

COVID-19 Vaccines update December 2020

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8 th December 2020	1.0	The House of Bishops Recovery Group

The Recovery Group has been set up to support the Church of England as government guidance changes through the COVID-19 pandemic. This document has been prepared with information available by the issue date. It will be kept under review and updated as the situation develops, with each update issued as a new version. The current version will always be available to download from the Church of England website via the [Coronavirus FAQs page](#).

The first vaccine (Pfizer/BioNTech) has been approved for use in the UK and the vaccination programme should be underway by mid-December. It is likely that a number of other vaccines will be authorised for use in the UK within the next few weeks or months. This short briefing note addresses some questions that are likely to emerge.

Will the Vaccines work?

The Pfizer/BioNTech and Moderna vaccines are 90-95% effective in terms of preventing an individual from getting symptoms of the disease and the Oxford vaccine while averaging 70% efficacy in trials is likely to be 90+% effective on production. We don't as yet have robust evidence on whether the vaccines stop transmission of the virus between individuals.

Are the vaccines safe?

While it normally takes years or even decades for an effective vaccine to be produced, the resources applied to finding a vaccine against COVID-19 have been such that this work has been completed within a very rapid time-frame. Nonetheless, the same safety protocols have been followed for these vaccines as for all others.

Haven't some doctors and scientists said that the vaccines are unsafe or that they will be used for social engineering purposes?

There are more than 20 million doctors and relevant research scientists in the world at present. An extremely small fraction of them have contributed to various conspiracy theories or pseudo-scientific claims. Within any large group of people there will always be 'outliers'. The overwhelming consensus of medical and scientific consensus is that these vaccines are safe, necessary and ethical.

Will the vaccines offer immediate immunity?

The first generation of vaccines are dual dose with three weeks between injections. Immunity is likely to be attained by most people about four weeks after their first injection, as long as they complete

the course. We also need to remember that the vaccine will not result in immunity for everyone who receives it so continued caution is recommended.

How do the vaccines work?

Different technologies lie behind various vaccines, but they all work to stimulate individuals' immune systems to recognise and counteract the coronavirus that causes COVID-19. None of the vaccines involves altering human DNA in any way.

Should Pregnant Women be vaccinated?

While there are no identified safety concerns for women who are pregnant, in keeping with other vaccines, they are not recommended to receive the vaccination until their pregnancy has been completed. This is because pregnant women were not included in the trial cohorts, again in keeping with standard practice.

Some vaccines are not suitable for people with allergies to egg products; are these vaccines among them?

None of the COVID-19 vaccines use eggs in their production processes. The government has undertaken to list substances contained in the vaccines so potential allergies can be identified.

Are these vaccines suitable for people with compromised immune systems?

These particular vaccines do not utilise live viral material and are safe to use for those with compromised immune systems

Have the vaccines used aborted foetal material in their development?

Since the 1960s, almost all vaccines have utilised cell lines from aborted foetal material. Currently most cell-lines are based on fetuses aborted in the 1980s. We concur with the Pontifical Academy for life's conclusions that the morality of voluntary abortion and the morality of using aborted foetal material are not conjoined so that 'we believe that all clinically recommended vaccinations can be used with a clear conscience and that the use of such vaccines does not signify some sort of cooperation with voluntary abortion'.

Should those at low-risk of developing serious complications from COVID-19 be vaccinated?

Priority for giving the vaccines will be given to those at greatest risk and only once these groups have been offered vaccination is it likely those in low risk groups will be approached. While younger people with no underlying health conditions are at low risk of dying from COVID-19 or developing serious complications in the acute phase of the illness, they can still develop longer-term problems (long-COVID). The risk of any potential long-term side-effects of the vaccine are likely to be very much less than risks associated with the virus.

Should vaccine/immunity passports be given to those who have been vaccinated?

We do not know if the vaccines will block the virus or limit its effects on individuals. If the latter, it is possible that vaccinated individuals could be asymptomatic carriers of the virus and thus still represent a transmission risk to others. Also, we don't know how long an individual's immunity will last. Immunity passports are, therefore, not likely to be recommended at this stage.

Will we be able to stop wearing face coverings, maintaining social distancing etc?

Not for the foreseeable future for the reasons given above. In addition, it might be necessary to have further vaccinations if the virus mutates sufficiently. Face-covering, social distancing and good public health hygiene are likely to be with us for some time.

Should parishes offer their church buildings or church halls as vaccination centres?

The requirements (accessibility/insurance/toilets/possible temporary or permanent structural changes/possible faculties) needed for a building to be used as a vaccination centre are likely to be quite demanding. While some church properties might be suitable, many will not.