

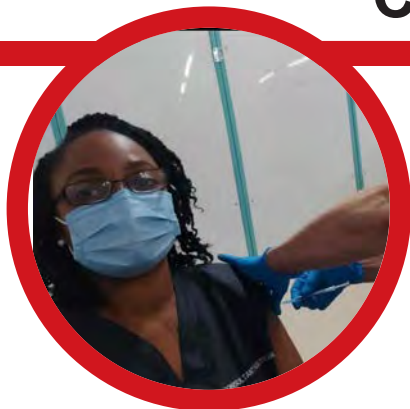
COVID-19 VACCINES

AND THE CARIBBEAN
& AFRICAN COMMUNITY

COVID-19 VACCINES EVENT REPORT
FEBRUARY 2021



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Nadhim Zahawi MP
Minister for Vaccines Deployment

Acknowledgements

On behalf of our Patron Dean Rogers Govender and Directors, we would like to express our sincere thanks and appreciation to all those who supported the execution of this event. Without the GPs and medical staff giving their time and expertise alongside their willingness to engage the community this event would not have been possible. We would like to thank the community for signing up and attending, and for being receptive to what was on offer. We are grateful for your engagement with SliDo and the chat function to allow us to hear your questions and concerns.

We would like to thank the CAHN staff team and volunteers for their professionalism and dedication in ensuring that this event ran smoothly from start to finish.

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We would like to say a special thank you to **Nadhim Zahawi MP** Minister for Vaccines Deployment who provided an overview of the UK COVID-19 vaccination programme and answered questions from the community.

Many thanks to Professor Andrew Pollard for fact-checking the Q&A section.
Our appreciation to Yvonne Coghill and Bola Owolabi for their support and encouragement.



About the Caribbean and African Health Network

The Caribbean and African Health Network (CAHN) is a Black-led organisation set up to reduce health inequalities in the Caribbean & African community in Greater Manchester and beyond. CAHN seek to address the wider social determinants that reduce health inequalities and works with the Black community, and cross-sector organisations in a collaborative way to build community resilience and improve understanding of the Black community.

CAHN's **vision** is to eradicate health inequalities within a generation for Caribbean & African people.

Our **mission** is to lead strategic engagements aimed at influencing policy and practice in a way that ensures racial justice is embedded in decision-making matrices of service providers, commissioners and health services reform.

Overview of our activities

Since October 2017 we have been working with our community and stakeholders to eradicate the health inequalities that are entrenched within the Black community. We have taken a cultural, religious and racialised approach to delivering health education and prevention information given the significant health conditions that are experienced. We recognise that with a joined up and collaborative approach we can begin to address some of the health challenges that many of us are born with because of the legacy of deprioritisation and systematic barriers that exist across all United Kingdom (UK) systems.

CAHN's Health Hour

Health literacy and the ability to navigate the health system has been a challenge to many in the Black community who often have existing health conditions that need appropriate management. In order for our community to self-care and approach health service providers with adequate health literacy, we have been delivering Health Hour sessions on Saturday mornings with Black Medical Professionals since the 2nd of May 2020.

COVID-19 Vaccine event

Although we were already sharing videos of our elders having the vaccine and disseminating this across our networks, we felt it was important to organise an event on a wider scale. Most of our past events have featured COVID-19 to include prevention and management considering for example heart related conditions, mental health, gynecological and fertility issues. However, on the 16th January 2021, we decided to host a session focused on the COVID-19 vaccine. This event was an important one to feature in its entirety because we know that there is a high degree of mistrust in the Black community towards services and treatments and we needed to allay those fears. We also needed to dispel some of the misinformation that was being circulated across our social media platforms from an evidence-based perspective.

We understand that much of this misinformation stems from the history of scientific racism and/or religious beliefs and we want to be part of the conversation where we could provide some answers. For CAHN we wanted to emphasise why using the current evidence base for the vaccine paralleled with the potential associated side effects, was a better option than not taking the vaccines.



Comments from some of the team

Faye Bruce, Chair of Caribbean and African Health Network (CAHN)

'We know there was limited uptake from the Caribbean & African community in the vaccine trials and uptake of the flu vaccine; this would be the same for the COVID-19 vaccines unless there is increased community engagement and discussions to myth-bust. We are extremely grateful to the doctors who have given and continue to give time in supporting CAHN to educate and empower the Black community as part of reducing health inequalities'.



Charles Kwaku-Odoi, Chief Officer of CAHN

'Our Health Hours have been running weekly since 2nd May 2020 and we are pleased once again to engage the Black community in a trusted space where Black doctors from our community would honestly discuss why they received the vaccine and why they would encourage Black people to receive it considering the disproportionate impact of COVID and underlying CVD health conditions which makes the community more vulnerable.'



Dr. Ngozi Edi-Osagie, Consultant Neonatologist and Medical Lead for CAHN

'We are aware of community concerns and misinformation about the vaccines in the public domain. This is why colleagues and myself are making time to engage with the Black community to enable individuals make informed choices best suited for their own health needs'.



CAHN Board



Charles Madeumezia



Tolu Fiberesima



Dr Lorna Roberts



Lorna Downer



Dorothy Evans

Executive Summary

There is clear evidence that the historical legacy of unethical practices and current negative experiences across services have influenced whether Caribbean and African people are likely to take up the offer of the COVID-19 Vaccine. Recent data highlights that vaccine hesitancy was highest at 72% among Black people compared to 42% of Pakistani/Bangladeshi, 32% of Mixed ethnicity and 15% of White people (Robertson et al, 2021).

Health inequalities permeate the lives of Caribbean and African people here in the United Kingdom. Caribbean and African people are more likely to suffer disproportionately as a result of transmission and hence have the worst levels of morbidity and mortality from COVID-19. The work of CAHN is to eradicate health inequalities within a generation and hence as a network we must be responsive to reduce the risk of COVID-19 to this community.

