Two doses of the Moderna vaccine** are needed and are given one month apart. In the original clinical trial the doses were given 28 days apart.

8. WHY IS THE INTERVAL BETWEEN THE TWO DOSES OF THE PFIZER/BIONTECH VACCINE IN THE UK 12 WEEKS?

Pfizer had tested the vaccine efficacy based on receiving the second dose within 21 days of the first. Additionally, The British Medical Association (BMA) has written to the chief medical officer Professor Chris Whitty requesting the interval be reduced to six weeks instead of 12 weeks due to concerns over the unpredictability of the Pfizer vaccine supplies and WHO's recommendation of a maximum of 42 day interval between two vaccine doses.

The government has made the decision to extend the interval due to multiple reasons including:

- There has been **a rapid increase in the number of COVID-19 cases** over the last few weeks resulting in an urgent need to rapidly vaccinate and protect the most vulnerable. Two doses of the vaccination are needed for the full course.
- The Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the published evidence and has made recommendations for vaccination schedules **to ensure that the largest number of people in the population is protected** in the shortest period of time.
- All those who receive the first dose, **will receive the second dose within 12 weeks.**
- The priority is on getting as many people to receive the first dose as there is evidence of some protection even after the first dose.
- The four chief medical officers support this approach and more can be read here: <https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines>

9. HOW EFFECTIVE IS THE VACCINE AFTER THE FIRST DOSE?

- Trial data shows that the efficacy after the first dose of the vaccines is estimated as 52% for the Pfizer vaccine and 70% for the Oxford Astra Zeneca for the 21 day dosing schedule.
- The JvCI suggests that the efficacy from the first dose of Pfizer is 89%.
- More recent data from Israel based on 200, 000 participants suggests efficacy after the first dose of Pfizer may be 33%.
- For the Oxford Astra Zeneca vaccine, the immune response is three times greater with a delayed second dose and so the extended schedule may give additional benefit for this vaccine.
- Pfizer-BioNtech and the World Health Organisation do not recommend extending the dosing schedule.
- The British Society for Immunology have issued a statement on the extended schedule: “The delay in the second booster would be unlikely to have a negative effect on the overall immune response other than an increased potential risk of getting COVID-19 during the extended period due to lowered protection.

There is currently no data on the benefits of the extended schedule for the Pfizer/BioNtech or Moderna vaccines and we recommend that DHSC, NHSE, PHE and JCVI need to review and reverse the decision on extending the 12-week schedule in light of emerging real world data.

10. WHAT IS THE PROCESS THE MHRA USES TO ASSESS VACCINES?

The MHRA follows international standards to assess vaccinations. Their standards are stricter than those of peer reviewed journals. These include assessing the quality, safety and effectiveness of the vaccine. They have published comprehensive public assessment reports for the vaccines which can be accessed via their website:

- <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine>

- <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/summary-of-the-public-assessment-report-for-astrazeneca-covid-19-vaccine>

11. CAN A MICROCHIP BE INSERTED THROUGH THE VACCINE?

There has been some disinformation circulated about being tagged via the vaccine through deliberately confusing nanolipids with nanotechnology. It is important to verify the sources accessed. There has been no evidence to suggest that microchips or tags can be inserted through the vaccine. If the government or any other organisation wanted to track you, there are easier and cheaper ways of doing this.

12. WE DON'T KNOW THE LONG-TERM EFFECTS, IS THIS NOT CONCERNING?

Long-term side effects are not yet known, however the UK has a very strong pharmaco-vigilance system called the Yellow Card Scheme. This is a system for collecting and monitoring information on incidents or safety concerns related to medicines and medicinal products.

13. ISN'T THIS ALL ABOUT MONEY?

- Normally clinical trials have sequential phases, as there is a financial risk to pharmaceutical companies if a previous phase fails. With the COVID-19 vaccine trials, companies overlapped clinical phases, which meant there is a **higher financial risk** to pharmaceutical companies.
- Most companies are making the vaccines with **little or no profit**. The Oxford/Astra Zeneca vaccine is not for profit with plans to transfer technology to low and middle income countries and to distribute it globally to allow equitable access.
- While in the past pharmaceutical companies acted unethically, there are now **strict international standards**. Many common medications we take including antibiotics and those for serious conditions like cancer are made by these companies.

