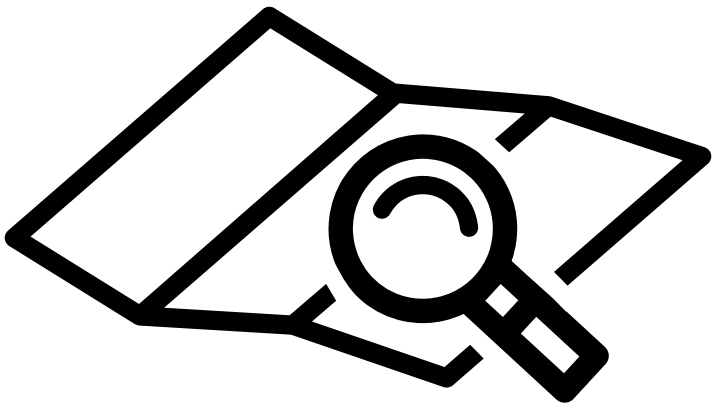
HM Prison &
Probation Service

Covid-19 Vaccines

Peer Mentor Information Pack



Published June 2021

Contents

Dear Peer Mentor:

Thank you for helping others get the right information about Covid-19 vaccines.

In this pack you will find lots of useful resources providing different levels of information, which you can use to help tailor any conversations you have about vaccines and provide as reading material for the person to take away and look at.

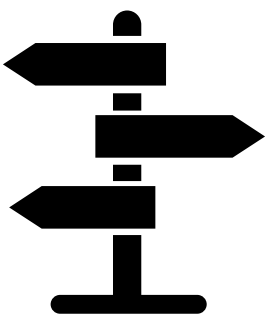
We have labelled each resource ‘Easy Read’, ‘General’ and ‘Enhanced’ to ensure different reading abilities are catered for. Just ask the person requesting information which level they would like and then ask an Officer to provide a print out of those particular pages.

Some of these topics require sensitive and non-judgmental handling and peer mentors will need to be mindful of this when addressing fears and concerns.

It is important that prisoners feel comfortable asking for the level of information that suits their needs, so you may wish to consider how you phrase this to avoid embarrassment.

Please note that the Conspiracy Theories and Misinformation resource starting on page 36 is for Peer Mentor use only.

Take care and stay positive, the Vaccines team



Speed of Vaccine Development

Easy Read

	Each vaccine has been tested on tens of thousands of people all over the world.
	Scientists and doctors have found that the COVID-19 vaccine is safe.
	All medicines have side effects though, so some people who have the COVID-19 vaccine will get some side effects.
	Side effects are when you take a medicine or have a vaccine and it makes you feel ill. Side effects do not happen to everyone and usually do not last long.

Speed of Vaccine Development

General

Vaccine development is normally a long and expensive process because of delays caused by applying for funding, ethical approval, recruiting volunteers, negotiating with manufacturers and scaling up production.

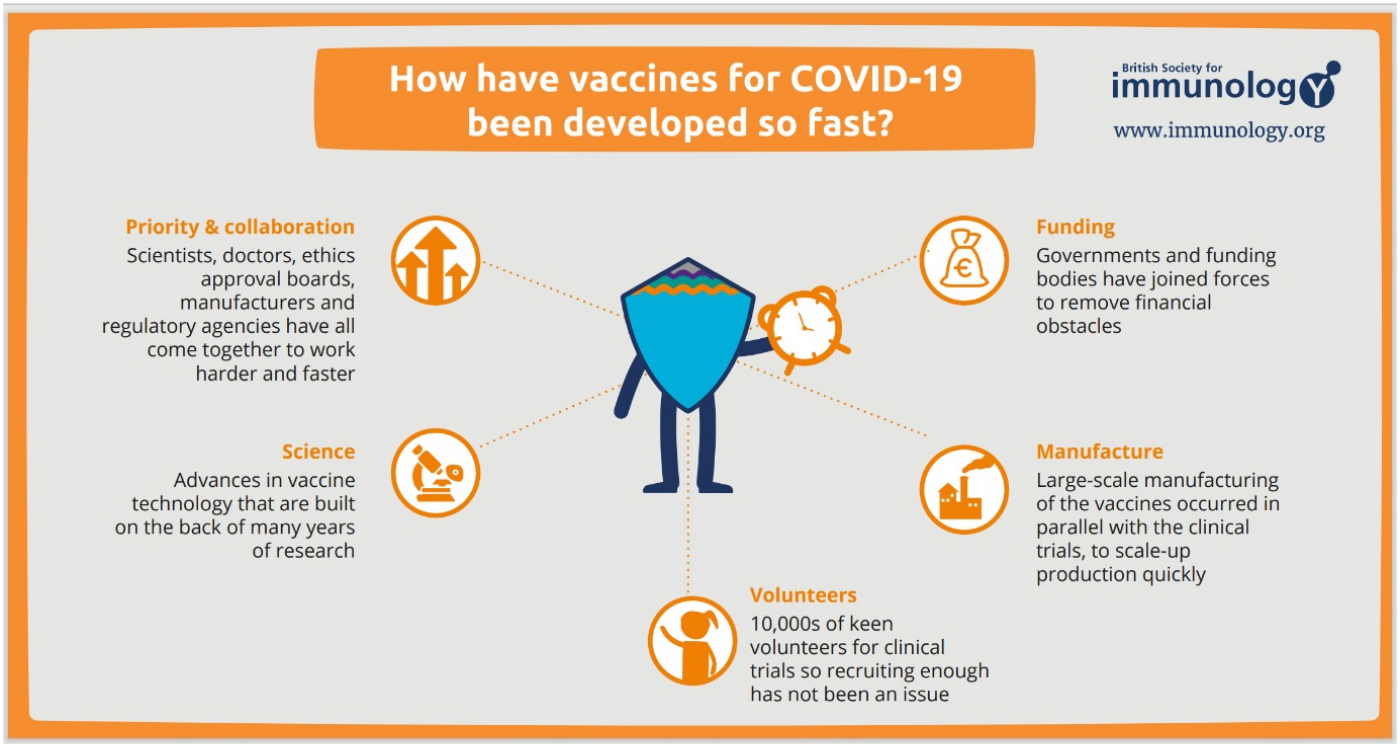
In the emergency state of the COVID-19 pandemic the scientists, doctors, ethics approval boards, manufacturers and regulatory agencies have all come together to work harder and faster.

All the standard safety procedures have been followed during clinical trials on vaccines for COVID-19 and the rigorous regulatory processes have been fully completed as for any other vaccine or medicine.

Before any vaccine can be given to the population it must go through rigorous testing. Like all medicines, vaccines undergo extensive clinical trials, where they are administered and monitored in groups of volunteers. In the UK, the results of the trials are then assessed by the Medicines and Healthcare products Regulatory Agency (MHRA).

No medicine can ever be completely risk-free or 100% effective. However, strong licencing processes and safety tests ensure that the health benefits of medicines being given through the NHS greatly outweigh any risks.

Original article: ‘How have vaccines for COVID-19 been developed so fast?’ (British Society for Immunology)



Speed of Vaccine Development

Enhanced

Vaccine development is normally a long and expensive process because of delays caused by applying for funding, ethical approval, recruiting volunteers, negotiating with manufacturers and scaling up production.

In the emergency state of the COVID-19 pandemic the scientists, doctors, ethics approval boards, manufacturers and regulatory agencies have all come together to work harder and faster.

All the standard safety procedures have been followed during clinical trials on vaccines for COVID-19 and the rigorous regulatory processes have been fully completed as for any other vaccine or medicine. Time has been saved due to a global effort to secure funding and all the necessary resources in order to bring a vaccine to market as quickly as possible in order to save lives and prevent the spread.

Before any vaccine can be given to the population it must go through rigorous testing. Like all medicines, vaccines undergo extensive clinical trials, where they are administered and monitored in groups of volunteers. In the UK, the results of the trials are then assessed by the Medicines and Healthcare products Regulatory Agency (MHRA).

No medicine can be completely risk-free or 100% effective. However, strong licencing processes and safety tests ensure that the health benefits of medicines being given through the NHS greatly outweigh any risks. It is worth considering three main points as to why the Covid 19 vaccine was developed so quickly.

1. Funding (public and private cash) has been poured into the race for a Covid vaccine, pushing aside the usual financial concerns facing pharmaceutical companies. What's more, demand and urgency are high. "The fact that governments pre-bought the vaccines meant that people could take greater risks with what they did at an earlier stage without having to take one step at a time," said Stephen Evans, professor of pharmacoepidemiology at the London School of Hygiene & Tropical Medicine.

2. While in traditional vaccine development the phases of clinical trials are carried out in sequence, in the case of the Covid vaccines they have overlapped, making the process faster. "Vaccine manufacturing has also been carried out in parallel with the clinical trials, hoping that trials will succeed," said Dr Zoltán Kis, of Imperial College London.

3. Finally, advances in tech have streamlined data-recording, while the advent of social media has made it easier to recruit trial participants – something aided by a strong public desire to help. "It normally takes weeks or months to recruit to a study. This one, it kind of happened overnight," said

Prof Adam Finn, a vaccine expert at the University of Bristol and an investigator on the Oxford/AstraZeneca trials.

Furthermore, it is worth noting that the research that helped to develop vaccines against the new coronavirus didn't just start last year. For years, researchers had been paying attention to related coronaviruses, which cause SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome), and some had been working on new kinds of vaccine — an effort that has now paid off spectacularly. Conventional vaccines contain viral proteins or disabled forms of the virus itself, which stimulate the body's immune defences against infection by a live virus. But the first two COVID-19 vaccines for which efficacy was announced in large-scale (phase III) clinical trials used just a string of mRNA inside a lipid coat. The mRNA encodes a key protein of SARS-CoV-2; once the mRNA gets inside our cells, our bodies produce this protein. That acts as the antigen — the foreign molecule that triggers an immune response. The vaccines made by Pfizer and BioNTech and by the US pharmaceutical company Moderna both use mRNA that encodes the spike protein, which docks to human cell membranes and allows the coronavirus to invade the cell.

mRNA vaccines are not as new as you may think. In fact, mRNA vaccines have been studied over the past two decades and have shown great promise for both infectious disease and cancer. mRNA vaccines have several benefits over the traditional vaccines that many of us have taken for years, that are made using a piece of a dead or weakened virus.

One of the benefits of the mRNA vaccines over these traditional vaccines is safety. Because mRNA vaccines are not using a live virus, there is no potential risk of being infected with the condition (in this case, Covid-19). Another benefit of mRNA vaccines is effectiveness. mRNA is efficient and can be taken up and used by the body quickly.

Finally, mRNA vaccines are quicker and easier to produce than traditional vaccines because they are produced in a laboratory instead of in an egg or other mammalian cell. Therefore, mRNA vaccine production can be controlled more closely, and is less expensive and faster to produce in large quantities.

Vaccine Ingredients

Easy Read

The ingredients in the coronavirus vaccines are very similar to those used in other vaccines which make up the routine course of childhood vaccinations in the UK.

Many ingredients found in vaccines are also commonly found in some processed foods and are used to preserve the vaccine and ensure that it works properly.

Other ingredients you would find in a vaccine can also be found naturally in the human body, such as salt. The main ingredient in all vaccines is water.

