British Kashmiri Medical Association (BKMA)

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BKMA statement on COVID-19 vaccine and public information

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This is a consensus statement specific to the Pfizer/BioNTech , Oxford/AstraZeneca and Moderna vaccine and is based on the current published evidence and guidance. So far more than 40 million people have been given this vaccine worldwide and over 3.5 million people in the UK [1]. Apart from minor side effects like fatigue, headache and local pain most people have tolerated the vaccine well. So far only three people who have had a history of allergy have reported major reactions, all of which settled with treatment. This statement will be updated as more information becomes available.

The statement will help communities from ethnic minorities in the UK, as well as the Kashmiri community in general to understand the importance of vaccination against COVID-19 and make an informed decision about immunisation. The statement provides guidance and answers to a number of questions and tries to dispel misconceptions surrounding vaccination.

Background

The COVID-19 virus has led to the death of over 88,000 people in the UK. People from ethnic minorities are disproportionality affected by this virus [2][3]. One of the reasons may be that people from ethnic minorities have high incidences of medical conditions like diabetes and heart diseases which are associated with high rates of death from COVID-19[4][5]. Public Health England revealed the death rate from COVID-19 in England to be four times higher for black people and three times higher for Asian people than for their white counterparts, putting the Black Asian Minority Ethnic (BAME) group at a higher risk of death from COVID-19[6]. Although we have learnt to treat corona virus disease much better and many treatments are now available, the death rate still remains very high. With the recent surge in infections in the UK, short term measures of lock downs, face masks and social distancing continue to be mandatory. Rapid vaccination is an important long-term tool to protect the general public, hence we advise all those who are offered the vaccine to consider taking it.

Which vaccines are available for use in the UK?

There are many COVID-19 vaccines in development. In the UK, the Pfizer/BioNTech, Astra Zeneca (Oxford) and Moderna vaccines have been approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA) [7, 8].

The MHRA approved the Pfizer/BioNTech vaccine for the UK market with temporary authorisation for emergency use on 2 December 2020, being the first in the world to do so. The Pfizer and Moderna vaccine uses a piece of synthetic genetic material of the virus called RNA. This genetic material codes for the spike protein of the corona virus. The RNA is formulated in lipid nanoparticles [9]. Once injected into humans, this RNA delivers instructions to the cell, which starts producing the spike protein found on the SARS-CoV-2 virus and triggers the body's immune system to produce antibodies to protect against COVID-19 disease. The Pfizer Vaccine has shown 90% efficacy in phase-III human clinical trials. However the vaccine has to be stored at a temperature of -70^0c.

The Astra Zeneca vaccine, on the other hand, uses an adeno virus vector to deliver the viral gene product inside the human cells. It involves the corona virus spike protein gene being inserted into inactivated Chimpanzee Adeno Virus (ChAdOx1-nCov19), which, when injected in to humans, triggers an immune response. This vaccine is 60-90% effective and can be stored at normal fridge temperature.

At the moment in the UK, Pfizer and AstraZeneca/Oxford vaccines are available through the NHS. Both vaccines are given in two doses, with the second dose recommended after three to twelve weeks.

Who should have the Vaccine?

The Joint Committee on Vaccination and Immunisation (JCVI) is an independent UK advisory body of experts who advise on vaccines. Their report on which groups in the UK population should be a priority for Covid-19 vaccination outlines several cohorts of the population who should receive the vaccine. You will be offered the vaccine accordingly starting with those in care homes and individuals above the age of 80. All healthcare and care home workers irrespective of their age will also be offered the vaccine concurrently. It is expected eventually everyone above the age of 50 will be offered the vaccine. People who are below the age of 50 years will only be offered the vaccine if they have other medical conditions, like diabetes or heart disease. Children will be offered the vaccine only if they have neurological conditions or if they are being cared for in care homes [10].

Who should not be given the vaccine?

1. People below the age of 50 years or children will not be offered the vaccine at the moment unless they meet the above conditions.

2. Anyone with a history of allergy to any component of the vaccine will not be offered the vaccine.

3. Anyone with history of severe allergic reaction (anaphylaxis) to previous vaccines, any medicines, household products or cosmetics should not be given this vaccine. It is possible people who have had history of severe allergy in past may be able to have alternative vaccine with Oxford/AstraZeneca vaccine, this should be discussed with your doctor.

4. For any other history of mild allergy or food allergy please discuss with your doctor and vaccinator for advice before you are offered the vaccine.

5. Although there is lack of evidence for the efficacy and safety of the vaccine in pregnant and breast feeding ladies, it is not expected to cause any harm to the baby. There is insufficient evidence to recommend routine use of COVID-19 vaccine during pregnancy. Both Royal College of Obstetrics and Gynaecology (RCOG) as well as department of health recommend COVID-19 vaccination only for those pregnant and breast feeding ladies who are high risk or extremely vulnerable (with co-morbidities) or if they are keyworkers. This should be discussed with an obstetrician.