SECTION 4

SPECIAL GROUPS

COVID-19 can present in multiple ways and can affect people differently.

In this section we cover

- Who can't have the vaccine?
- What is the advice to pregnant women?
- Can breastfeeding women take the vaccine?
- Does the vaccine affect fertility?
- Can children be vaccinated?
- Is it safe to give to the elderly?
- Can the vaccine be given to those with underlying health conditions?
- Health and social care workers
- Ethnic minority groups
- Why are ethnic minorities not being prioritised?
- How can we encourage people from ethnic minority groups to take up the vaccine if they are undecided or sceptical?

1. WHO CAN'T HAVE THE VACCINE?

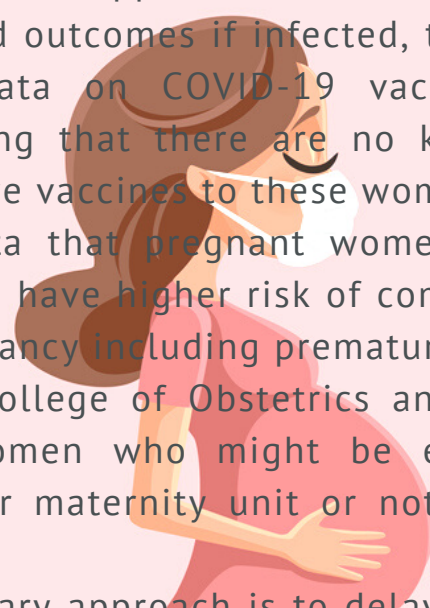
The MHRA has advised that those who have had a serious allergic reaction (including anaphylaxis) to a vaccine, medicine, insect sting, certain cosmetics and household products can receive any COVID-19 vaccine unless;

- You have an allergy to any of the ingredients in the vaccine,
- An allergy to the first dose of the same COVID vaccine

The British Society of Allergy and Clinical Immunology has advised that those who have had an immediate anaphylaxis to a group of medicines or unexplained anaphylaxis should;

- NOT receive the Pfizer/BioNTech vaccine
- Receive AstraZeneca as an alternative unless it is contra-indicated

2. WHAT IS THE ADVICE TO PREGNANT WOMEN?

- 
- The Joint Committee for Vaccinations and Immunisations (JCVI) advises an individualised approach which includes considering individual risk of exposure and outcomes if infected, the risk of side effects, and the lack of safety data on COVID-19 vaccines for pregnant women while acknowledging that there are no known risks associated with giving other non-live vaccines to these women.
 - There is data that pregnant women, especially from ethnic minority backgrounds, have higher risk of complications from COVID-19 infection during pregnancy including premature delivery and maternal deaths.
 - The Royal College of Obstetrics and Gynaecologists recommends that pregnant women who might be eligible for vaccination receive it through their maternity unit or notify their maternity unit when it is received.
 - A precautionary approach is to delay the vaccine for 2 months until the second dose has been given for the Pfizer vaccine.
 - For frontline health or social care workers who are pregnant the option of vaccination should be discussed because of the higher risk of COVID-19 exposure.
 - A national registry has been set up to monitor for long term safety data which is constantly being reviewed.

3. CAN BREASTFEEDING WOMEN TAKE THE VACCINE?

- The Joint Committee for Vaccinations and Immunisations (JCVI) advises an individualised approach which includes considering individual risk of exposure and outcomes if infected, the risk of side effects, and the lack of safety data on COVID vaccines for breastfeeding women while acknowledging that there are no known risks associated with giving other non-live vaccines to these women.
- For breastfeeding women, the recommendation is that they should be offered the vaccine if they are eligible.