Vaccine Ingredients

General

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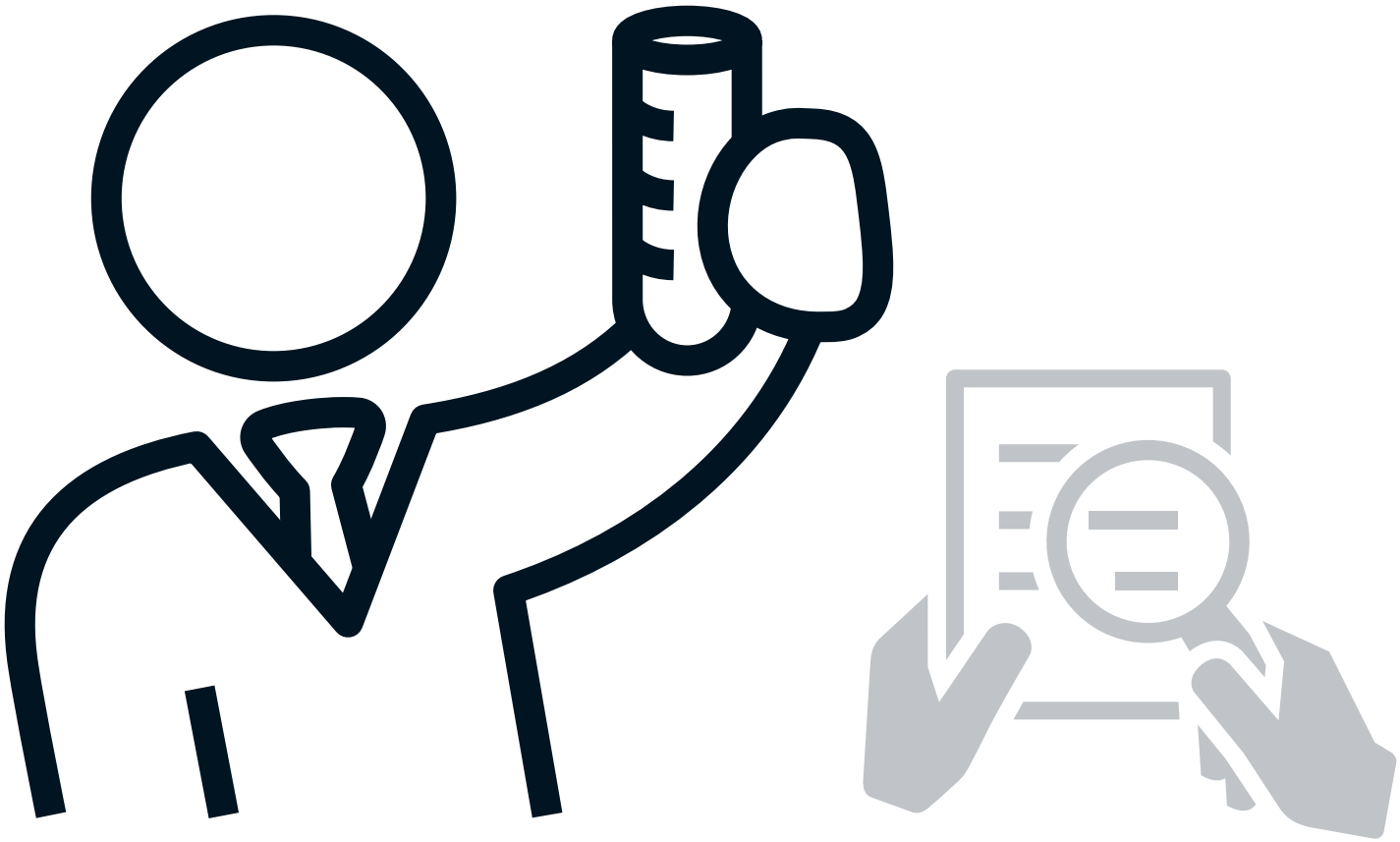
Active vaccine ingredients are usually present in very small quantities. Each dose of the University of Oxford/ AstraZeneca vaccine is 0.5 ml, and each dose of the Pfizer/ BioNTech vaccine is 0.3 ml. The active ingredients in these vaccines amount to just a few thousandths of a gram.

The COVID-19 Vaccine AstraZeneca contains sodium and alcohol (ethanol).

- This medicine contains less than 1 mmol sodium (23 mg) per dose of 0.5 ml. This means that it is essentially ‘sodium-free’.
- This medicine contains a very small amount of alcohol (2 mg of alcohol (ethanol) per dose of 0.5 ml). This is not enough to cause any noticeable effects. Similar amounts of ethanol are found in everyday foods such as bread.



Vaccine Ingredients

Enhanced

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Below we have provided comprehensive lists of the ingredients found in each Covid 19 vaccine currently approved for use in the UK.

The main ingredient in Moderna is:

mRNA
Also known as messenger ribonucleic acid, mRNA is the only active ingredient in the vaccine. The mRNA molecules contain the genetic material that provide instructions for our body on how to make a viral protein that triggers an immune response within our bodies. The immune response is what causes our bodies to make the antibodies needed to protect us from getting infected if exposed to the coronavirus.

There are rumors that mRNA vaccines will alter our DNA because the RNA molecule can convert information stored in DNA into proteins. That's simply, not true. It's critical to note that the mRNA vaccines never enter the nucleus of the cell, where our DNA is stored.

After injection, the mRNA from the vaccine is released into the cytoplasm of the cells. Once the viral protein is made and on the surface of the cell, mRNA is broken down and the body permanently gets rid of it, therefore making it impossible to change our DNA.

Lipids
The following lipids are in the new COVID vaccine. Their main role is to protect the mRNA and provide somewhat of a "greasy" exterior that helps the mRNA slide inside the cells.

- (4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl)bis
- (2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-snglycero-3-phosphocholine cholesterol

Salts
The following salts are included in the Pfizer vaccine and help balance the acidity in your body.

- potassium chloride
- monobasic potassium phosphate
- sodium chloride
- dibasic sodium phosphate dihydrate
- Sugar – Basic table sugar, also known as sucrose, can also be found in the new COVID vaccine. This ingredient helps the molecules maintain their shape during freezing.

Vaccine Side Effects

Easy Read

Like all medicines, the COVID-19 vaccine can cause side effects, but not everyone gets them. Any side effects are usually mild and go away within a few days.

Common Side Effects

On the arm where you get the jab.

- Pain
- Redness
- Swelling

Throughout the rest of your body.

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

To reduce pain and discomfort where you got the injection:

- Apply a clean, cool, wet washcloth over the area
- Use or exercise your arm

To reduce discomfort from fever:

- Drink plenty of fluids
- Dress lightly
- Stay cool

You may also get a high temperature or feel hot or shivery 1 or 2 days after your vaccination. You can take painkillers such as paracetamol if you need to. If your symptoms get worse or you're worried please contact your local Healthcare.

Other side effects include allergic reactions or blood clots, these are extremely rare and have only affected a small number of people across the world. If you suffer from allergies you should inform Healthcare of this before you have the vaccine.

Vaccine Side Effects

General

Like all medicines, the COVID-19 vaccine can cause side effects, but not everyone gets them. Any side effects are usually mild and go away within a few days.

Most side effects of the COVID-19 vaccine are mild and should not last longer than a week, such as:

- A sore arm from the injection
- Feeling tired
- A headache
- Feeling achy
- Feeling or being sick

You may also get a high temperature or feel hot or shivery 1 or 2 days after your vaccination. You can take painkillers such as paracetamol if you need to. If your symptoms get worse or you're worried please contact your local Healthcare.

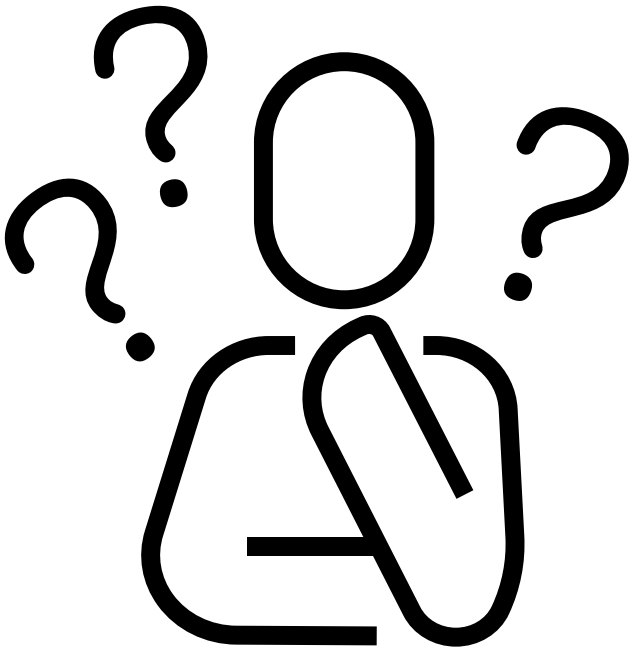
Serious side effects from the COVID-19 vaccine are very rare. If you suffer from allergies you should speak to your healthcare prior to receiving your vaccine.
Serious allergic reactions are rare. If you do have a reaction to the vaccine, it usually happens in minutes. Staff giving the vaccine are trained to deal with allergic reactions and treat them immediately.

The MHRA is carrying out a detailed review of reports of an extremely rare blood clotting problem affecting a small number of people who had the Oxford/AstraZeneca vaccine. It's not yet clear why it affects some people.

The COVID-19 vaccine can help stop you getting seriously ill or dying from COVID-19. For people aged 40 or over and those with other health conditions, the benefits of being vaccinated with the Oxford/AstraZeneca vaccine outweigh any risk of clotting problems.

For people under 40 without other health conditions, it's preferable for you to have the Pfizer/BioNTech or Moderna vaccine instead of the Oxford/AstraZeneca vaccine.

On 7 May 2021, the Joint Committee on Vaccination and Immunisation said to date and overall, just over 10 people develop this condition for every million doses of the AstraZeneca vaccine given.



Vaccine Side Effects

Enhanced

It's normal to experience side effects after the vaccine. It shows the vaccine is teaching your body's immune system how to protect itself from the disease, however not everyone gets them.

Most of these are mild and short term. They may include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection
- headache or muscle ache
- joint pain
- chills
- nausea or vomiting
- feeling tired
- fever (temperature above 37.8°C).

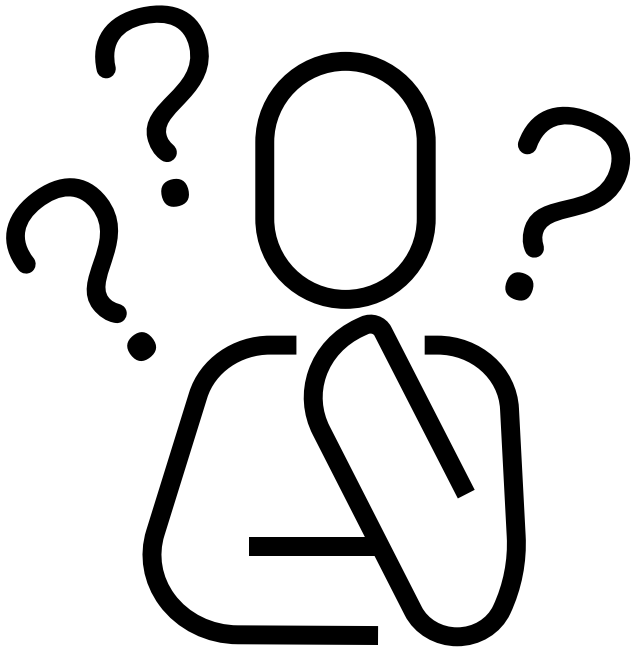
You may also have flu-like symptoms with episodes of shivering and shaking for a day or two.

These common side effects are much less serious than developing coronavirus or complications associated with coronavirus and they usually go away within a few days. Any other effects and those which persist longer than a week should be reported to Healthcare.

Side effects for each dose
Not all coronavirus vaccines are the same. Some tend to cause more side effects after the first dose, others cause more side effects after the second dose. The very common side effects are the same and should still only last a day or two.

