

## **SIA Information Sheet**

**Title: Coronavirus Vaccine**

**Date: 6 January 2021**

The roll-out of the Covid-19 vaccine began last month. Since then, more than a million people have been vaccinated, with the pace set to accelerate. After a year of uncertainty, this is a positive development and a ray of hope on the admittedly bleak-looking landscape as the PM announces another national lockdown. Although the message – *stay at home, protect the NHS, save lives* – is clear again, we know the uncertainty doesn't stop here. If you're asking some questions about the vaccination programme, rest assured you're not alone. We've collated some information about the vaccine from specialists in respiratory conditions and spinal cord injury to help you make an informed decision about vaccination.

### **I'm clinically extremely vulnerable – shouldn't I be shielding?**

In his 4 January briefing, the Prime Minister advised all clinically extremely vulnerable people to begin shielding again. We know that many of you will already have been shielding, but we would still advise you to get in touch with your GP and make sure you are considered a high priority for the vaccine. In our experience, infection control at doctors' surgeries is good and the process is effective and well-managed. We've prepared a sample letter for you to share with your GP – [click here](#) to download a copy.

### **How will the roll-out work logistically?**

The government has procured several million doses of two different types of vaccines from three manufacturers. Pfizer's vaccine was the first to be rolled out across the UK, with the Oxford/AstraZeneca vaccine approved and available from the New Year.

Almost 7,000 GP practices across England will combine into around 1,000 'networks', each with one dedicated surgery acting as a vaccination centre for that network's region. You'll be contacted directly and asked to make an appointment. This direct contact can happen because central NHS computers have access to our personal information – e.g. name, age, health conditions, contact details, etc. However, not all SCI people are classed as being at high risk to the virus. SIA recommends you contact your GP and push for priority. Otherwise, there's a risk you could drop down the list of priorities and be considered alongside members of the general public in the same age group and with no disabilities or health conditions. We don't believe that is right.

### **What is the current order of priority for vaccination?**

1. Residents in a care home for older adults and their carers.
2. All those 80 years of age and over. Frontline health and social care workers.
3. All those 75 years of age and over.

4. All those 70 years of age and over. Clinically extremely vulnerable individuals.
5. All those 65 years of age and over.
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality.
7. All those 60 years of age and over.
8. All those 55 years of age and over.
9. All those 50 years of age and over.

We consider that many people with a spinal cord injury whose age does not place them in a higher group should be prioritised into **Group 4** - *All those 70 years of age and/or clinically extremely vulnerable*. The SCI cohort who should be considered clinically extremely vulnerable should include those with

#### **1. Tetraplegia or high-level paraplegia (T8 and above)**

Rationale: Those with high level SCI, including those with tetraplegia and high-level paraplegia, will have compromised respiratory function resulting in a weakened cough reflex. SCI people in this group who contract COVID-19 are more likely to require acute care, as the consequences of this virus on an already compromised respiratory function could prove critical.

#### **2. A compromised immune system**

Rationale: Those who acquired SCI through an autoimmune condition i.e. Transverse Myelitis, Guillain-Barre Syndrome, Metastatic Spinal Cord Compression or Spinal Tumour, may have an impaired or compromised immune system and therefore be at greater risk of serious infection.

All other SCI people should be categorised in **Group 6** – *An underlying health condition that puts them at greater risk of disease or mortality* for the vaccine.

In the 4 January Prime Minister's briefing, Boris Johnson committed to ensuring that everyone in the top four categories would receive their jab by mid-February.

#### **What about my PA?**

Many of you will share our concern regarding the prioritisation of directly employed PAs. They are frontline staff – but not employed in a social care setting. SIA is part of the Specialised Healthcare Alliance (SHA), which has received lots of enquiries regarding the huge confusion around this issue. The SHA wrote to Lord Bethell (Parliamentary Under Secretary of State for Innovation) and we are waiting on a reply. Please keep an eye on our website and social channels for updates on this and please do share your thoughts and experiences too. In the meantime, if you have a high-level SCI, we urge you to talk directly to your GP about a priority vaccination for you and your PAs.

#### **Should I have the vaccine?**

The facts are that Covid-19 is a virus we're unable to prevent spreading, despite the best efforts of the nation. It can cause serious complications for people with high-level SCI. The mortality rate is

high – in older people, those with underlying health conditions and people considered more vulnerable to respiratory disease, such as people with high-level SCI. And thus far the treatment options are limited. To date, only dexamethasone has helped treat the condition, with Remdesivir not proving as beneficial as initially hoped and convalescent plasma showing no impact on patient outcomes after 30 days. Read more at: <https://www.bmj.com/content/bmj/370/bmj.m3379.full.pdf> So, in practical terms, the vaccine offers the best way of protecting yourself against coronavirus.

### **Is it safe?**

Because Covid-19 was a ‘novel’ coronavirus and the first-ever cases only reported just over a year ago, it can feel as though the vaccines have been developed in record time. That is a fantastic achievement but understandably leaves us feeling apprehensive. However, we should bear in mind that scientists have had a 20- to 25-year head start on developing vaccines for this type of disease. Work began on preventative treatment for related viruses SARs and MERS (SARS-CoV-1 and MERS) not long after the turn of the millennium. And in fact, the mRNA vaccine programmes (Pfizer and Moderna) have been in development since the late 90s, being trialled against parasitic infections. Limited funding restricted the speed of that development – but a massive injection of funding and huge collaborative effort in response to the pandemic has led to these recent breakthroughs.