4. DOES THE VACCINE AFFECT FERTILITY?

- There is harmful disinformation circulating around the vaccine being linked to infertility as a tool for sterilisation and population control. This is **not true**.
- There is currently **no evidence** that the vaccine affects fertility and from what is known about the mechanism of action it is unlikely to affect fertility or harm the baby or placenta.
- There is no biological mechanism to suggest COVID-19 vaccine will affect fertility.
- In the Pfizer trial 23 women conceived, 12 in the vaccines group and 11 in the control group; they are being followed up.

5. CAN CHILDREN BE VACCINATED?

- Pfizer/BioNTech vaccine has been approved for those 16 or over, but not younger age groups.
- Oxford/Astra Zeneca vaccine has been approved for those 18 or over.
- Pharmaceutical companies are currently testing the vaccine in younger age groups to gain approval for use in children of all ages.

6. IS IT SAFE TO GIVE TO THE ELDERLY?

- The vaccine is **safe** to give to elderly people.
- Recent reports have been circulating around 23 deaths in older people in Norway after they were given the Pfizer vaccine. Both the Norwegian medical agency and the WHO have stated that there is no certain connection between these deaths and the vaccine and that overall the benefit outweighs the risk in this group as 90% of deaths from COVID-19 have been in the over 65 age group.
- The WHO will continue to monitor safety data from the vaccines.
- In the UK over 5 million vaccines have been given and over 60% of 80+ year olds have received at least one dose of the vaccine as per the week ending 24.1.2021.

7. CAN THE VACCINE BE GIVEN TO THOSE WITH UNDERLYING HEALTH CONDITIONS?

The government guidance is that the vaccine will be offered to adults with conditions such as:

- a blood cancer (such as leukaemia, lymphoma or myeloma)
 - diabetes
 - dementia
 - a heart problem, a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
 - a kidney disease
 - a liver disease
 - lowered immunity due to disease or treatment (such as HIV infection, steroid medication, chemotherapy or radiotherapy)
 - rheumatoid arthritis, lupus or psoriasis
 - have had an organ transplant
 - had a stroke or a transient ischaemic attack (TIA)
 - a neurological or muscle wasting condition
 - a severe or profound learning disability
 - a problem with your spleen, example sickle cell disease, or having had your spleen removed
 - are seriously overweight (BMI of 40 and above)are severely mentally ill
-
- All people who are in the Clinically Extremely Vulnerable group will be eligible for a COVID-19 vaccine. Whether you are offered the vaccine may depend on the severity of your condition. Your GP or medical team can advise on whether you are eligible.
 - Although all three of COVID-19 vaccine trials excluded patients with immunocompromised conditions, unstable chronic disease and those on immunosuppressive medication, the British Immunological Society (BIS) has assessed these vaccines to be safe in these groups as they do not contain any active SARS-CoV-2 virus.
 - The BIS also highlights that the vaccines may provide lower levels of protection in immunocompromised or immunosuppressed people but they will still offer some protection to these vulnerable groups.

8. HEALTH & SOCIAL CARE WORKERS

- Health and social care workers have **high risk of occupational exposure** to COVID-19 due and should be in the highest priority group for vaccination and receive the evidence-based 21-day schedule.
- The UK has the **highest** death rate for health and social care workers in the world.
- Ethnic minorities make up 14% of the NHS workforce but large proportion of NHS workers, nurses and over 90% of doctors who have died from COVID-19 have been from an ethnic minority community.
- Our analysis also shows that over 50% of doctors who have died have been Muslim, despite making up only 10% of the medical workforce.

9. ETHNIC MINORITY GROUPS

- As outlined earlier, ethnic minority communities have been **disproportionately impacted by COVID-19** and are more likely to experience death and severe disease including admission to intensive care requiring breathing support.
- Data is also emerging on long term morbidity including Long COVID and **increased risk of mental health disorders and chronic diseases** as the infection is multi-system, i.e. affects multiple organs in the body. For example previous SARS outbreaks have been associated with a long term increased risk of high cholesterol and there is evidence of poor glucose control following SARS-CoV-2 infection with increased risk of diabetes, as well as data emerging on long term cardiovascular (heart and blood vessels), lung and neurological (brain and nerves) disorders.
- Ethnic minority groups already experience a higher prevalence of chronic disease, with long term COVID morbidity there is a real **risk of health inequalities further increasing** among ethnic minority groups.
- Ethnic minority communities should be prioritised in the vaccination programme to reduce the risk of worsening health inequalities.