Even if you do have side effects after the first dose, you still need to have the second dose. The full recommended course will give you the best protection against the virus.

Reports of very rare blood clots
The MHRA is carrying out a detailed review of reports of a very rare blood clotting problem



affecting a small number of people who have had the Oxford/AstraZeneca vaccine.

The problem can also happen in people who have not been vaccinated and it's not yet clear why it affects some people.

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NHS have created a vaccine risk benefit evaluation based on your age group, the findings of this are detailed in the following table:

Benefits and risks of the vaccination

Age	Risk from COVID-19	Risk of vaccination	Benefit of vaccination
50 years of age or older or with underlying medical conditions	Very high – hospitalisation, intensive care admission, death	Uncommon – sore arm, feeling tired, headache, general aches, flu like symptoms	1 dose – more than 80% reduction: deaths, hospitalisation, intensive care
	Moderate – long COVID	Extremely rare – clotting problems (around 1 in 100,000 first doses)	2 doses – more than 95% reduction: deaths
	Low – chance of catching and spreading infection		
40 to 49 years of age	High – chance of catching and spreading infection	Common – sore arm, feeling tired, headache, general aches, flu like symptoms	1 dose – more than 80% reduction: deaths, hospitalisation, intensive care
	Moderate – hospitalisation, intensive care admission, death, long COVID	Extremely rare – clotting problems (around 1 in 100,000 first doses)	2 doses – more than 95% reduction: deaths
30 to 39 years of age	High – chance of catching and spreading infection	Common – sore arm, feeling tired, headache, general aches, flu like symptoms	1 dose – between 60% and 70% reduction: catching and passing on infection
	Moderate – long COVID	Extremely rare – clotting problems (around 1 in 50,000 first doses)	2 doses – more than 85% reduction: catching and passing on infection
	Low – hospitalisation, intensive care admission, death		
18 to 29 years of age	Very high – chance of catching and spreading infection	Very common – sore arm, feeling tired, headache, general aches, flu like symptoms	1 dose – between 60% and 70% reduction: catching and passing on infection
	Moderate – long COVID	Extremely rare – clotting problems (around 1 in 50,000 first doses)	2 doses – more than 85% reduction: catching and passing on infection
	Very low – hospitalisation, intensive care admission, death		

COVID-19 vaccination and blood clotting - GOV.UK (www.gov.uk)

Moderna Vaccine

General

As of April 21st 2021, adults under 40 with no underlying health conditions will be offered the Moderna vaccine, the UK's Joint Committee on Vaccination and Immunisation has said.

This decision, which is based on a risk-benefit calculation, was informed by the committee's review of the latest evidence on the AstraZeneca vaccine and the extremely rare cases of blood clots. Younger people with no underlying conditions are less likely to develop serious covid-19 illness than those with underlying conditions or older people, so their risk-benefit profile is different.

The Rollout of Moderna in prisons will follow the community, with deliveries to prisons from the 31st of May. We encourage you to take the offer of the Moderna vaccine to protect yourself and others. Below are some Frequently Asked Questions about the Moderna vaccine.

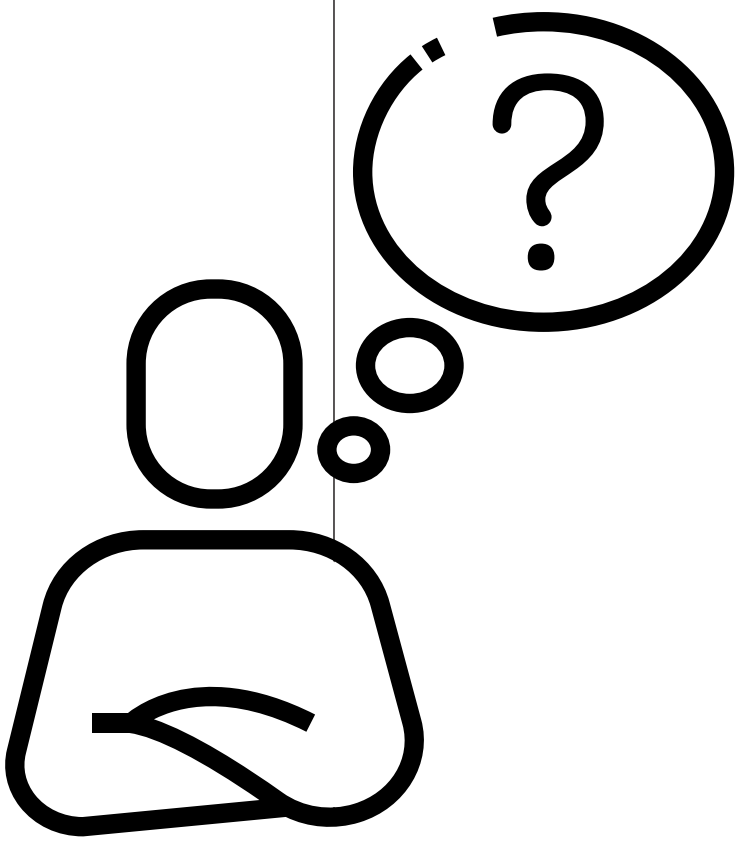
Will Moderna affect my fertility?
There is no evidence at all that any of the vaccines cause fertility problems in men or women. Claims to the contrary on social media are false. In fact, getting coronavirus itself has the potential to affect fertility.

What if I hate needles?
When you are vaccinated, say you don't like needles. Then look away.
Many people say the injection is painless and you hardly notice anything.

What Does the Vaccine do in the Body?
The Moderna COVID 19 Vaccine uses mRNA to provide a blueprint for your cells to build your body's defence against SARS CoV 2, the virus that causes COVID 19. The Moderna COVID 19 Vaccine does not contain SARS CoV 2, or any virus—just the blueprint to help fight against it.

How effective is the Moderna Vaccine?
Based on evidence from clinical trials, the Moderna vaccine was 94.1% effective at preventing laboratory-confirmed COVID-19 illness in people who received two doses and who had no evidence of being previously infected.

Does the vaccine contain preservatives, antibiotics, or products from human or animal origin?
No. The Moderna COVID-19 Vaccine does not contain any preservatives, antibiotics, or products of human or animal origin. Also, the vial stoppers are not made with natural rubber latex.



Long Covid Information

Easy Read

Long COVID is used to describe signs and symptoms that last for longer than 4 weeks after getting COVID-19.

Covid symptoms usually last around a week but for some people, symptoms can last longer. Research has shown that even if you have only had mild symptoms of Covid 19 you can still be affected by Long Covid.

Symptoms of Long Covid include:

If you are suffering from these symptoms following Covid 19 you should speak to your local Healthcare an make them aware.

Long Covid Information

General

Long COVID is used to describe signs and symptoms that last for longer than 4 weeks after getting COVID-19.

There are two stages to what is commonly known as Long COVID:

- Ongoing symptomatic COVID-19 – symptoms that last 4-12 weeks
- Post-COVID-19 syndrome – symptoms that last for more than 12 weeks and can't be explained by another diagnosis

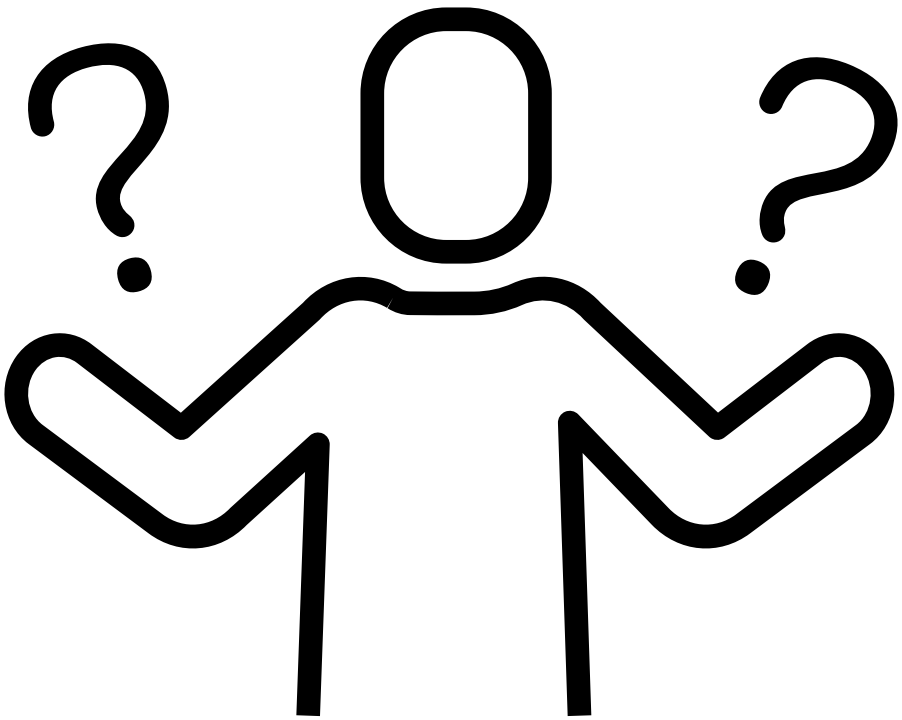
How long it takes to recover from COVID-19 is different for everybody. Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer.

The Office for National Statistics estimates that more than a million people could be experiencing long Covid beyond four weeks with 674,000 people saying it was affecting their day to day lives. Almost 200,000 people have said their ability to carry out normal activities has been severely limited by the condition.

The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get COVID-19. People who had mild symptoms at first can still have long-term problems.

Common Long Covid Symptoms according the NHS include:

- fatigue
- shortness of breath
- chest pain or tightness
- problems with memory and concentration
- Insomnia
- heart palpitations
- dizziness
- pins and needles
- joint pain
- depression and anxiety
- tinnitus, earaches
- feeling sick, diarrhoea, stomach aches, loss of appetite
- a high temperature, cough, headaches, sore throat, changes to sense of smell or taste
- rashes



Long Covid Information

Enhanced

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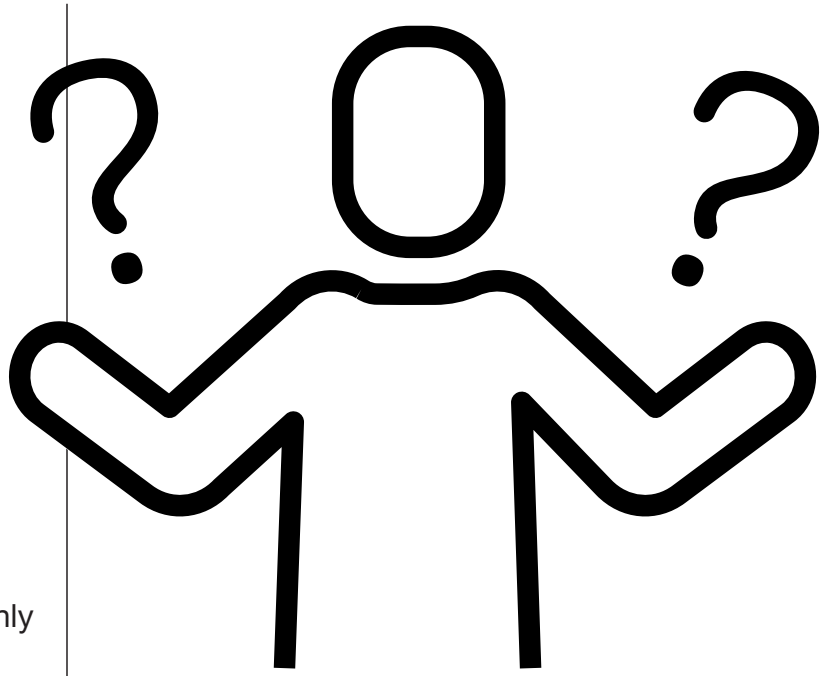
- Ongoing symptomatic COVID-19 – symptoms that last 4-12 weeks
- Post-COVID-19 syndrome – symptoms
- that last for more than 12 weeks and
- can't be explained by another diagnosis

Although most people with COVID-19 get better within weeks of illness, some people experience post-COVID conditions, commonly known as Long Covid. Long Covid is a wide range of new, returning, or ongoing health problems people can experience more than four weeks after first being infected with the virus that causes COVID-19. Even people who did not have symptoms when they were infected can have Long Covid. These conditions can have different types and combinations of health problems for different lengths of time.

