

Vaccine Q&A

This document was last updated on 5 May 2021 – if you print this off, please revisit the website regularly to see if a more up-to-date version is available.

Details about vaccine we will be using...

1. There is more than one type of vaccine – which is the one we will be given?

We will receive the Oxford-AstraZeneca vaccine which was developed by Oxford University and approved by the MHRA (Medicines and Healthcare products Regulatory Agency) on 30 December 2020. Unlike other versions of the vaccine it does not need to be stored at super-cool temperatures which makes it easier to transport to the Falkland Islands and to store at this end.

2. How effective is the vaccine that we will be using?

Current data shows that the overall efficacy of the vaccine is 70.4%, but this has involved a pooled analysis of three separate trials using different dosing strategies. Most importantly, continuing trials indicate that it will be a major tool in our ability to combat the pandemic.

However, even after receiving your vaccine, you will still need to follow public health advice to protect yourself and others, as no vaccine is completely effective. Some people may still get Covid19 despite having a vaccination, although the illness they experience should be less severe. Clinical evidence suggests that the vaccine is most effective, particularly for longer term protection, following the second dose of the vaccine.

3. Where else has the Astra Zeneca/Oxford vaccine been used? Are we the guinea pigs?

We are not the guinea pigs; the UK has ordered 100 million doses of the Oxford-AstraZeneca vaccine and has already been used across six hospital trusts in England. Most other available doses will be sent to GP-led services and care homes over the coming months.

4. When will the Falkland Islands receive the vaccine?

Following confirmation from the UK government that an agreement had been secured with the UK's Vaccine Taskforce to supply all British Overseas Territories with Covid-19 vaccines, we received our first batch of the Oxford-AstraZeneca vaccines on 1 February, followed by a second batch on 22 February and our final batch arrived on 26 March. This has meant we have been able to fully immunise the majority of our adult population.

5. How many doses do we need?

People will need two doses of the vaccine. The MHRA (Medicines and Healthcare products Regulatory Agency) has approved the interval for receiving the second dose as being between 28 days to 12 weeks after the first dose, in order to become fully immunised. We are looking at scheduling our second dose of vaccination approximately six weeks after the first dose.

6. Where can I read more about this particular vaccine?

You can visit this page on the UK government's website:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccineastrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca>

Health and safety concerns...

7. I've heard that the vaccine development has been rushed; how can I be confident that it is safe?

It is true that all Covid-19 vaccines have been developed in under a year, but despite the speed, none of the trials have skipped any steps – instead some of the stages have overlapped. Vaccine trials can be held up due to waiting for funding, resources and permissions to be approved, but because of the worldwide impact of the pandemic, a huge amount of support was put into vaccine development efforts across the globe. The vaccine is still subject to the same approvals process even if it were developed over a longer period of time.

8. What are the possible/probable side effects?

Reported side effects of the vaccine are mainly pain/redness/swelling/tenderness at the injection site. Some people may also experience mild flu-like symptoms including fever, fatigue, headache, general aches or chills. The Oxford/AstraZeneca vaccine has a very small number of ingredients so the risk of allergic reaction is very small, even for individuals who are known to be prone to allergic reactions.

After being given the vaccine, there will be a 15-minute observation period to check that people are not experiencing any significant side effects. You should be able to resume normal activities after your vaccination, although if your arm is particularly sore you may find heavy lifting difficult. If you feel very tired or unwell you should rest and avoid operating machinery or driving. If symptoms last for more than a week, please contact KEMH on 28000 for advice.

9. I've heard that the vaccine can develop blood clots in people aged between 18-29; will people in that age group be offered a different vaccine?

Further to recent media speculation concerning the Oxford/AstraZeneca vaccine and a possible link to blood clots, the Medicines and Healthcare products Regulatory Authority (MHRA) has confirmed that the vaccine is safe, effective and has saved thousands of lives. The Joint Committee on Vaccination and Immunisation (JCVI) has confirmed that it recommends offering people aged 18-29 an alternative vaccine where available, however given the remote location of the Falkland Islands, the Oxford/AstraZeneca vaccine is the only one currently available here due to temperature travel and storage requirements.

There is still no evidence that the jab causes blood clots and the benefits of the vaccine far outweigh the risks for the vast majority of adults. The JCVI has also confirmed that everyone who has already had a first dose of the Oxford/AstraZeneca vaccine should receive a second dose of the same brand, irrespective of age, and this will be the case in the Falkland Islands.