All three vaccines have been tested in clinical trials phases 1, 2 and 3 – with the Pfizer vaccine being tested on more than 43,000 people across six countries – and authorised for emergency use by the Medicines and Healthcare products Regulatory Authority (MHRA). However, we are conscious that SCI people were not part of the clinical trials, and so any possible side effects relating to SCI are not known. You’ll have heard the news about two people having an anaphylactic reaction to the vaccine, which has led to the medical regulator advising people with a history of significant allergic reactions not to receive the Pfizer vaccine for now. If you fall into this category, it’s recommended that you have the Oxford/AstraZeneca vaccine instead.

Everyone receiving the vaccine will be asked to stay at the vaccine site for 15 minutes after the jab (administered by regular NHS staff, newly trained recruits and volunteers such as St John’s Ambulance) in case of a bad reaction – but reported side effects from trials were minimal and limited to some muscular pain around the injection site and short-lived cold/flu symptoms. The Medicines and Healthcare products Regulatory Agency will continue monitoring for anything more dangerous.

### **Will it work?**

In clinical trials, both types of vaccine have triggered two immune responses: an antibody response, and a T-cell response. Both responses are crucial for immunity against viruses. Effectiveness has been reported as between 70% and 95% with age having no bearing. These results are positive and promising in terms of protection against the virus. You’ll no doubt be aware of the recent shift in messaging regarding the second dose. Initially, it was advised that people should ensure their second dose was administered four weeks after the first. Now, in a bid to ensure more people have a good level of – if not maximum – immunity, the chief medical officers recommend that the two doses are given eight to 12 weeks apart.

We understand this change in approach might feel unnerving. But specialists believe, based on clinical trials and other, similar examples, that a longer interval between doses will ultimately leave you better protected.

**N.B:** People who are clinically extremely vulnerable – which includes people with high-level SCI – may have some degree of immunosuppression or be immunocompromised. As a result, they may not respond as well to the vaccine and so it's even more important that they continue to follow other government guidelines on reducing the risk of infection.

Nonetheless, we still advise people who are high level SCI to have the vaccine, following consultation with your GP.

### **How long will I remain immune to Covid-19?**

Specialists admit there is still lots to learn about this. The Pfizer vaccine is promising immunity lasting at least six months. The other facts are as follows...

- Antibodies have still been present in some – but not all – people eight months after their initial infection with Covid-19.
- Antibody levels drop when not needed and grow when required so it's hard to judge at this stage – only just over a year since the outbreak – exactly what will happen as people become exposed to the virus after their vaccination or for a second or even third time.
- Reports of people becoming infected for the second time with Covid-19 are rare but have occurred across the world.
- Flu vaccines are topped up annually, because of seasonal mutations (drift) in the virus and less frequent changes (shift – e.g. swine flu and avian flu), both of which necessitate additional protection.
- We're still waiting to hear whether the vaccine will be as effective for the new variant(s) of the virus.

All we can really say on the subject of longevity of immunity right now is that we might need just one vaccine (albeit administered in two separate doses) – or we might need it more often, maybe annually or every few years. This will be a case of 'watch this space'.

### **Could I already be immune?**

Experts admit the question of pre-existing immunity is a challenging one. The BMJ has published an interesting discussion about this question here:

<https://www.bmj.com/content/bmj/370/bmj.m3563.full.pdf>

Most of us know households where only one or two members have tested positive, and although all have self-isolated as per the guidelines, their tests continue to come back negative. One explanation could be that they had already had the virus asymptotically, passed it on to other members of their household, but were clear themselves by the time symptoms developed in the infected person and they took a test. There are so many variables and factors at play. And although many studies have already been undertaken over the past year, it's still early days in terms of understanding all these factors, especially when considered against our response as a society (shielding, wearing face masks, social distancing, etc.) There's always been an anecdotal argument that parents of pre-school aged children build up an impressive immunity to common colds (after a spate of illnesses when their child first begins to mix more widely and more regularly). But there is no similar pattern amongst people in roles that mean they will have more exposure to this virus. So, it is a risky strategy to rely on the possibility of pre-existing immunity, especially in the case of an illness that has proven to be increasingly dangerous with age or other factors such as high-level SCI.

### **What if I've already had Covid?**

People who'd already had Covid weren't included in the vaccine trials, so there is no scientific evidence for this – only assumptions based on evidence from other disease / vaccine programmes, such as the pneumococcal vaccine and tetanus jabs. In both these examples, the vaccine works in the same way irrespective of pre-existing antibodies.

### **What should I do next?**

Unless you are allergic to the contents of the vaccine (you can check this with your GP) or have a history of allergic reactions, we advise all SCI people, their PAs and other members of the household to contact your GP and ensure you are prioritised. If you would normally be offered an annual flu jab – you should be considered high priority for the Covid vaccine too. However, as you'll know, not every SCI person is considered to be in the Clinically Extremely Vulnerable category, so you may need to push for your vaccine to be done sooner than it might otherwise happen. Without pushing for prioritisation, you could end up having to wait for months. And the protection offered by the vaccine gives you the best chance of getting back to some sense of normality safely as soon as possible.

### **Get in touch with SIA**

We want to hear from you. If you've any queries or questions, or want to share your concerns, please call us on 0800 980 0501.

### **PLEASE NOTE**

*We are aware of an increase in scams relating to the vaccination programme, these can come in many forms including texts and phone calls. You will never be asked to pay for a vaccine and please be very wary of sharing your personal details and/or clicking on links without ensuring that the communication is from a verified source.*

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