Even though younger people are at lower risk of getting seriously ill from COVID-19, this does not mean that they are totally safe from it. Research has identified a multitude of neuro-cognitive complications (fatigue, myopathy, loss of smell, change of taste, confusion, headaches, dizziness, ataxia, seizure, depressed level of consciousness and even stroke.

Some of these effects may be deadly, as in the case of stroke that seems to be a serious complication in cases of young patients. Other symptoms may persist long after the disease is typically over.

These effects are more common in cases of severe disease but they also appear in milder ones. In the UK, the prevalence of such "long



COVID" symptoms lasting for at least 12 weeks is estimated at 13.7%, with higher prevalence for females (14.7%) than males (12.7%), and the highest prevalence among 25-34 year olds (18.2%). Therefore, while younger adults may be less vulnerable to dying from COVID-19 infection, they still risk suffering effects over the long term, and we still do not know the full picture of what the neurocognitive effects are over the long term.

Thousands of patients suffering with the long term symptoms of coronavirus can now access specialist help at more than 60 sites. NHS England have announced that the assessment centres are taking referrals from GPs for people experiencing brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms. The NHS has provided £10 million for the network of clinics, which started opening last month. As of April 2021 there were 80 operating across the country with hundreds of patients already getting help.

If you are currently suffering from Long Covid in custody we ask that you inform your Healthcare provide to report this and better understand how to manage your symptoms.

Variants of Concern

Easy Read

Viruses constantly change and new variants are always likely to occur. This is no different in the case for the Covid 19 virus.

We are already seeing different variants of the virus appearing in the UK and globally.

The Delta variant previously known as the India Variant is the dominant strain of the Covid 19 virus in the U.K at present.

Variations such as the Delta Variant allow the virus to spread more easily.

The positive is that the vaccine is still over 80% effective against the Delta variant once you have received both doses. It is increasingly important you accept your vaccine offer and receive both doses.

Variants of Concern

General

Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19 have been documented in the U.K and globally during this pandemic.

Some common variants of concern are detailed below with their place of origin;

- Alpha variant (United Kingdom)
- Beta variant (South Africa)
- Gamma variant (Brazil)
- Delta variant (India)

Previously the Alpha Variant (Kent variant) was the dominant UK variant, now we see that the Delta variant (Indian variant) as being dominant in the U.K. PHE state that More than 90% of new COVID-19 cases in the UK are now the Delta variant.

This is a concern because there is evidence that the risk of hospital admission is higher in people with the delta variant, it said. Data also indicate that the variant is spreading rapidly through England's schools.
Public Health England's latest weekly coronavirus data on circulating variants show there were 5472 new cases of the delta variant in the UK in the week to 26 May, bringing the total number of cases of the variant detected to 12,431.

In the week to 2 June a total of 278 people with the delta variant attended hospital emergency departments, and 94 people were admitted to hospital overnight. The previous week 201 people with the variant attended A&E and 43 were admitted. Most of those admitted had not been vaccinated.

The vaccine is still over 80% effective against the Delta variant once you have received both doses. It is increasingly important you accept your vaccine offer and receive both doses.

Variants of Concern

Enhanced

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The table below shows the variants of concern currently being monitored by the government as of the 11th June 2021.

Variant*	Other names by which this variant may be known**	Lineage	Country in which first detected	Total confirmed (sequencing) and probable (genotyping) cases^	New cases since last update (data up to 2 June)
Alpha	VOC-202012/01 Alpha	B.1.1.7	England, UK	267,922	+9134
Beta	VOC-202012/02 Beta	501Y.V2 B.1.351	South Africa	1,012	+60
Delta	VOC-21APR-02 Delta	B.1.617.2	India	42,323	+29,892
VOC-21FEB-02	VOC-202102/02	B.1.1.7 with E484K	England, UK	45	+2
Gamma	VOC-202101/02 Gamma	P.1	Japan ex Manaus, Brazil	218	+49
Kappa	VUI-21APR-01 Kappa	B.1.617	India	465	+6
VUI-21APR-03	N/A	B.1.617.3	India	14	0
VUI-21FEB-01	VUI-202102/01	A.23.1 with E484K	England, UK	79	0
Eta	VUI-202102/03 Eta	B.1.525 (previously designated UK1188)	England, UK	492	+3
VUI-21FEB-04	VUI 202102/04	B.1.1.318	England, UK	287	+14
Zeta	VUI-202101/01 Zeta	P.2	Brazil	60	0
Theta	VUI-21MAR-02 Theta	P.3	Philippines	7	0
VUI-21MAY-01	N/A	AV.1	TBC	156	+31
VUI-21MAY-02	N/A	C.36.3	Thailand ex Egypt	131	+9

Viruses constantly change and become more diverse. Scientists monitor these changes, including changes to the spikes on the surface of the virus. By carefully studying viruses, scientists can learn how changes to the virus might affect how it spreads and how sick people will get from it.

If you think about a virus like a tree growing and branching out; each branch on the tree is slightly different than the others. By comparing the branches, scientists can label them according to the differences. These small differences, or variants, have been studied and identified since the beginning of the pandemic.

Some variations allow the virus to spread more easily or make it resistant to treatments or vaccines. Those variants must be monitored more carefully and are commonly know as variants of concern.

The vaccine is still over 80% effective against the Delta variant once you have received both doses. The table below shows the effectiveness of the Pfizer and AstraZeneca vaccines against the Alpha and Delta variants.

Vaccination status	Vaccine Effectiveness	
	Alpha	Delta
Dose 1	50.2 (46.7 to 53.5)	33.2 (25.8 to 39.9)
Dose 2	88.4 (85.7 to 90.7)	80.8 (76.3 to 84.4)

Delta Variant

General

Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19 have been documented in the UK and globally during this pandemic.

Some common variants of concern are detailed below with their place of origin:

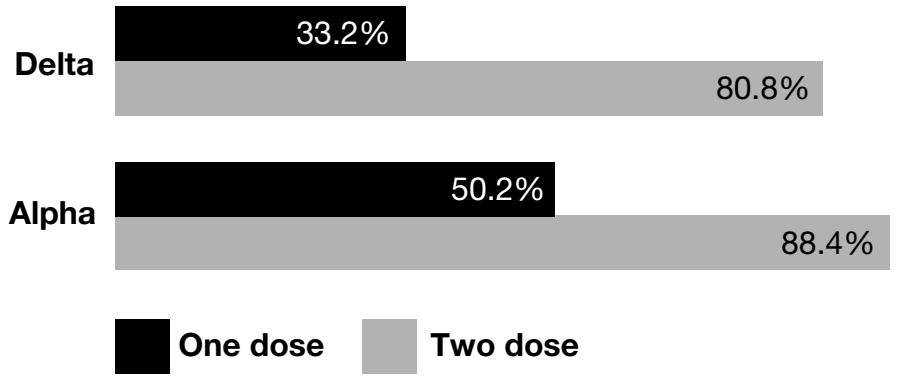
- Alpha variant (United Kingdom)
- Beta variant (South Africa)
- Gamma variant (Brazil)
- Delta variant (India)

Previously the Alpha Variant (Kent variant) was the dominant UK variant, now we see that the Delta variant (Indian variant) as being dominant in the UK. PHE state that more than 90% of new COVID-19 cases in the UK are now the Delta variant. This is a concern because there is evidence that the risk of hospital admission is higher in people with the Delta variant. Data also indicates that the variant is spreading rapidly through England's schools.

The vaccine is still over 80% effective against the Delta variant once you have received both doses. The table and graph below show the effectiveness of the vaccines against the Alpha and Delta variants.

Vaccination status	**Vaccine effectiveness**	
	Alpha	Delta
Dose 1	50.2 (46.7 to 53.5)	33.2 (25.8 to 39.9)
Dose 2	88.4 (85.7 to 90.7)	80.8 (76.3 to 84.4)

Double vaccinations appear to be similarly effective against the Delta variant. Estimated effectiveness of vaccines against Alpha and Delta



Quick facts

The Delta variant is 60% more transmissible than the Alpha variant.

In most English regions, Delta cases are doubling every 4.5 to 11.5 days.

Vaccines are less effective against the Delta variant, but still offer over 80% protection after both doses.

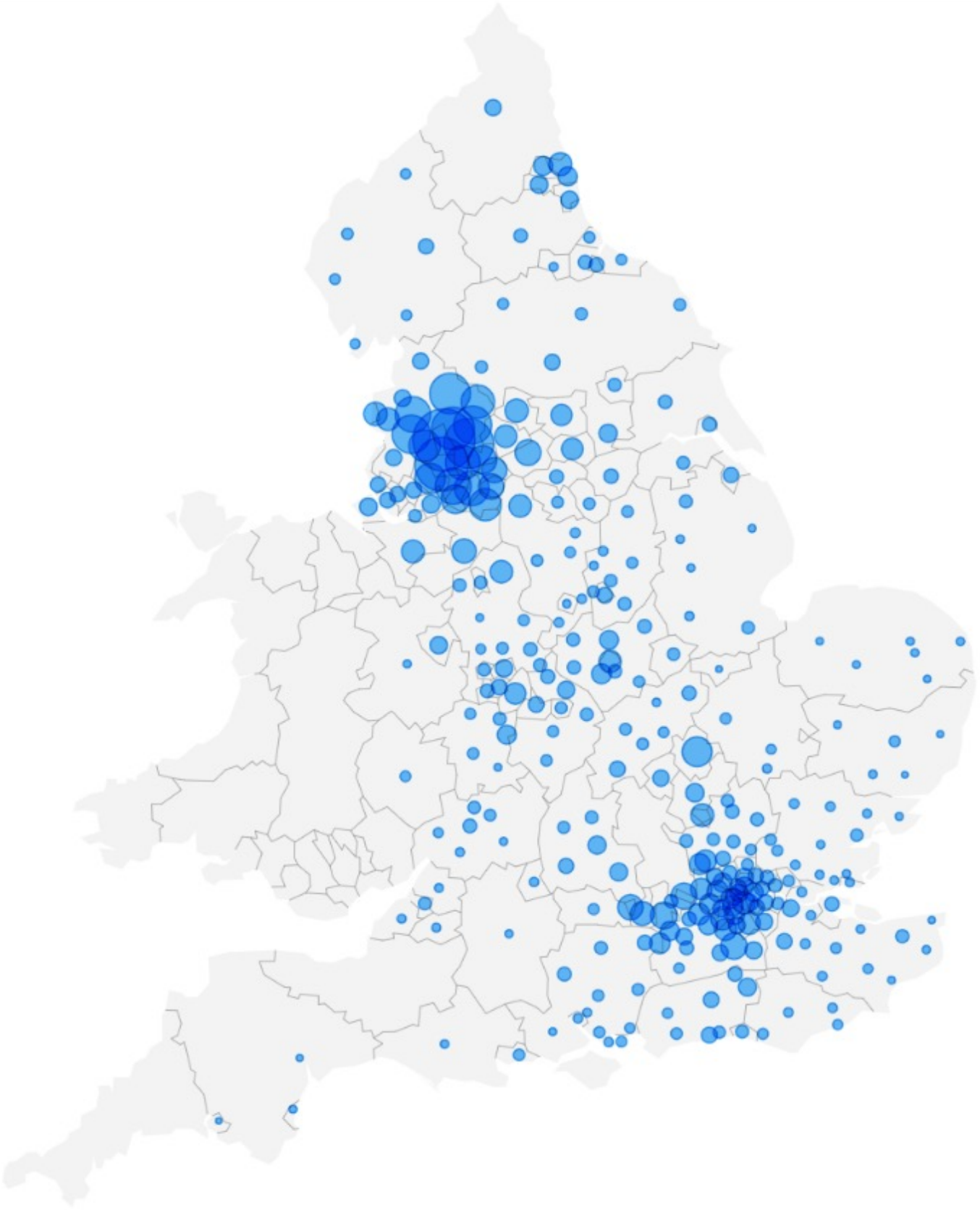
There are indications the Delta variant may cause more severe disease, with the likelihood of hospitalisation 2.3 times higher than those infected with the Alpha variant.