10. WHY ARE ETHNIC MINORITIES NOT BEING PRIORITISED?

- The higher proportion of infections and deaths amongst ethnic minority communities is due to a combination of factors:
 - **Occupational risk** in frontline, key worker and precarious jobs increasing exposure,
 - Living in **overcrowded** multi-generational households with poor ventilation and in urban areas increasing transmission,
 - **Barriers to healthcare access** due to language, cultural and faith factors and experiences of discrimination, racism and stigma creating exclusion and dissatisfaction with mainstream health services and information
 - **Increased prevalence of underlying chronic disease** such as diabetes, cardiovascular disease, obesity and nutritional deficiencies which increase risk of severe disease and death and which themselves are socially patterned.
- There is **no evidence for genetic differences** among ethnic minority groups accounting for poorer outcomes. In fact there is more genetic difference within ethnic groups than between ethnic groups.
- Due to the high proportion of people from ethnic minority groups working in frontline roles and experiencing underlying health conditions, it is assumed that they will find themselves in higher priority categories.
- However, we believe that **ethnic minorities should be prioritised** for the vaccine and should receive the normal 21-day schedule, especially if they are frontline workers.

11. HOW CAN WE ENCOURAGE PEOPLE FROM ETHNIC MINORITY GROUPS TO TAKE UP THE VACCINE IF THEY ARE UNDECIDED OR SCEPTICAL?

- Research shows that **ethnic minorities are much less likely to take up the COVID-19 vaccine**, with those from an Asian background being least likely according to a survey by the Royal Society of Public Health (RSPH). This is due to longstanding mistrust of authorities due to the legacy of colonialism and slavery, history of medical experimentation and “bad pharma”, structural discrimination and inequalities, and well documented discrimination by health professionals and barriers to accessing healthcare.
- In the RSPH survey, however, ethnic minorities were more likely to take the vaccine after they had discussed their concerns with their GP, indicating that GPs are a trusted source of information.
- People should be encouraged to **access trusted sources** who have relevant clinical, scientific and religious background. A list of resources is included at the end of this document which includes links to multi-lingual services.
- It is important that information is given in a way that is **accessible, appropriate, faith, culturally, linguistically sensitive and and socially and contextually relevant**, i.e. takes into consideration people’s beliefs, values, behaviours and living and working conditions.
- **Positive messaging** is important and stereotypes and scapegoating narratives should be avoided as this creates further alienation and mistrust.
- People should be **encouraged to make an informed decision** after being presented relevant factual information.
- Questions and comments are best addressed by an attitude of curiosity and compassion to **explore fears and concerns** in a non-judgemental way.
- If information (especially on social media) cannot be verified, it should not be passed on as this creates viral chains of mis and disinformation.
- Healthy scepticism is normal but creating and spreading fake news is not Islamic and puts lives at risk.
- Islamic law places an absolute maxim on the preservation of life.

SECTION 5

GETTING THE VACCINE

The vaccine roll out started in December 2020; many people have received their invitations to be vaccinated.

In this section we cover

- Who is getting the vaccine?
- How can I get the vaccine?
- Is it mandatory to get the vaccine?

1. WHO IS GETTING THE VACCINE?

- The NHS is currently offering the vaccine to those who are most at risk of contracting coronavirus.
- It is currently being given to:
 - People who are 80 or over
 - Those who live in care homes
 - Health and social care workers at high risk
- Invites to those who are 70 or over and those who are listed as extremely clinically vulnerable will start receiving offers to have the vaccine this week.
- The government is planning to offer the vaccine to all adults by June 2021.

2. HOW CAN I GET THE VACCINE?

- The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).
- Currently the vaccine is being provided to the top 4 highest risk categories, which includes healthcare workers. The vaccinations are being offered at some hospitals and vaccination centres run by GPs with a plan to roll this out to other settings.
- You will need to be registered with a GP in England to receive the vaccine. Your GP surgery will contact you when it is your turn to receive the vaccination.