Getting vaccinated is still the best way to prevent severe or fatal illness, as well as to protect the community at large, and the Falkland Islands Government continues to work closely with national UK health bodies to ensure that we are fully apprised of the latest evidence and information.

10. Can pregnant women and/or new mothers have the vaccine?

None of the vaccines are licensed for administration to pregnant women so anyone in this situation who the healthcare team feel would benefit from the vaccine will have an individual discussion about the risks and benefits for their particular circumstances.

11. What about people who cannot have vaccines due to:

a) Needle phobia

They will still be offered the opportunity to receive the vaccination and KEMH will work with each individual to find the least possible stressful way of administering the vaccine.

b) Allergy to ingredients

Allergic reactions to vaccines are rare and the widely reported incidences have all been related to administration of the Pfizer-BioNTech vaccine. There are no contraindications to the administration of the Oxford/AstraZeneca vaccine, apart from known allergy to one of the substances within the vaccine or to previous administration of the vaccine itself. This means that even those who carry EpiPens due to known anaphylactic reactions can safely receive the Oxford/AstraZeneca vaccine.

c) Existing medical conditions

Although the Oxford/AstraZeneca vaccine is a live virus, it is not replicating, so even those who are on immunosuppression treatment are able to safely receive the vaccine.

Individuals on anticoagulant therapy (such as warfarin or a NOAC) can also safely receive the vaccine although they are more likely to develop bruising at the site of the injection.

d) Personal conviction

As the vaccine is not mandatory, if people have a personal conviction which prohibits them from taking the vaccine, such as a religious belief, then that is their choice to make. There are no ingredients within the vaccine that go against any of any of the major religious groups, such as Islam or Judaism.

12. Is the vaccine animal friendly? i.e. Can vegetarians and vegans take it?

The UK Vegan Society has released a statement addressing this issue as follows: "It has never been more important for us to talk about the definition of veganism in the context of medications, including vaccines. The definition of veganism recognises that it is not always possible or practicable to avoid animal use, which is particularly relevant to medical situations. In the case of Covid-19, vaccination will play a fundamental role in tackling the pandemic and saving lives. As all vaccines currently are tested on animals, at this stage it is impossible to have a vaccine that has been created without animal use."

13. Can I catch Covid-19 from the vaccine?

There's no chance of catching Covid-19 because the virus within the vaccine is not actively replicating. While you may experience minor side-effects, which are synonymous with Covid-19 symptoms, this is just your body responding to the vaccine and not an indication that you have Covid-19. As with any type 'flu-like symptoms, should you continue to experience these for more than a week you should call KEMH on 28000 for advice.

14. Can I have the vaccine if I am unwell?

Ideally it is better to wait until you have recovered, but you should still have it as soon as possible. If you feel unwell during your allotted slot for vaccination please contact KEMH on 28000 for advice.

15. Will the vaccine work if the coronavirus continues to mutate?

Every virus mutates, it is part of its life cycle. In the case of Covid-19, medical scientists believe that the changes seen across the globe have not mutated enough from the original strain to render any of the coronavirus vaccines ineffective. Although there are still clinical studies being conducted on emerging new strains, the indications are that current vaccines are likely to be able to protect people against the original strain and new mutations as well.

16. What about genetic modification?

The Oxford-AstraZeneca vaccine is not an mRNA vaccine and is based on different technology to the Pfizer/Biotech and Moderna vaccines which are mRNA vaccines – which stands for messenger RNA. RNA is similar to DNA, but its role is to tell human cells how to make coronavirus spike proteins to prime the immune system and guard against infection. There is no way that RNA can change DNA.

Who will be vaccinated and when...

17. In what order will be people be vaccinated?

We will be using the Joint Committee on Vaccination and Immunisation (JCVI) tier-based system to determine priority groupings for our population. The JCVI is an independent, expert advisory committee that advises UK health departments on immunisation and makes evidence-based recommendations on vaccination schedules and safety. The priority list is as follows:

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over; and health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over; and those on our high risk register
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years on our moderate risk register
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

We believe that we will initially receive enough doses in order to be able to fully vaccinate everyone who falls into these nine categories with two vaccinations, administered 28 days to 12 weeks apart – this is stage one of our programme.