There are indications that immunity in people who have previously had Covid-19 may offer a lower level of protection against the Delta variant.

Since February, of the 223 people who have been admitted to hospital with the Delta variant, only 20 of them had received their second vaccine more than two weeks previously.

Infection rate refers to the case rate of the Delta variant per 100,000 people for the seven days to 9 June.

Source: Public Health England. Map data: Crown copyright and database right 2020

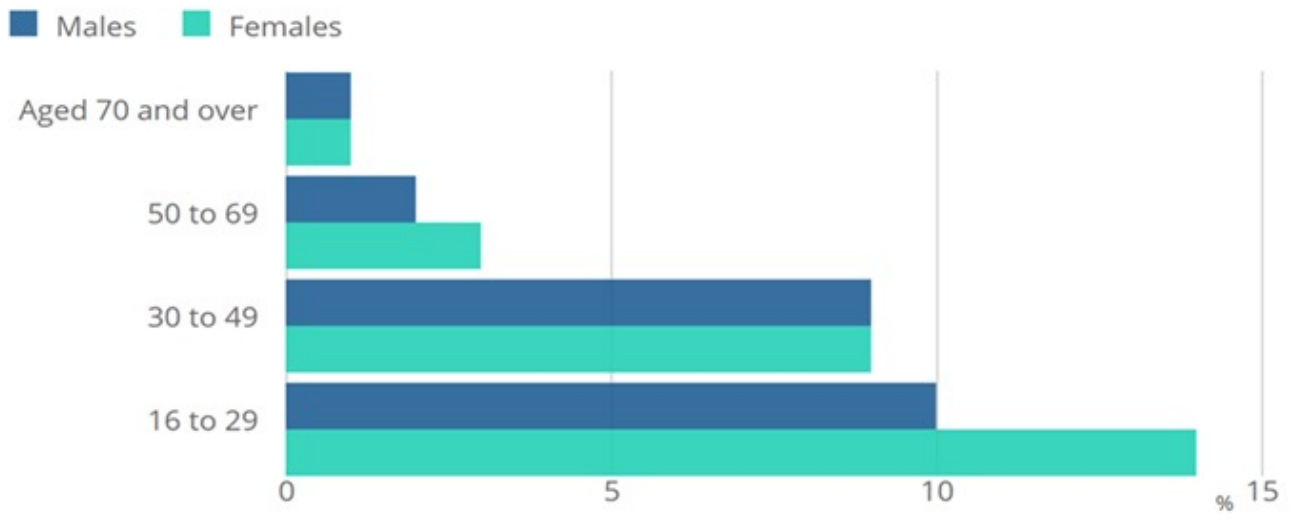


Vaccines and Women

General

Vaccine hesitancy

Young women are most likely to display vaccine hesitancy than any other age group. The table below shows that 14% of women between the ages of 16 and 29 reported that they would be hesitant towards having a COVID-19 vaccine, this is higher than any other age group, with males reporting a 10% hesitancy rate for the same age group.



Source: Office for National Statistics – Opinions and Lifestyle Survey
Great Britain, 17 February to 14 March 2021

Myths and fake news surrounding Covid 19 vaccinations have spread fear on social media and have influenced opinions throughout the pandemic. This has especially been the case for women, with conflicting news around fertility, pregnancy and blood clots. It is important that you speak to your local healthcare provider to gain factual information from reliable sources. We will address some of the myths around the Covid 19 vaccination and help provide current and trusted information.

Blood Clot Fears

You will have seen reports from the media regarding the AstraZeneca vaccine and fears that it could lead to an extremely rare type of blood clot.

A review by the Medicines and Healthcare products Regulatory Agency (MHRA) found that by the end of March 79 people had suffered rare blood clots after having the AstraZeneca vaccination in the UK. This was out of 20 million administered doses - giving a risk of about four in 1,000,000 of developing a blood clot. The regulator said this was not proof the jab had caused the clots. But it said the link was getting firmer.

With this all under 40s are to be offered an alternative to the Oxford-AstraZeneca coronavirus vaccine as a precaution. The MHRA had said the balance of risk for the AstraZeneca vaccine against coronavirus is very favourable for older people but “more finely balanced” for younger groups, who do not tend to suffer serious illness with COVID.

Fertility/Pregnancy

On the 16th April 2021, the UK's Joint Committee on Vaccination and Immunisation (JCVI) published new advice on COVID-19 vaccination in pregnancy.

The advice is that COVID-19 vaccines should be offered to pregnant women at the same time as the rest of the population, based on their age and clinical risk group.
The JCVI said no specific safety concerns related to pregnancy have been identified, but that real-world evidence from the US has shown around 90 000 pregnant women have been vaccinated—mainly with the Pfizer and Moderna vaccines—without any safety concerns being raised.

Pfizer and Moderna vaccines are the preferred vaccines for pregnant women of any age who are coming for their first dose.

Anyone who has already had a vaccination and is offered a second dose whilst pregnant, should have a second dose with the same vaccine unless they had a serious side effect after the first dose.

Does the COVID vaccine affect fertility?
There is nothing in the vaccine that can affect the fertility of women or men.

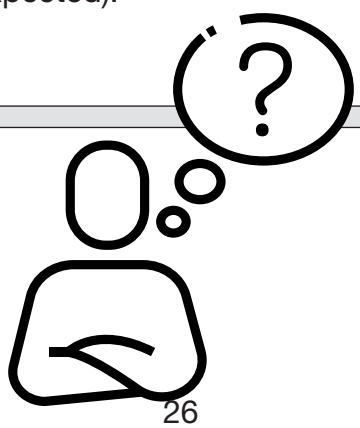
Can people who have had recurrent miscarriages have the vaccine?
Yes. There is no reason to postpone having your COVID-19 vaccine as it does not affect your likelihood of having a miscarriage.

Can I breastfeed when I've been vaccinated?
There is no known risk associated with any current COVID-19 vaccines whilst breastfeeding. The JCVI advises that breastfeeding women may be offered any suitable COVID-19 vaccine.

I'm pregnant and I got a first dose of AstraZeneca, what do I do now?
If you got a first dose of AstraZeneca, it's advised you complete with the same vaccine and attend your second dose appointment as planned.

Would you expect the antibodies from the vaccine given to a pregnant woman to pass onto the baby like they do for other vaccines
Preliminary studies have shown that antibodies from getting the COVID-19 vaccine are passed to the baby during pregnancy and by breastfeeding (as expected).

Why are you recommending Pfizer and Moderna over AstraZeneca?
There is more real-world safety data from the US on using the Pfizer and Moderna vaccines to vaccinate women who are pregnant. Therefore, the JCVI advises a preference for these to be offered to pregnant women. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed. All vaccines being used in the UK have undergone robust clinical trials and have met the Medicines and Healthcare products Regulatory Agency (MHRA)'s strict standards of safety, effectiveness and quality.



Vaccines and Fertility (Men)

General

FACT: COVID-19 vaccines have no impact on your fertility

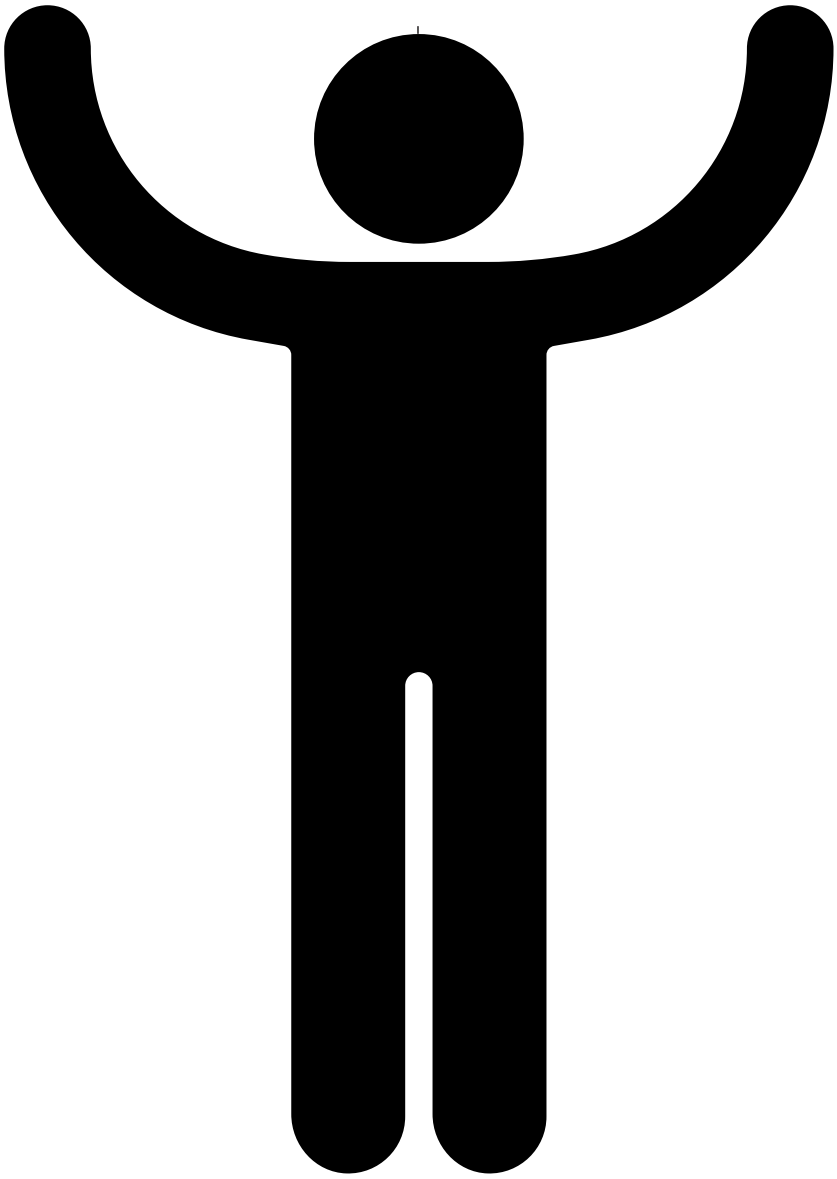
MYTH: "Being vaccinated could make me infertile."

The myth that a COVID-19 vaccine could cause infertility arose on a blog with a long history of promoting conspiracy theories and misinformation. It is based on the idea that the vaccine works by triggering an immune response to a spike protein on the surface of the coronavirus. It is correct that a spike protein helps the virus enter cells, and it is also one of the ways the human body recognises a virus and knows to let its immune cells attack it. However, this has nothing to do with fertility.

The guidance published by the Association of Reproductive and Clinical Scientists and the British Fertility Society confirms that there is absolutely no evidence, and no theoretical reason, that any of the vaccines can affect the fertility of women or men.

