Dr Ben is Head of Health and Care with the International Federation of Red Cross and Red Crescent Societies (IFRC). With this monthly fact sheet he will address some of the most common questions and rumours being asked by communities across Africa about the coronavirus, known as COVID-19. These questions and rumours are collected from communities by Red Cross and Red Crescent National Societies working across Africa. This fact sheet aims to help National Societies respond to common questions and provide the facts behind the rumours and misinformation about the coronavirus.

1. Why do we need to take two doses of the COVID-19 vaccine?

Vaccines that require more than one dose are not that uncommon. During early scientific research, it was found that some of the COVID-19 vaccines achieved a relatively weak immune response when given with just one dose. However, the same scientific studies proved that there was a stronger immune response when a second dose was added. Basically, the first dose of the vaccine starts the process of building protection and the second dose works to further strengthen and ensure greater protection in your body. When it comes to the COVID-19 vaccines, many available vaccines require more than one dose and have different intervals between the first and second dose. The main WHO-recognised vaccines widely administered in countries have the following recommendations for application and interval:

- Oxford-AstraZeneca, which has two doses given 8 to 12 weeks apart
- Pfizer-BioNTech, which has two doses given at 3 weeks (or 21 days) after your first dose
- Modern, it is recommended that you should receive your second dose 4 weeks (or 28 days) after your first dose.
- Johnson & Johnson, to date is the only vaccine that requires a single dose.

People are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, like Oxford-AstraZeneca, Pfizer or Moderna vaccines, or 2 weeks after a single dose, like Johnson & Johnson’s Janssen COVID-19 vaccine. So remember: to ensure that you will be fully vaccinated it is necessary to mark on your calendar the day to receive your second dose and attend the vaccination site to ensure the complete cycle of immunization. If for some reason the vaccine you received recommends two doses and you miss the date to receive the second dose, it is recommended that you take it within seven (7) days of the missed date. However, if for some reason the second dose is delayed further, you should get the second dose as soon as possible.
Due to the urgent need for a COVID-19 vaccine, the initial clinical trials of vaccine candidates were conducted with the shortest possible duration between doses. Therefore, an interval of 21-28 days (3-4 weeks) between doses is recommended by WHO. Depending on the vaccine, the interval can be extended up to 42 days - or even up to 12 weeks for some vaccines - based on current evidence.

The most important point is that you get vaccinated as soon as the vaccine is available to you within the vaccination calendar of your respective country, regardless of the vaccine manufacturer, as all available vaccines are safe, effective and will protect you from developing severe symptoms of COVID-19. WHO recommends that a vaccine from the same manufacturer be used for both doses if two doses are required. This recommendation may be updated as more information becomes available.

2. Why are there many COVID-19 vaccines?

Having a wide range of COVID-19 vaccines available for use around the world is essential to bring the pandemic under control. Equitable access to safe and effective vaccines is key to stopping the pandemic of COVID-19, so it is extremely encouraging to see so many vaccines being studied, developed, tested and being approved in different countries for use as a leading ally in fighting the pandemic.

At this stage, data is still being collected to understand how effective the different vaccines are for people of all ages, from different ethnic backgrounds, with different immune systems; and how well they work against different variants of the virus. Research is still ongoing on how long immunity can last and how effective vaccines are at preventing the disease from being transmitted. With questions like these still unanswered, we cannot rely on a small number of vaccines to help us respond to Covid-19 and that is why there is massive encouragement from both national governments, international bodies and the world scientific community to produce more and more quickly possible new vaccines or improvements to the ones already available. It may be that one vaccine is not as effective or suitable for all. Having many and diverse vaccines is very welcome so that they can protect different groups of people as widely as possible.
3. Should I take the COVID-19 vaccine even though my community hasn´t been affected by the virus?

The vaccine is the key step in our collective effort to return to a more normal way of life, even if your immediate community has not been directly affected. Public health measures such as mask wearing, physical distancing and hand washing have been implemented to slow the spread of the virus, and have been proven to work. We must continue these precautions until enough people are immunised, especially the most vulnerable in our community.

However, these rules will not be in place forever. New evidence suggests that vaccinated people who may be infected with coronavirus have fewer virus particles in their nose and mouth and are less likely to spread the virus to others. This finding is important because being vaccinated now not only protects you, but also limits the spread of the virus to loved ones and friends.

When enough people are protected through vaccination, we can achieve herd immunity, which means that the spread of the virus becomes unlikely. At that point, masks and physical distancing may no longer be necessary. But for now, we need to continue to follow public health guidelines. So remember: get vaccinated as soon as the vaccine is available for you in your country because then you will be protecting yourself, your loved ones and contributing to the global victory in the fight against the global pandemic of COVID-19.

4. Why aren´t children eligible to take the COVID-19 vaccines?

Immune systems in children can vary greatly depending on age. A 16-year-old child will have a very different immune system than a 16-month-old child. Because of this, additional data and research is needed when evaluating a vaccine for children. This applies not only for COVID-19 vaccines, but for vaccines in general, including the flu vaccine. Infants six months and older should receive the flu vaccine every year, but some children aged six months to eight years may need two doses for increased protection. This is due to the different immune system responses at different ages. Still, clinical trials are underway for a COVID-19 vaccine for children, and while it may take some time to receive the data and produce a vaccine, it is promising news.

Because of all the challenges with children’s immune systems and the protection and safety protocols in clinical trials, a COVID-19 vaccine for children will still take some time to be developed and properly tested and approved for broad use. However, it is important to note that some countries have recently started to vaccinate their pre-adolescent/adolescent population between 12 and 17 years of age, depending on the rules in place in each country. It is highly likely that pediatric vaccine trials will soon provide critical safety data and help us better understand the vaccine immune response in children. Until we have a vaccine for children, we must remember to follow the safety precautions we are all already familiar with. This means wearing face masks, washing our hands, avoiding crowds and keeping physical distance from others.
IF THERE ARE QUESTIONS OR RUMOURS SPREADING IN YOUR COUNTRY CONTACT MATHEUS.BIZARRIA@IFRC.ORG AND WE CAN TRY TO ADDRESS THEM IN THIS FACT SHEET.