3. IS IT MANDATORY TO GET THE VACCINE?

No, it is not mandatory to take any vaccination; you have the choice to decide whether you want it or not. We recommend you consult trusted medical and religious authorities and double check the information you forward through social media.

SECTION 6

WHAT HAPPENS NEXT

Over five million people have received their first dose of the vaccine and the plan is for 15 million people to receive their first dose by the 15th of February.

In this section we cover

- Do I need to contact anyone if I need to get the vaccine?
- What will happen at the appointment?
- What happens after I get my first dose?
- What if I am not well when it is my next appointment?
- Do you need the COVID-19 vaccine if you've had the flu vaccine?
- Can you give COVID-19 to anyone, after having the vaccine?

1. DO I NEED TO CONTACT ANYONE IF I NEED TO GET THE VACCINE?

- No, you do not need to contact anyone, the NHS will contact you when it's your turn.
- When you receive your letter from the NHS you will be able to book an appointment online at one of the vaccination centres.

2. WHAT WILL HAPPEN AT THE APPOINTMENT?

- Your appointment will take between 30-45 minutes
- Please attend on your own unless you require assistance and wear a face mask
- You will be asked questions about your booking reference number, medical history and will be given information about the vaccine
- Your booking reference number is a 10 digit number on the letter you received inviting you to book your vaccination appointment
- If you do not know your NHS number you can still book an appointment using the reference number
- Make sure you take any paperwork with you which might help you remember these
- The vaccine will be given by a trained healthcare professional into a muscle (this is usually in your upper arms or thighs)
- You may be asked to wait approximately 15 minutes after having the vaccination to observe for any reactions.

3. WHAT HAPPENS AFTER MY FIRST DOSE?

- After you have had the first dose you need to plan to attend your second appointment.
- You should have a record card and your next appointment should be between 3 and 12 weeks later.
- Although the first dose will give you good protection, you need the second dose to get longer lasting protection.
- **Keep your record card safe and make sure you keep your next appointment to get your second dose.**
- If you have had a localised urticarial (itchy) skin reaction with no systemic symptoms to the first dose of a COVID-19 vaccine you will receive the second dose and be observed for 30 minutes following the vaccination.
- If the skin reaction was with the first dose of Pfizer/BioNTech then the AstraZeneca vaccine can be considered as an alternative (if it is not otherwise contraindicated).

4. WHAT IF I AM NOT WELL WHEN IT IS MY NEXT APPOINTMENT?

- If you are unwell, it is better to wait until you have recovered to have your vaccine, but you should try to have it as soon as possible.
- You should not attend a vaccine appointment if you are self-isolating, waiting for a COVID-19 test or unsure if you are fit and well.

5. DO YOU NEED THE COVID-19 VACCINE IF YOU'VE HAD THE FLU VACCINE?

The flu vaccine does not protect you from COVID-19. As you are eligible for both vaccines you should have them both, but normally separated by at least a week.

6. CAN YOU GIVE COVID-19 TO ANYONE, AFTER HAVING THE VACCINE?

- The vaccine **cannot give you COVID-19 infection**, and 2 doses will reduce your chance of becoming seriously ill.
- It is still not known yet whether the vaccine prevents individuals from catching and passing on the virus
- COVID-19 is spread through droplets breathed out of the air and nose particularly when speaking or coughing. It has also been shown to be picked up by touching your eyes, mouth or nose after contact with contacted objects and surfaces. It is important to follow guidance in your local area and follow infection control measures:
 - Wash hands frequently
 - Wear a face covering
 - Practise social distancing
 - Ventilate indoor spaces
 - Continue to shield if you have been advised to do so

SECTION 7

LOOKING TO THE FUTURE

The COVID-19 pandemic emerged last year, there have been several developments since it started.

In this section we cover

- Is this like the flu where a vaccine will be needed every year because of mutations?
- Will there be vaccine passports?
- Why is Pfizer legally immune and how will compensation be claimed if damage has been caused by the vaccine?
- How long are you protected for?