COVID-19 may negatively affect sperm quality and reduce fertility in men, and the magnitude of that effect may depend on the severity of disease, researchers reported.

Targeted invasion of the testes, cellular interference, inflammation and stress are



the four key ways by which COVID-19 may affect fertility. In a review of COVID-19 studies, researchers discussed how the disease may be affecting men's sexual and reproductive systems.

'Emerging evidence indicates toward the possibility of testicular damage due to COVID-19, which in turn may compromise the fertility potential of such men along with the disruption of the normal production of sex hormones,' Dr Shubhadeep Roychoudhury, co-author of the review, told Inverse.

Inflammation has also been pinpointed as a potential cause of temporary or permanent damage to reproductive tissues.

COVID-19 causes immune system overreactions, which may lead to the inflammation of the testicles, with the potential to disrupt the development of sperm cells.

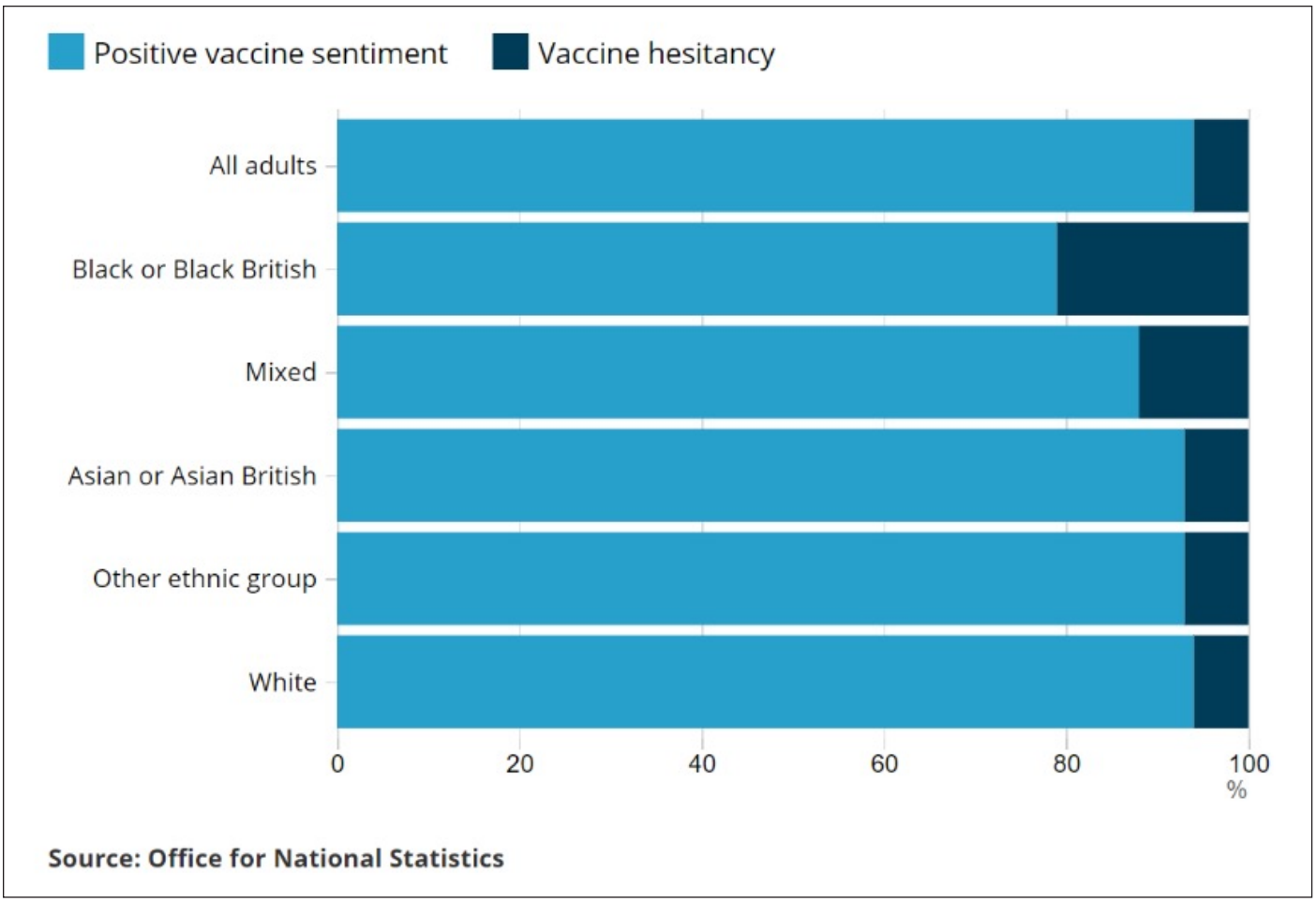
Vaccine Hesitancy in Ethnic/Cultural Minority Groups

General

Vaccine hesitancy amongst ethnic/cultural minority groups is something that we are seeing in the community.

These trends are also present in custody with factors such as ethnicity and religion being prominent in effecting vaccine uptake.
This fact sheet will help address some of the fears held in ethnic/cultural minority groups.

Vaccine hesitancy is over three times higher among Black or Black British adults compared with White adults.



Source: Office for National Statistics

Black or Black British adults were most likely to report vaccine hesitancy compared with White adults. Around 1 in 5 (21%) Black or Black British adults reported vaccine hesitancy, the highest compared with all other ethnic groups.

Vaccine hesitancy refers to those who have either declined a COVID-19 vaccine offer, report being unlikely to accept a vaccine or report being undecided.

HMPPS Statistics from the 10th June show that 7 of the top 10 prisons with the highest vaccine decline rate also have the largest BAME populations.

Sir Lenny Henry has written an open letter urging black Britons to take the Covid-19 vaccine. The comedian and actor said people should “trust the facts” and guard against misinformation.

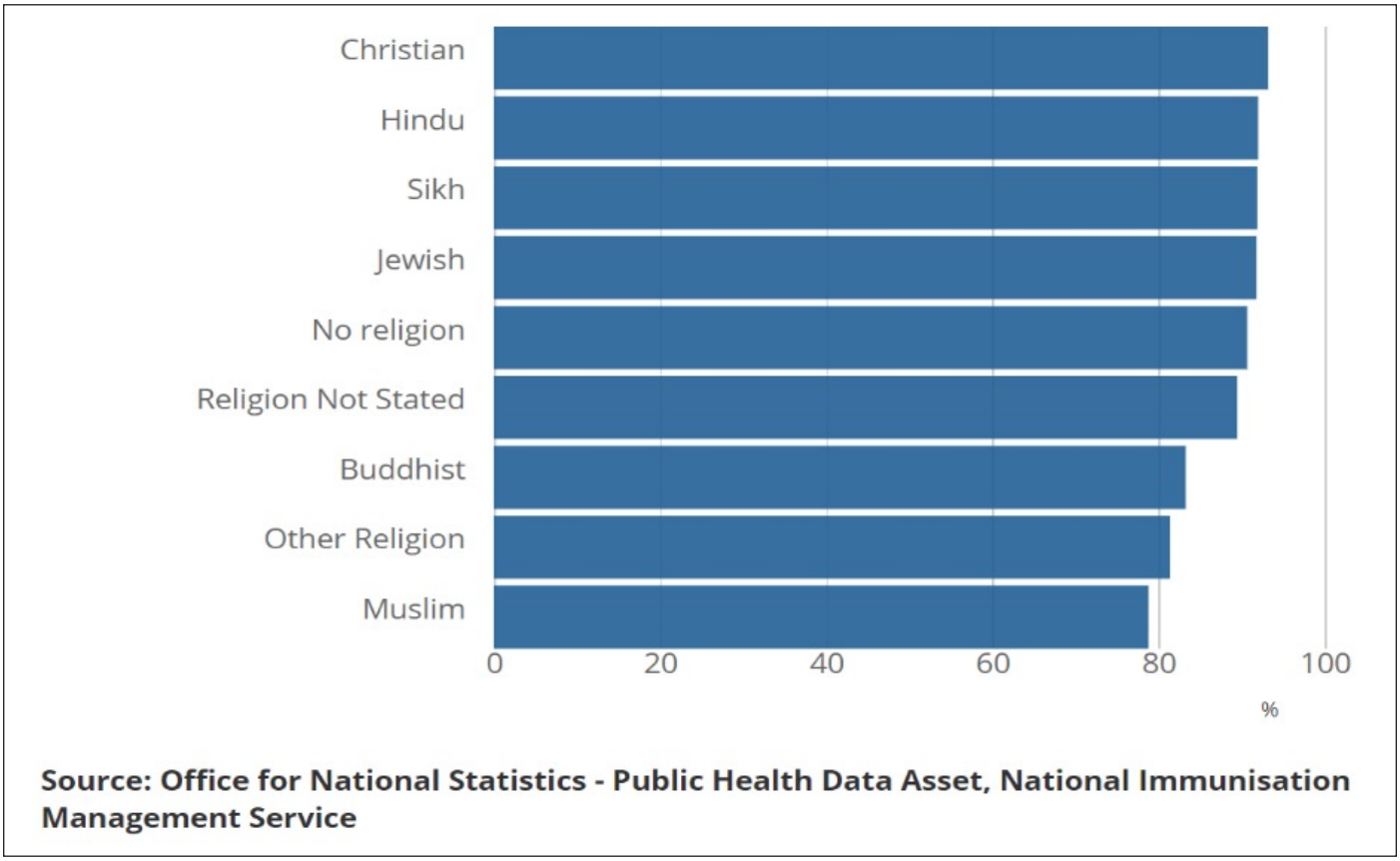
The letter has been signed by high-profile figures such as actor Chiwetel Ejiofor, YouTube star KSI and actress Thandie Newton. Asked why there was caution in the black community about having the vaccine, Sir Lenny blamed an “element of mistrust” in the system.

He said people felt “certain institutions and authorities haven’t particularly done right by the black community in the past” so asked “why should they do something for us now? Why are they doing us all a big favour?”

Sir Lenny’s letter recognises these historic “legitimate worries and concerns”, but it adds: “We’re asking you to trust the facts about the vaccine from our own professors, doctors, scientists involved in the vaccine’s development, GPs, not just in the UK but across the world, including the Caribbean and Africa.”

In our prisons we are seeing that cultural differences also have an effect on vaccine uptake, namely religious beliefs. This is also the case in the community, as detailed below.

Vaccination rates of adults aged 50 years or over, by self-reported religious affiliation, 8 December 2020 to 12 April 2021, England



Source: Office for National Statistics - Public Health Data Asset, National Immunisation Management Service

Amongst adults aged 50 years and over, those identifying as Christian had the highest vaccination rates. The vaccination rate was lower for all other groups, with the lowest rates in those identifying as Muslim (78.8%), Buddhist (83.3%) or Other religion (81.4%). Geographical factors, socio-demographic characteristics and underlying health conditions were taken into account but only partly explained the lower vaccination rates amongst Muslims and Buddhists.

There may be several reasons why you are hesitant to accept the vaccine – we want to take the time to listen to you and, where possible, ease your fears or concerns. Celebrities including comedians Romesh Ranganathan and Meera Syal and cricketer Moeen Ali have made a video urging people to get the Covid vaccine.

The video was co-ordinated by Citizen Khan creator Adil Ray, who said he wanted to dispel vaccination myths for those from ethnic minority communities.

Mayor of London Sadiq Khan and former Conservative Party Chairman Baroness Warsi are among the others taking part.

Ray said: “For the British Asian and black communities, at the very beginning of the pandemic we were told they were perhaps the most vulnerable, that there was a disproportionate number of cases and even deaths. We felt that we’ve got to try and take the lead a little bit here and dispel some of these myths.”