18. Will everyone be vaccinated?

We won't be vaccinating anyone under the age of 18, as the medical evidence demonstrates that children usually only experience an asymptomatic or mild case of the virus. On receipt of our third batch of vaccines on 26 March, we have been able to full immunise the majority of our adult population.

19. Will you be vaccinating BFAI?

Yes, as it is the most pragmatic way of dealing with vaccinations given that we live in close quarters with the military. We will use the Joint Committee on Vaccination and Immunisation (JCVI) priority list to determine who will receive their vaccine in the first stage of the programme and who will receive their vaccine in the second stage of the programme. If possible, we will also hold some extra

vaccines in reserve to carry out a rolling vaccination programme for new personnel arriving into the Falkland Islands, if they have not already received the vaccine during their previous posting.

20. How will the vaccination programme work?

The majority of vaccinations will be administered in the FIDF Hall at Stanley as this is where most of the population resides. Due to the logistics involved in administering a nationwide vaccination programme, people on East Falkland will be expected to travel to Stanley for their vaccination. For West Falkland and the Outer Islands, there will be a 'travelling vaccination' system, similar to the method used to transport ballot boxes during elections. The plan is to run a week-long programme to provide every eligible person with their first dose and then to repeat this process for the second dose five to six weeks later on. There will need to be some flexibility to ensure that we can vaccinate most people within five days. Plans for administering the vaccine will be communicated to the public by the government and via the local media. Where special arrangements are required for individuals, people will be contacted individually by KEMH.

Receiving your vaccine...

21. How is the vaccine administered?

Usually through an injection to the muscle of the upper arm, if it is not medically viable for a person to receive an injection in this area, they might instead receive the injection in their buttock or upper thigh.

22. Can I choose what arm to be injected in and could I have the first dose in one arm and the second in the other?

Provided you have sufficient muscle mass, you can choose which arm you prefer to have the injection in and can elect to have each dose in a different arm if you wish.

23. Can I choose to receive my injection elsewhere in my body?

No, you cannot. Most people will receive the vaccine via an injection to the muscle of the upper arm. In cases where this is not possible, an alternative site will be determined by healthcare professionals and not by the individual patient. This is due to the need to optimise the effectiveness of the vaccine and minimise the potential for adverse reactions – both of which are clinical judgements.

24. Once we have had both doses, will we require boosters in the future?

We don't yet know the effects of the vaccine in terms of how long it will be effective for because we don't have the data yet. Durability of immunity is something that scientists will be looking at closely during the months ahead so that a longer-term plan for emerging from the pandemic can be established.

25. Can I have the vaccine if I am in quarantine or self-isolating?

Yes, you can. KEMH has a record of people who are in quarantine or self-isolating. It may be that we decide that it would be preferable to defer your vaccination until you have completed your quarantine or self-isolation, but either way you will not miss out on the vaccination programme.

26. Do I need to take any paperwork with me when I get my vaccine?

No, but do remember to take your reading glasses if you need them, as you will need to complete a consent form prior to having your vaccine. This paperwork will be completed on the day and just prior to you receiving your vaccine.

27. What happens after I have had my vaccine?

After being given the vaccine, there will be a 15-minute observation period to check that people are not experiencing any significant side effects. A member of staff will tell you when you can leave.

28. What happens if I get unwell having had the vaccine?

Most people will experience mild side effects, such as pain/redness/swelling/tenderness at the injection site. Some people may also experience mild flu-like symptoms including fever, fatigue, headache, general aches or chills. If you feel very tired or unwell you should rest and avoid operating machinery or driving. If symptoms last for more than a week, please contact KEMH on 28000.

29. What happens if I have my first dose and then need to leave the Islands?

If you need to leave the Islands, please speak to KEMH to inform them of your travel plans so that they can develop the best solution for administering both doses of your vaccine in the necessary timeframe.

Keeping the community safe from Covid-19...

30. Can I still pass on the virus even if I have been vaccinated?

The medical evidence isn't yet clear. Most vaccines reduce the overall risk of infection, but some vaccinated people may still get a milder version of the illness and can still pass the virus on.

31. Will people who have been vaccinated then be exempt from quarantine?

No, this is not the current policy and it would be a political decision should it be introduced. The government has a system in place to regularly review its Covid-19 protocols to ensure that they are still suitable for the protection of public health; this includes looking at all of the latest evidence and determining where changes to existing measures may be necessary.

