

A photograph of several glass vaccine vials with white caps, partially submerged in a clear glass of water. The vials have labels with some text visible, including 'RX ONLY' and 'injection (intramuscular)'. The background is a deep blue.

PRESENTING AN UPDATE FROM THE UNITED KINGDOM

**THE VACCINES ARE
WORKING VERY WELL**

Report written by

Dr Michael Head, Senior Research Fellow in Global Health,
Clinical Informatics Research Unit, Faculty of Medicine,
University of Southampton, UK

4 October 2021

BACKGROUND

THIS BRIEFING IS AIMED AT HEALTH-RELATED STAKEHOLDERS IN GHANA. THIS INCLUDES, BUT IS NOT EXCLUSIVE TO, COLLEAGUES IN THE GHANA HEALTH SERVICE, MINISTRY OF HEALTH, AND PUBLIC HEALTH, POLICY AND ACADEMIC UNITS. THE AIM IS TO INFORM THINKING AROUND THE VACCINE ROLLOUT, WITH CONSIDERATIONS ABOUT HOW TO BEST COUNTER HESITANCY. THE EVIDENCE BASE IS PRESENTED, WITH FURTHER PERSONAL REFLECTIONS BY THE AUTHOR.

The University of Southampton has been supporting COVID-19 research in Ghana, including research around using mobile technology to support outbreak surveillance,¹ conversations around health and research policy,² and vaccine hesitancy.³ Our evidence suggests that the actions of the global north (particularly the inconsistent approach to regulation and use of the Oxford AstraZeneca vaccine) has triggered a slight increase in hesitancy in Ghanaian populations.³

There have been poor-quality articles shared covering social media platforms in Ghana around the COVID-19 vaccine rollout in the UK. They suggest vaccine failure. This is incorrect. The vaccines are working extremely well, and the official UK data provides reassurance around factors such as safety and reductions in hospitalization and death.

What does the evidence base actually say?

There is a wealth of evidence coming from the UK, in part due to the relatively early nationwide rollout across the early months of 2021.

The risk of death from COVID-19 is clearly much lower in vaccinated populations. The Office for National Statistics reports that in England, between 2 January and 2 July 2021, there were 51,281 deaths involving coronavirus (COVID-19); only 640 (1.2%) occurred in people who were fully vaccinated.⁴

When considering data up to and including September 2021, and with reference to populations aged 45 and over (the ages groups far more likely to be seriously

ill from a COVID-19 infection), Public Health England estimate that the COVID-19 vaccines have prevented 230,800 hospitalizations.⁵ Where individuals have needed to be admitted to hospital, 84% of patients have been unvaccinated.⁶

Vaccine safety is of course critical, and intensive surveillance has been in place via the UK regulator, the Medicines and Healthcare Regulatory Agency (MHRA). There have been 94 million doses administered in the UK. It is important to note that natural death rates would suggest that several thousand deaths would be expected to occur in any 7-day period, irrespective of any vaccination program. At time of writing, there are 1,682 deaths logged to have occurred shortly after COVID-19 vaccination.⁷ The MHRA have investigated these for possible safety signals, and concluded that the evidence “does not suggest the vaccines played a role in these deaths”. The MHRA also state that there are currently no indications of specific patterns or rates of reporting that would suggest the vaccine has played a role in isolated or series of reports of non-fatal but serious suspected adverse reactions.⁷

DISCUSSIONS

Overwhelmingly, the vaccines are safe and effective. Severe adverse events are very rare. The UK data also reflects the global picture, where >6 billion doses have been administered to date.

A proactive approach to control outbreaks has kept the burden of disease lower in countries such as Ghana, compared with the rates observed in many higher-income settings. There is evidence that in West Africa, lessons were learned from the 2015-15 Ebola outbreak, and the revised infrastructure and institutional memory has been useful in implementing better policy decisions during this pandemic.⁸

The inequity in the distribution of COVID-19 vaccines, driven by surplus purchasing by high-income countries, has been unhelpful with ensuring better global coverage. This vaccine inequity means that when limited numbers of vaccines do arrive in-country, it's vital that there is a high uptake.

There are alas many misleading articles about the pandemic. These are sometimes created by conspiracy theorists, and then shared by well-meaning concerned individuals. Those who read this false information may become vaccine-hesitant, and thus reluctant to be vaccinated. This makes the immunization rollout in any setting difficult to manage. For example, in the UK, there have been death and legal threats against schools that are coordinating vaccination of teenagers, and headteachers and healthcare workers.⁹

It is thus of huge importance that false information can be countered. Healthcare workers, public health teams, and other frontline colleagues should be able to confidently discuss the clear benefits and (very small) risks of vaccination with the general public.

SUGGESTED CITATION

Head MG. Update from the United Kingdom – the vaccines are working very well. 2021.
<https://doi.org/10.6084/M9.FIGSHARE.16727206>

REFERENCES

1. Nuamah K, Osei Kingsley. *Accessible mobile technology for public health data: a case study of four districts in Ghana during COVID-19*. 2021; published online Sept 13. DOI:10.6084/M9.FIGSHARE.15172722.V1.
2. Atengble K. *Conversations with stakeholders on the management of policy decisions on COVID-19 in Ghana*. 2021; published online Sept 13. DOI:10.6084/M9.FIGSHARE.16540233.V1.
3. Brackstone K, Atengble K, Head M, et al. *Examining drivers of COVID-19 vaccine hesitancy in Ghana*. figshare, 2021 DOI:10.6084/M9.FIGSHARE.14494851.
4. Office for National Statistics. *Deaths involving COVID-19 by vaccination status*, England: deaths occurring between 2 January and 2 July 2021 - Office for National Statistics. 2021 <https://www.ons.gov.uk/releases/>
5. Public Health England. *COVID-19 vaccine surveillance report* published - GOV.UK. 2021 <https://www.gov.uk/government/news/covid-19-vaccine-surveillance-report-published> (accessed Oct 3, 2021).
6. COVID-19 Clinical Information Network. *Hospital admission for COVID-19 and impact of vaccination*. 2021 <https://www.gov.uk/government/publications/co-cin-hospital-admission-for-covid-19-and-impact-of-vaccination-9-september-2021> (accessed Oct 3, 2021).
7. UK Medicines and Healthcare products Regulatory Agency. *Coronavirus vaccine - weekly summary of Yellow Card reporting* - GOV.UK. 2021 <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting#analysis-of-data> (accessed Oct 3, 2021).
8. Ahanhanzo C, Johnson EAK, Eboreime EA, et al. *COVID-19 in West Africa: Regional resource mobilisation and allocation in the first year of the pandemic*. BMJ Glob Heal 2021; 6: 4762.
9. Head MG. *COVID vaccines for teenagers: what UK parents need to know amid a new wave of misinformation*. Conversat. 2021. <https://theconversation.com/covid-vaccines-for-teenagers-what-uk-parents-need-to-know-amid-a-new-wave-of-misinformation-169042> (accessed Oct 3, 2021).

OFFICIAL UK SOURCES

For official UK data, see the following sources:

UK government COVID-19 homepage

<https://www.gov.uk/coronavirus>

Office for National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases>

Daily updates of cases, hospitalisations, deaths and vaccinations <https://coronavirus.data.gov.uk/>

Weekly surveillance reports from Public Health England

<https://www.gov.uk/government/news/weekly-national-flu-and-covid-19-surveillance-reports-published>

Medicines and Healthcare Regulatory Agency latest data on vaccine safety <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>



For more information

www.the-ciru.com/resin-global-health-pandemic

Contact the report author

Dr Michael Head

m.head@soton.ac.uk