He added: “This was recorded entirely independently from the government - the only thing we did do was we went to the NHS website for the correct medical guidance.”

These videos are now showing on Wayout TV and are available for your prisons to download and show on Reception and Healthcare TVs.

For those who may be hesitant on religious grounds, we have worked with HMPPS Chaplaincy to answer questions on the vaccine for each faith.

Here are some key facts about the COVID-19 vaccines if you are hesitant on religious grounds:

- They do not contain animal products
- They do not contain blood products
- They are Halal and Shariah-compliant
- Having a vaccine does not break a fast
- Tests were not carried out on aborted foetuses (tests were carried out on ‘cell lines’ grown from two abortions carried out over 40 years ago)

Please speak to a member of your chaplaincy team or your key worker for more information relating to your faith.

Vaccines and Transgender People

General

Vaccine hesitancy certainly exists among transgender people and you may not have seen data to address these fears.

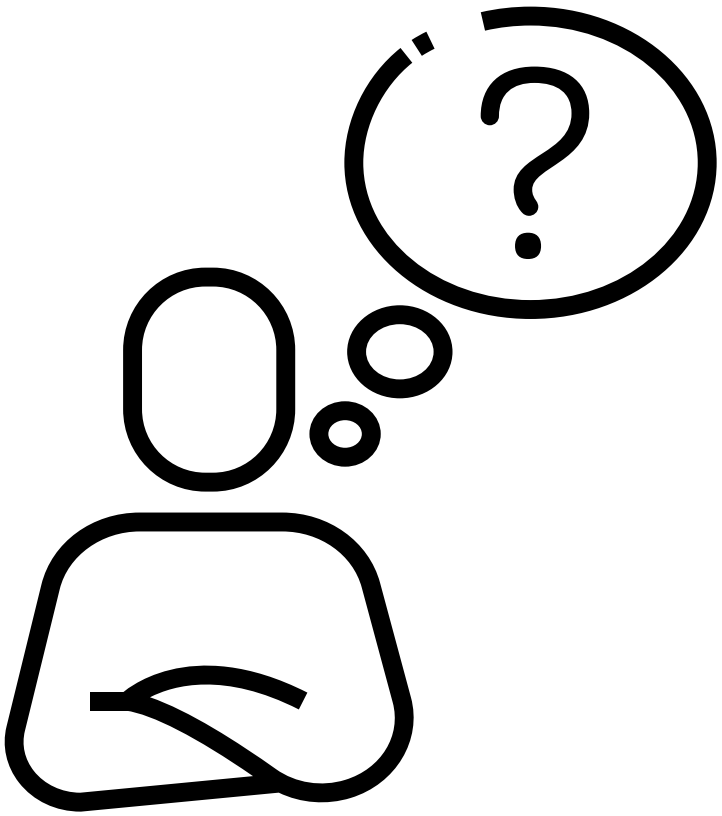
Trans people, along with other groups, are often underrepresented in medical trials. This lack of representation can create fear and uncertainty and sometimes lead to individuals feeling like 'guineapigs'.

The LGBT foundation conducted a survey to find out your views and concerns about the COVID-19 vaccines. **The answers to your main questions are below.**

Will the vaccination interact with my PrEP or PEP medication?
There is no scientific reason to suggest that the COVID-19 vaccines could interact in any way with PrEP. You are encouraged to have a vaccination when it is offered to you and continue to take PrEP in the same way that you normally do, and PEP if you need it.

Will the vaccination interact with my hormone replacement treatment (HRT)?
If you are trans and are on HRT, there is no scientific reason to suggest that the vaccination could interact in any way with your HRT medication. There is also no reason to suggest it could impact on your hormone levels.

Will the vaccination interact with my HIV medication such as ART?
There is no scientific reason to suggest that the vaccination could interact in any way with your HIV medication. If you are living with HIV, it's encouraged that you get a COVID-19 vaccination. There is no evidence that the vaccine will interact with ART, PrEP or PEP.



Vaccines and Substance Misuse

General

Substance misuse disorder is considered an underlying medical condition that increases the risk of serious, life-threatening complications from COVID-19.

Research suggests that having a substance misuse disorder can make you more likely to get severely ill from COVID-19, as you are more likely to suffer from underlying health conditions such as chronic lung disease, chronic liver disease, or serious heart conditions.

We therefore encourage you to take the vaccine when offered by your local healthcare. Below are some FAQs by those who suffer with substance misuse problems.

Do people with substance misuse disorders face challenges accessing COVID-19 vaccines?
While data is still being collected on how well COVID-19 vaccines are reaching people with substance misuse disorders, to ensure timely preventative care to this population government agencies and non-government organisations have developed programmes to increase outreach to people with substance misuse disorders or in recovery.

Can people who use substances or who have substance misuse disorders receive a COVID-19 vaccine?
Yes. The Centres for Disease Control and Prevention encourage people with underlying medical conditions, which include substance misuse disorders, to be fully vaccinated against COVID-19 as soon as a vaccine becomes available to them.

Can people taking medications for opioid use disorder, such as methadone or buprenorphine, receive a COVID-19 vaccine?
Yes. No safety issues have been reported linking medications for opioid use disorder to adverse reactions to any of the COVID-19 vaccines. Experts recommend people taking medications for opioid use disorder receive a COVID-19 vaccine and continue their medications as directed by a healthcare professional.

Vaccines and Sex Workers

General

Sex workers are at increased risk of contracting COVID-19.

Without access to financial aid, many sex workers are forced to continue engaging in sex work, exposing themselves to the COVID-19 virus in order to earn money to buy food or pay rent. Increased prevalence of underlying health conditions among sex workers could increase their risk of severe illness from COVID-19.

Local initiatives are now in place across various regions that provide an outreach-based support, that benefits socially excluded groups. Speak to staff in your prison to find out what is available in your area.

Vaccines and Homelessness

General

People experiencing homelessness are more likely to suffer from underlying conditions which leave them vulnerable to Covid-19; as they often do not have access to somewhere safe to isolate, it is even more essential they take the opportunity to get vaccinated.

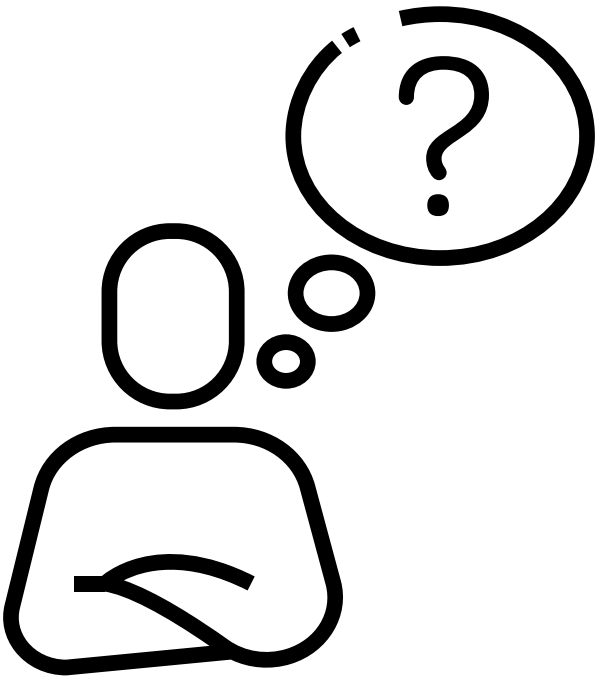
Due to this increased risk, people experiencing homelessness in Wales and England are already eligible for a Covid-19 jab as part of the sixth priority group alongside people aged between 16 and 65 with underlying health conditions.
Glass Door, a leading London homelessness charity, stated that homeless people are at greater risk of misinformation about the safety of the vaccines.

The charity's senior communications manager Melissa Kerschen said, 'More needs to be done to counter conspiracy theories and misinformation and to build trust in our government and healthcare.'

It is important you speak to your local healthcare provider for factual and reliable information; below we have provided some FAQs specifically related to those experiencing homelessness.

Is there help available if people cannot physically access the vaccine (e.g., if they need money for travel, aren't physically able to travel)?
This will vary depending on where you are located and the different support services and systems in your area. We recommend that you contact support staff from your accommodation, outreach team or local support service and let them know your situation.

Can someone get the vaccine without being registered with a GP?
The current vaccine rollout plan requires people to be registered with a GP to be called for the vaccine when it is their time. There are many groups working hard to ensure this isn't a requirement, in certain areas of the country the vaccine is being brought to groups such as people in homelessness hostels, prisons and hotels, without GP registration.



Vaccines and Refugees, Asylum Seekers and Undocumented Migrants

General

Migrants are considered a high-risk group and vulnerable to the catching and spreading of Covid 19.

Many migrants live in shared accommodation, where it is difficult to practice social distancing and isolation. There have been several well publicised outbreaks in government provided asylum seeker accommodation. Many refugees, asylum seekers and undocumented migrants are from Black, Asian or minority ethnic (BAME) groups.

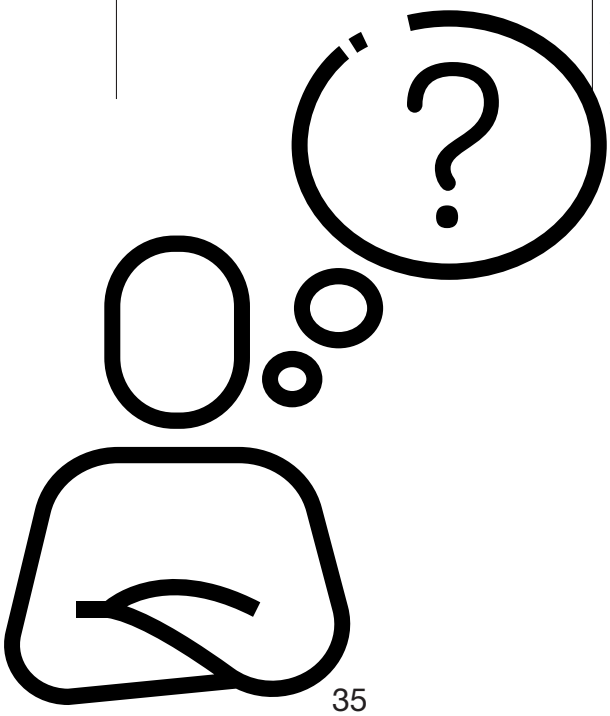
Evidence shows people from BAME groups are at greater risk of critical illness and death from COVID-19. We therefore encourage you to take the offer of a vaccine at the earliest opportunity. Below are a series of Frequently Asked Questions, specific to refugees, asylum seekers and undocumented migrants.

What happens if I give a doctor my details, won't I be deported?
The UK government has announced that undocumented migrants can register with their doctors for a vaccine against COVID-19 without fear of being ejected by the Home Office.

Do I need and NHS number to get vaccinated?
Individuals do not require an NHS number or GP registration to receive the COVID-19 vaccination and should not be denied vaccination on this basis. Individuals who do not have an NHS number or are not registered with a GP are still entitled to free COVID-19 vaccinations.

Will I be charged for the vaccine because I'm not a British citizen?
Overseas visitors to England, including anyone living in the UK without permission, will not be charged for:

- Testing for COVID-19 (even if the test shows they do not have COVID-19).
- Treatment for COVID-19, including for a related problem called multisystem inflammatory syndrome that affects some children.
- Vaccination against COVID-19.



Conspiracy Theories and Misinformation

Peer mentor use only

Assess how willing they are to listen
Not everyone is always prepared to adjust their beliefs and you may not want to spend time and energy talking to someone who is unlikely to change. Try to find out how willing they are to have an open and challenging conversation and only engage if you see positive signals.