32. Will the vaccine be mandatory?

No, there is no provision in law to make the Covid-19 vaccine mandatory. Current regulations give the government powers to prevent, control or mitigate the spread of an infection or contamination, but explicitly cannot require a person to undertake medical treatment, including vaccinations.

33. Why isn't the vaccine mandatory?

The government is strongly encouraging eligible people to get the vaccine, but it is not compulsory. Firstly, there are people who will not be able to receive the vaccine. Secondly, as with swabbing, a vaccine is an invasive procedure and no government in the world has made either type of intervention mandatory. We want people to be at the centre of decisions about their own health, rather than for the government to legislate on matters relating to private and personal freedoms.

34. Will you be starting the vaccination programme the day after the vaccines arrive, if not why?

The vaccine will be delivered to the Falkland Islands via the South Atlantic Airbridge and, as people are aware, this means that there is the potential for the flight to be delayed. We want to minimise the possibility of the disruption this would cause, so we are planning to implement the vaccination programme one week after we know that the vaccine is safely in the Islands. In order to be able to vaccinate everyone in our stage one programme, we will also need to postpone most of our KEMH outpatient clinics for that week, so by giving ourselves a little more time, this should mean that we won't be cancelling patient appointments unnecessarily.

35. Why do we need herd immunity and what happens if we don't have it?

Herd immunity hinges on vaccination, because without a vaccine the only way to become immune is to become infected. Not everyone will be able to receive the vaccine, so we are relying on the majority of the population to get vaccinated in order to protect the most vulnerable.

36. Is there any cost attached to the vaccine?

The vaccine is being provided free of charge by the UK government. There are likely to be some logistical and resource costs attached to the overall vaccination programme in order to roll it out across the Falkland Islands, but these will be met by FIG's existing Covid-19 budget.

37. Will FIG provide everyone with a document to say that they have been vaccinated so that people have this evidence in order to travel/study/work abroad?

Everyone will receive a card, following their second dose, which states that they have been fully immunised. Depending on where you may be travelling to, it may be that you are required to provide additional evidence, so please check the entry requirements for the country you are travelling to.

38. Will we require people coming into the Falkland Islands to provide proof of having been vaccinated? For example, contractors currently need to prove they have had basic immunisations.

This is not the current policy and it would be a political decision should it be introduced. The government has a system in place to regularly review its Covid-19 protocols to ensure that they are still suitable for the protection of public health; this includes looking at all of the latest evidence and determining where changes to existing measures may be necessary. It's important to remember that every country is having to vaccinate its people and that for nations with big populations, it will take them longer to be able to vaccinate everyone who needs it.

39. Will the Falkland Islands Government provide vaccinations for people entering the Islands who have not had the jab – i.e. tourists, seasonal workers (fishing for example)?

Our first priority is protecting the Falkland Islands community and we will be using the first two batches of the vaccine that we have been promised to do just that. Should we have additional vaccines left over or are told we can have more then this might be a topic for political consideration.

40. I want to have a vaccine but I worry that my employer won't let me have the time off work.

The Falkland Islands Government will be asking local businesses to ensure that staff are given time off work to receive their vaccinations. This will be done via the Chamber of Commerce as well as via the government's usual communications channels and the media.

41. Will students studying overseas be able to receive their vaccinations in the UK instead?

As with every other country, the UK will determine who should receive the vaccine based on clinical need. In terms of the students, for anyone under the age of 18 they are unlikely to require the vaccine, as medical evidence demonstrates that children usually only experience an asymptomatic or mild case of the virus. We would recommend that anyone living in the UK for an extended period of time ensures that they are registered with a local GP as this will ensure they are called forward for vaccination (if needed) at the appropriate time in line with the Joint Committee on Vaccination and Immunisation (JCVI) vaccinations priority schedule.

42. Once everyone is vaccinated will things go back to normal in the Falkland Islands? E.g. will our commercial airlinks resume, will we be able to have international tourists this year, etc?

Vaccinating our community is a big step in protecting ourselves against the threat of Covid-19. However, there are still many other considerations to take into account before we can resume many of our usual activities, including how the pandemic is continuing to impact on other countries. The government will be developing a strategy to restart activities that are currently suspended, but this will take into account more factors than just whether or not everyone here has been vaccinated.