1. IS THIS LIKE THE FLU WHERE A VACCINE WILL BE NEEDED EVERY YEAR BECAUSE OF MUTATIONS?

- Multiple mutations have been detected over the last few months. There is a possibility that booster doses may be required in the future. However, further evidence is needed to confirm this and there are ongoing studies to investigate this.
- There is evidence that the Pfizer BioNtech vaccine protects against the new variant circulating in the UK.

2. WILL THERE BE VACCINE PASSPORTS?

There are no plans for COVID passports and the WHO has released a statement recommending against the use of so called “immunity or vaccine passports”.

3. WHY IS PFIZER LEGALLY IMMUNE AND HOW WILL COMPENSATION BE CLAIMED IF DAMAGE HAS BEEN CAUSED BY THE VACCINE?

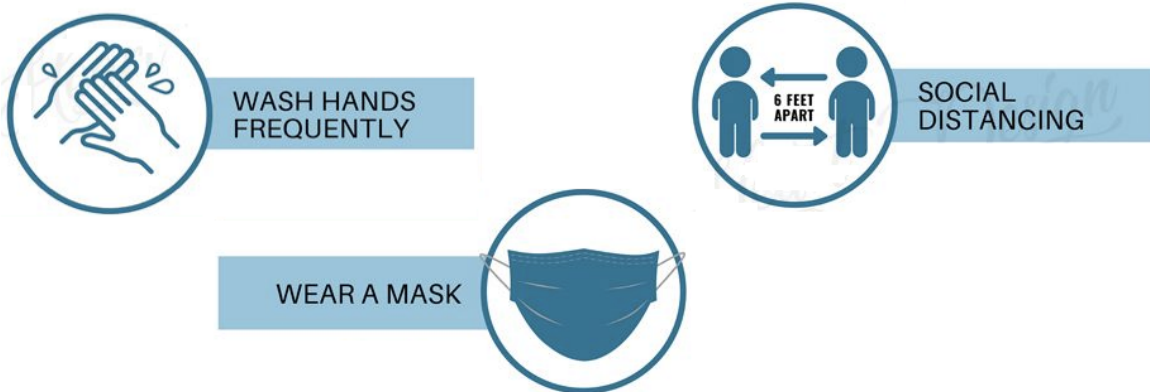
It is not Pfizer which is legally immune, governments usually take responsibility to enable pharmaceutical companies to develop the vaccine otherwise risk would be too high for pharmaceutical companies.

In order to facilitate rapid expansion of vaccine development, the government is taking the precautionary step to ensure that, in the very rare possibility where someone is severely disabled as a result of taking a COVID-19 vaccine, they can access financial assistance through the Vaccine Damage Payments Scheme (VDPS).

Adding diseases to the VDPS is not new and numerous diseases have been added as successive governments have rolled out more immunisation programmes, such as HPV and Meningitis B. In response to the H1N1 (swine flu) pandemic, the previous government added swine flu to the VDPS on 10 October 2009.

4. HOW LONG ARE YOU PROTECTED FOR?

It is still not clear how long the COVID-19 vaccinations protect for, whether booster doses will be needed. It is possible that protection may decrease over time and booster doses or annual vaccines like the flu will be needed. There are ongoing trials to determine how long an individual is protected after having both doses of the vaccine. Therefore, it is still important to follow basic precautions of hand washing, wearing a face covering and maintaining social distancing.



REFERENCES & FURTHER READING

The information in this guide draws upon references listed in this section. You can also find a list of resources for further reading

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2. FURTHER READING

- <http://www.bbsi.org.uk/wp-content/uploads/2020/12/BBSI-Vaccines-2020.pdf>
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- <https://www.ulh.nhs.uk/content/uploads/2020/12/PHE-vaccine-leaflet.pdf>
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- <https://www.astrazeneca.com/covid-19.html>
- <https://www.fda.gov/media/144414/download#:~:text=The%20Pfizer%20BioNTech%20COVID%2D19%20Vaccine%20includes%20the%20following%20ingredients>
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