Pick your battles
Some conspiracy theories are not worth the effort of debunking (hollow or flat earth, moon landing etc.) since they usually do not have an immediate impact on someone's actions and it is unlikely that they may affect society in a significant way.

Go private
Don't confront people publicly as this creates social pressure. Even if you're respectful, a person may get defensive in order to save face. Instead, try to talk in a private space, somewhere the person feels safe and calm.

Do not attack
Try to engage in a positive, trustful dialogue. Show respect to avoid the other person feeling threatened and getting defensive.

Ask questions
Ask questions with a genuine tone of curiosity to show you are interested in really putting yourself in the other person's shoes. It takes two to tango, so you need to signal your openness to encourage the other person to be open too. This will also help you understand more about their beliefs – not all conspiracy theories are the same.

Embark on a common journey to find truth
Instead of confronting the other person in a lose-win context, try to frame the situation as two allies trying to uncover the truth. This way it's a win-win situation and admitting that someone was wrong does not have the taste of defeat.

Avoid scientific jargon
Using complicated scientific terms does not aid understanding and can alienate your audience. Try to find a simpler way to express the same meaning.

Find common ground
Many conspiracy theories are inspired by a nearby kernel of truth. Acknowledge these truthful elements (if they exist) to find points of agreement and to help establish trust.

Acknowledge the emotional aspect
Even though conspiracy theories look like they are based on arguments, people's reasons for believing in them tend to be psychological. For example, they may feel the need for certainty, control, belonging or meaning. This is why facts alone can't usually alter someone's beliefs. You also need to address the feelings that push someone towards a conspiracy theory.

Establish your legitimacy
When talking to someone who endorses a conspiracy theory, be aware that they may consider you to be part of it if they feel you are trying to disprove it. To avoid this, try to distance yourself from agents that are supposedly part of the conspiracy (such as big pharma in relation to vaccines, renewable energy companies in regards to climate change).

Tailor the message
Not everyone believes in the same conspiracy theory or trusts the same sources. It's important to get a sense of the other person's beliefs, the authorities they trust and the values they hold. Try to tailor your message accordingly.

Ask for the sources of their information
It's easier to discredit an unreliable source than deconstruct a vague web of beliefs. Ask for the sources, cast doubt on the motives behind them, identify inconsistencies and highlight obvious falsehoods.

Refer to agreement among experts
Be clear about the existence of scientific consensus relating to issues such as climate change and COVID-19 but do not insist too much on the need to listen to experts. Keep in mind that trust in experts may have been damaged. Refer to experts your counterpart trusts.

State what is true, don't just reject their belief
Clearly express the truth and repeat it regularly. Repetition is the basis of familiarity, and familiarity makes something more likeable and convincing.

Help them understand how the internet works
Many people use the internet without knowing how to protect themselves from misinformation. Help them identify legitimate media and see through clickbait websites with the use of fact-checking websites. Teach them to search for the primary source of the opinion or information. Explain how social media algorithms are designed to promote specific content to each person in order to increase engagement and how this process may reinforce each person's beliefs by systematically presenting a biased version of reality.

Take it step by step
Don't expect someone to leave the conversation a changed person. Change is a slow, continuous process. You need to be patient and allow the person time to digest the new information, reconsider

their views and take ownership of the change. People need to feel in control of their own beliefs and decisions, so they are unlikely to immediately admit they were wrong.

Help them understand statistical information
Statistics can be difficult to understand intuitively (4). To make things worse, some companies use confusing language to make their products look more favourable (e.g. an increase from 2% to 3% can be described as a 50% relative increase). Help people make sense of data by using simpler formats (e.g., absolute changes, frequencies of discrete items). A picture is worth a thousand words, so try using a simple, well-designed graph. Having trustworthy and well-explained resources can help strengthen your arguments.

Don't overwhelm them with information
It's not easy to change a belief. It takes time and effort from both sides to come to a fruitful conclusion. Too much information can be intimidating and may evoke negative feelings. Try to keep track of the person's reactions and stop when you see them reach their limits. Focus on deconstructing one or two arguments, not their whole belief structure.

Prebunking / Inoculation
As in medicine, prevention is better than cure. Teaching people how to fact-check claims, identify clickbait websites and bad-faith actors, as well as recognize and deconstruct flawed arguments can make them more resilient to misinformation and conspiracy theories.

Information produced by SciBeh 2020 Virtual Workshop. First published in December 2020.

Covid-19 Questions

General

What is Covid-19?

Covid-19 (Coronavirus disease) is an infectious disease, which spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The virus that causes Covid-19 is able to spread when an infected person is in close contact with another person, but can also be transmitted on surfaces.

The main symptoms of Covid-19 are:
A high temperature
A new, conti nuous cough
A loss or change to your sense of smell or taste
Most people with Covid-19 will have at least 1 of these symptoms.

If you experience any of these symptoms, please inform staff immediately.

The vaccine

What is a vaccine and how does it work?
A vaccine is a treatment developed by scientists which is given by means of an injection to enable your body to develop antibodies. Covid-19 vaccines help our bodies develop immunity to the virus that causes Covid-19 without us having to get the illness.

How will I know when I can get the vaccine?
When it is your turn to be offered the vaccination, you will be contacted by Healthcare and be given a letter a few days prior to vaccination day.

What's inside the vaccine? Is the vaccine changing DNA?
The vaccines do not alter your DNA. They comprise mRNA (Messenger Ribonucleuc Acid) giving the body instructions on how to make proteins on the surface of the virus. This does not alter your DNA but teaches your body an immune response to Covid-19 in case you are exposed.

What is the process of getting the jab like?
You will be escorted to a cubicle and asked to sit down and roll up your sleeve. The Healthcare team will collect your consent form and check your prison ID card. They will then administer the vaccination to your upper arm.

Following the initial vaccination, you will receive a second dose of the same vaccination 12 weeks later?
You will receive a second dose of the vaccination 12 weeks after your first dose. This will be arranged by the Healthcare Team in your prison, please make sure you attend your appointment.

What vaccine are we getting?
From June all prisoners under the age of 40 and all new receptions will be offered the Moderna vaccine instead of the AstraZeneca. AZ will still be given as a 2nd dose to anyone who has already had their 1st dose of this.

Does the Covid-19 vaccine work?
Yes, the vaccine is highly effective, but to get full protection people need to come back for the second dose – this is important. Full protection kicks in around a week or two after that second dose, which is why it is also important to attend your second appointment when invited.

Do I need a vaccination if I have had Covid-19?
Yes, you still need the vaccine even if you have had Covid-19. Reinfection is still possible if you have had it once, and experts do not know how long someone is immune from getting sick again.

Will the vaccine make me test positive for Covid-19 or give me Covid-19?
The vaccine does not contain any part of the Covid-19 virus (dead or alive) but comprises mRNA, which gives instructions to your cells on how to make a "spike protein". You cannot catch Covid-19 from the vaccine.

Why is it important to take the vaccine?
It helps protect you and others from the Covid-19 virus. Vaccines are the most effective way to prevent infectious diseases. By taking the vaccine you could save a life.

If I get vaccinated, do I still need a Covid-19 test and still be required to isolate if I have symptoms?
Yes, we will continue to isolate and test people who become symptomatic for the time being.

Side effects & safety

What are the side effects of getting the vaccine?
Like all medicines, this vaccine can cause side effects, although not everybody gets them. Some possible side effects may be tenderness, pain, warmth, itching or bruising where the injection is given, generally feeling unwell, feeling tired (fatigue), chills or feeling feverish, headache, feeling sick (nausea), joint pain or muscle ache. The vaccine will not make you sterile, however there is evidence that the Covid-19 virus could.

How long do the side effects last for after having the vaccine?
In clinical studies with the vaccine, most side effects were mild to moderate in nature and resolved within a few days.

Is the vaccine halal?
Vaccine manufacturers have stated the vaccine does not contain any animal ingredients and no animal-derived cells were used.

Is the vaccine safe for ethnic minorities?
The vaccines available have all been tested with ethnic minority groups. For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian. There is no evidence either of the vaccines will work differently in different ethnic groups. All vaccines, Moderna vaccine and AstraZeneca vaccine have been shown to be safe and offer high levels of protection, and they have been given regulatory approval by the Medicines and Healthcare products Regulatory Agency (MHRA) following tests on safety and efficacy.

How has the vaccine been produced so fast?
Any Coronavirus vaccine that is approved must go through all the clinical trials and safety checks all other licensed medicines go through. The Medicines and Healthcare products Regulatory Agency (MHRA) follows international standards of safety. They conduct “rolling reviews” of data from vaccine trials. This means rather than waiting until the end of the clinical trial to assess the data, experts are assessing it instead on a rolling basis during the trial, which has helped speed up the approval process.

Covid vaccines in prison

Are prisoners getting the vaccine in line with community guidelines?
How will residents prove they have had a vaccination to outside services?
When you have had the vaccine, your medical records will be updated and can be used as evidence to outside services of your vaccination status. You will also be given a vaccination card showing when you had your first dose of the vaccine.

I am being extradited soon so will I be eligible for vaccine?
What happens if I am extradited or move prison between the two jabs?
Yes, you are eligible and will be given the first vaccination at this prison. You will be given your vaccination card which you need to present to your next prison/or to your GP when you arrive at your destination in order that you can be booked for your second vaccination.

What do you do if you are homeless and have no GP when released?
You will be vaccinated at this prison and given your vaccination card. We try to ensure that every prison leaver is registered with a GP. If this is not possible you will be able to present your vaccination card at a GP surgery and they will arrange for you to have the second vaccination.

Covid after vaccination

How long does the vaccine last for? If you have had the vaccine, do you have to get it again?
The vaccines are expected to work for at least a year. This will be constantly monitored.

Is the vaccine slowing things down yet?
Yes, there is evidence of this. The latest information is available at the daily Coronavirus Downing Street press conferences.

Do I still need to wear a mask if I have been vaccinated?
Yes, if your prison asks you to wear a face covering or make then please continue to do so. We will still need to wear masks, social distance and maintain good hand hygiene until scientists can assess how well the vaccine works in real-world conditions.

Can you catch Covid-19 from a vaccinated person and is it dangerous for a vaccinated person to come into contact with an infectious person or persons?
It's possible, but quite unlikely, to catch Covid-19 from a a vaccinated person. No vaccine is ever 100% effective and until everyone has received 2 doses of the vaccination, they are still able to contract the virus. However, the more people that are vaccinated, the less likely this will be.

Is the vaccine slowing things down yet?
Yes, there is evidence of this. The latest The latest information is available at the daily Coronavirus Downing Street press conferences.

If you have had the Covid-19 vaccine, can you get Covid again?
As above, no vaccine is 100% effective and there will be a very small percentage of people who may be reinfected with Covid-19 following vaccination. However, the vaccine gives a high percentage of protecti on against complications and is very effective at preventing people becoming seriously unwell if they are infected after being vaccinated.

If I refuse the vaccine now, can I get it at a later date?
Yes, absolutely. If you decline, you will be re-off ered the vaccine. If you still decline, but decide at a later date that you would like the vaccination, you just need to complete a healthcare application – either on the kiosk or on a paper form – stating that you would like to be vaccinated and you'll be booked into a clinic.

Will the vaccine eventually be made mandatory?
That's impossible to answer at this stage. It's unlikely, as it would be seen as an infringement on human rights to forcibly vaccinate anybody against their will. However, it may be a requirement for travel, entry into events, or even for future employment.

Where can I find out more?
Support is available if you have any other questions about the Covid-19 vaccination programme in prison.

You can talk to prison staff on your block, wing or landing.

You can talk to healthcare staff.

You can hear more information via prison radio.

You can watch video on prison TV and waiting area screens.