6. You do not need to avoid pregnancy after vaccination. The vaccine cannot give you or your baby COVID-19.

Will it protect me from corona virus?

All these vaccines have been tested on thousands of human volunteers. e.g. the Pfizer vaccine has been tested on over 40000 volunteers, half receiving the vaccine the other half receiving placebo (dummy) vaccines. The second dose of the vaccine produces a reasonable number of antibodies starting a week after the second dose of the vaccine. Only 8 people have developed COVID -19 infections in the vaccine group as compared to 142 infections in the placebo group, giving an efficacy rate of 95%. None of the 8 patients from the vaccine group needed hospitalisation, suggesting that the vaccine prevents us from infection as well as reducing the severity of infection [11]. These data have not been published yet but have been reviewed by the regulatory bodies (MHRA) in the UK, FDA in the USA and the EMA in Europe[12]. The Medicines and Healthcare Products Regulatory Authority (MHRA) UK is the independent agency responsible for ensuring medicines are acceptable and safe.

Are there any long-term side effects?

There are legitimate concerns about the vaccine regarding the ability to reduce death rate, prevent transmission of infection and about the long-term safety of the vaccines. What has been made public so far shows that the vaccine is highly efficacious in the studied age groups (>16 years of age), elderly (94% efficacy in over 65 years) and ethnic minorities. No major side effects have been reported in the short term. The drug trials and authorisation do take many years due to peer review process, funding, ethical approval and various bureaucratic difficulties. Due to the unprecedented nature of this pandemic, the process of the vaccines trials has moved at a very high speed, many processes working in parallel. However the MHRA has a robust process for reviewing data and no corners have been cut as for as the safety or efficacy of these vaccines is concerned. The trial participants will be followed for 2 years at least to assess the long term safety and efficacy. As soon as more data on safety becomes available the regulatory authorities will provide us with regular updates.

A yellow card scheme has been introduced to report any unusual side effects. The site can be accessed at https://coronavirus-yellowcard.mhra.gov.uk. Anyone, including members of the public, can report side effects they may have experienced.

In line with other childhood vaccines in the UK, the Pfizer/BioNTech /Moderna vaccine has also been added to the Vaccines Damage Payment Scheme which provides financial assistance to anyone suffering a severe disability from taking the vaccine [13].

Myths and frequently asked questions about the vaccine

1. Will the vaccine change my DNA?

The Pfizer or Moderna RNA vaccines do not get incorporated in our DNA but remain in the cytoplasm of the cell. It gets destroyed within 4-6 days. Hence it does not cause any genetic changes to our cells.
Similarly the AstraZeneca Vaccine is an inactivated viral vaccine; it does not transmit from cell to cell and does not get translocated to the nucleus.

2. Will any of these vaccines affect my fertility?

There is no evidence for any vaccine to cause infertility.

3. What are the common side effects of the vaccine?

Most reported side effects are similar to other vaccines, like discomfort at injection site, headache, feeling tired, achy or feeling sick. These side effects disappear within a week.

4. How long does the immunity last with the current COVID-19 vaccine?

At this moment we do not know how long the immune response will last. It is assumed the response may last for 6 months to 1 year, hence a yearly vaccine, like the flu vaccine, may be mandatory**.**

5. If I have COVID-19 symptoms or I have had COVID-19 in the past and have now fully recovered, when can I take the vaccine?

You should not take the vaccine until your symptoms of infection have subsided and your doctor has confirmed that you are well enough to have the vaccine. All the patients who have had previous COVID-19 infection and have recovered from the illness are also recommended to have the vaccine since it is unknown if antibodies developed post-COVID-19 infection are robust enough for full protection against new infection.

6. Can I take the COVID-19 vaccine with the flu vaccine?

You should take both flu and COVID-19 vaccine. The current recommendation from JCVI is to take the COVID-19 vaccine at least7 days before or after the flu or any other vaccine in order to identify any side effects due to the COVID-19 vaccine.

7. Do I still need to follow infection control advice after I had the vaccine?

No vaccine is completely effective and it will take a few weeks for your body to build up protection. So you will still need to continue to practice social distancing, wear a face mask and wash your hands carefully and frequently.

8. Do any of these vaccines contain animal products?

None of these vaccines contain any content of animal origin (i.e. no gelatine, pork or beef) and no products contain foetal cells. Hence the vaccine has been approved by Muslim religious bodies as acceptable [14].

9. Can cancer patients or people who are immunosuppressed, take the vaccine?

COVID-19 infection leads to high mortality in cancer patients. Although clinical trials did not include patients who had cancer or were on chemotherapy, JCVI has recommended the vaccine for all cancer as well immunosuppressed patients. It is possible they may not mount a robust antibody response but even a small response may be better than not having the vaccine. Hence all patients who have cancer or are immunosuppressed should take the vaccine when offered.

DISCLAIMER

This position statement is under constant review and will be updated regularly as and when new information becomes available.

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