

COVID-19 Vaccination Programme

Dr Ivan Muscat and Becky Sherrington 27 November 2020



Why you should have a vaccine



- Vaccines are the most effective way to prevent infectious diseases.
- Vaccines save lives. After clean water, vaccination is the most effective public health intervention in the world.
- Vaccination is the most important thing we can do to protect ourselves, our family, our friends and our community against COVID-19.
- Vaccines teach your immune system to create antibodies and other responses that protect you from COVID-19. As with all other vaccines, it is much safer for your immune system to learn this through vaccination than by catching the disease and treating you.
- To create a vaccine for an infection, the germ which causes it is weakened, completely inactivated, broken down or simulated in such a way that it can induce immunity but not cause the disease in question.
- The COVID vaccines we will receive can only express the spike protein of COVID and nothing else.

Vaccine development



- Modern vaccine development and production is advanced and sophisticated.
- All vaccines go through robust clinical trials, safety checks and quality controls. All vaccines are tested through three phases of clinical trials to ensure they meet strict standards.
- Phase one trials are to test initial safety, phase two is to test the immune response (production of antibodies) to different doses; and phase three is to test very large numbers of human volunteers for safety and effectiveness in preventing disease.
- Independent regulators ensure that all the necessary safety and efficacy checks are carried out. Decisions
 are based on the evidence of vaccine trials involving very large numbers of people. Extensive checks
 continue to be carried out not only during manufacturing but also after deployment.
- The UK has some of the highest safety standards in the world and the MHRA is globally recognised for requiring the highest standards for quality, safety and medicines regulation.



Pfizer/BioNtech and Astra Zeneca(Oxford) vaccines

If approved, we are likely to receive the Pfizer Vaccine and the Astra Zeneca vaccine (Oxford vaccine)

Pfizer vaccine

- Has efficacy of 95%, with consistent efficacy across age, gender, and ethnicity. The observed efficacy in adults over 65 years of age was over 94%
- With **Pfizer** 43,000 participants enrolled; ½ received placebo; no serious safety concerns were observed; the only systemic adverse events greater than 2% in frequency was fatigue at 3.8% and headache at 2.0%.
- The UK Government has pre-ordered 40 million doses of the Pfizer vaccine for the UK.

Astra Zeneca

- The results today are interim. If you put all the studies together there is a 70% efficacy. However a schedule using a half dose, followed by a full dose 4 wks later has a 92% efficacy.
- There were no hospital admissions due to Covid in the patients who received either of the vaccine regimens if it doesn't prevent disease it reduces severity of disease

In summary



- Data demonstrates that **both Pfizer and Oxford** vaccines are effective and were well tolerated across all populations with some discomfort and tenderness at the site of injection. Systemic side effects are short lived and take the form of fatigue, headache and in the case of the Oxford vaccine fever in some people which can be prevented by paracetamol
- All side effects were less frequent or evident with age
- The vaccine exclusion criteria is under 18 years, pregnant women and anaphylaxis to the vaccine/vaccine components
- Immunosuppressed patients will be able to receive the vaccine.

How are vaccines regulated and approved for use?



- Medicines and Healthcare products Regulatory Agency (MHRA) is the UK's independent regulator, their role is to ensure medicines, devices and vaccines work and are safe for use.
- The safety of the public will always come first.
- COVID-19 vaccines will only be approved once they have met robust standards of effectiveness, safety and quality. Right through the tests and the trials.
- Data looked at includes all the results from lab studies, clinical trials, manufacturing and quality controls and testing the product.
- The public can be very confident that all those tests are done to the very highest standards, and only then will a vaccine be made available.

When will the COVID-19 vaccine be available?



There are no certainties in the development, production and delivery of the new COVID vaccines It is possible that a COVID-19 vaccine could be available towards the end of 2020 and the first part of 2021

- Should a vaccine be available, we will be ready to vaccinate those at Highest Risk in December:
- Nursing and Residential Homes Residents
- Nursing and Residential Homes Staff and Home Care Agencies

In January 2021, we will be ready to vaccinate:

- Health and Social Care Staff across the Island
- Islander over 80 Years and those at high risk
- And the we will vaccinate by decreasing age initially to 50 yrs of age and then look at younger age groups.

COVID-19 Vaccination Centre at Fort Regent



- The vaccine will be given by Registered Practitioners (Including Doctors, Nurses, Paramedics, Dentists)
- The vaccine centre will be safe; it will have flow and capacity to assist people through safely and meet public health guidance
- Parking and disabled parking
- Transport and logistics support
- We will ask those not to attend who are unwell and masks will be compulsory

Proposed Priority Groups (JCVI)

Tier Definitions @ 26 November 2020		
Tier	Target Groups	Delivery Model
Tier 1	a) Registered Care Home Residents b) Care & Domestic Home Care Staff	Mobile unit Vaccination Centre(s)
Tier 2	 a) 80 and over b) Front line - HCS, GPs, some Pharm c) Other HCS, GP staff, Pharm etc 	Vaccination Centre(s) Hospital unit Vaccination Centre(s)
Tier 3	a) 75-79 b=) 70-74 b=) C-19 High Risk d) 65-69	Vaccination Centre(s) Vaccination Centre(s) Vaccination Centre(s) Vaccination Centre(s)
Tier 4	Population Aged 50-64	Vaccination Centre(s)
Tier 5	Balance of population (all ages tbc)	Vaccination Centre(s)