This report provides insight from an event that took place on 16th January 2021 with over 1800 participants listening to GP's and consultants stating why they had the COVID-19 vaccines. The report thematically groups questions together asked by participants on SliDo, Zoom (visit <https://youtu.be/XGFqlbPbuaQ> on YouTube for the live footage of the event) and Facebook and provides answers to these questions from our professionals on the panel. The report provides feedback from our attendees and pays particular attention to the impact the event had on the audiences perceptions of the COVID-19 vaccine.

Recommendations

Although there is a lot to do to dispel the myths within the community at large, the findings highlight that overall 88% of the attendees surveyed found the event useful. The findings also highlight that 40% of the respondents (220 people) surveyed changed their mind to having the vaccine as a result of the information provided during the event.

This report ends with recommendations to addressing the inequalities suffered within the Black community and ensuring that the community is properly informed about the COVID-19 vaccines. We recommend that this information is communicated in a culturally and religiously sensitive way by community and religious leaders and Black health professionals. There is need for more community events hence CAHN held a follow up event on 30th January - <https://youtu.be/RtRFp5uVnxw> and another planned for 20th February 2021.



Contextual Background

Overall, Black people in the UK do not believe their health and wellbeing is of equal priority compared to that of the majority population (CAHN, 2020). Black people also highlight that the NHS as a public sector system has not made enough investment to address the disparities evidenced across a number of health indicators.

Past experimentation on Black people and how they have been used as testing grounds have resulted in poor engagement with mainstream health services and delayed presentation leading to poorer outcomes. Research has consistently shown that in the UK, health inequalities have existed across several health conditions in Black and Minority Ethnic communities long before the arrival of COVID-19.

Treatment of Black People – Structural Racism

Health inequalities in the lives of Black people are historically shaped by structural systemic racism and discrimination despite the legislation to ensure justice and fairness for all in society. The accumulation of stressors from repeated discriminations can ultimately leave Black people more susceptible to a range of health conditions and hence worse outcomes from COVID-19. However, the problems are not all genetic (racial) they are epigenetic environmental factors affecting genetic expression but not genetic code. Structural discrimination and resulting chronic stressors (that are sometimes hidden) affect both the physical and mental health of Black people and need to be addressed. If we take one example of how this becomes apparent in the stark inequalities shown in disproportionate mortality where Black women are four times more likely to die in pregnancy or shortly afterwards from complications. All of these stressors will impact upon our immune response resulting in biological ageing and hence being more at risk towards diseases such as COVID-19.

The political and social history plays a large role in cultivating mistrust towards engagement with the health system. Beliefs about eugenics can be found in one of the most aggressive programmes, where over 5,000 Black African American women were coerced into sterilisation to reduce the offspring of what was deemed as poor stock. This experiment used scientific racism and beliefs about Black women and promiscuity as reasons for the high rates of Sexually Transmitted Infections to explain low birth weight and miscarriages.

The Tuskegee Experiments that took place in America between 1932 and 1972s is often used as an example as to why there are so many negative attitudes and mistrust from African Americans in their engagement with health services. The Tuskegee Study of Untreated Syphilis in Black men run by public health officials was a non-consented 40-year experiment using Black men to see what happened to the natural progression of untreated syphilis.

Unethical and illegal experiments have occurred, but not all can be mentioned in this report. However a study which has led many Black people especially African individuals to refuse the Pfizer vaccine is not too a distant memory. Pfizers' unethical experiment in 1996 used 200 Nigerian children without parental knowledge to test the efficacy of a new antibiotic drug called trovafloxacin during a meningitis epidemic. This resulted in 5 children dying from the antibiotic and 6 children died following the standard treatment for the disease as they were given an insufficient dose so that the new drug would be seen as more favourable. Dozens of children were left disabled and the long term effects of the vaccine has led to a life time of misery for people now in adulthood. Pfizer in the court case stated that they did not require permission to test drugs in Africa and we have seen more recently that two French scientists suggested testing for the COVID-19 vaccine in Africa.

Although to our knowledge experiments of this nature have not been carried out in the UK due to a robust research ethics regime, there has been significant under investment in the Black community which manifests itself in the poor health of the community. This is evidenced in education and training of our medical, nursing and midwifery professionals and how they are are not culturally equipped to treat Black people without stereotyping. The benchmarking that occurs favours towards majority populations and perpetuate the same racial biases through into technology and the devices that are developed to diagnose conditions, in the pharmaceutical industry and in research. Overall the health system is less likely to have a focus on ways to address the needs of the Black people. We need to look at ways to action these issues as stated in the Public Health England report (May 2020).

We must be attentive to the reasons being cited for the suggested disproportionate impact of COVID-19 on Black people. We do not support the narrative that the lack of the COVID-19 vaccines uptake is due to low education levels or poverty and we need to ensure that this view is not used to reduce Black people further to the historical stereotypes used to disadvantage and marginalise the community. It is incredibly important that we do not use biology and genetics to explain higher risks of COVID-19 taking us back into a time of eugenics and scientific racism. It is important that as a system we address the history of Black people and why there is a lack of trust in the vaccine. We need to ensure that there is investment in trusted messaging and messengers to put a stop to the inequality we see through COVID-19 and other areas of health and society at large.

The purpose of the event

- To provide a platform for Black clinicians to share with the Caribbean & African community why they decided to have the COVID-19 Vaccines
- To use the current evidence based information to answer participant questions and concerns about the COVID-19 Vaccines

What we wanted to achieve

- To dispel some of myths surrounding the COVID-19 Vaccines

How we did it

Each Saturday since the 2nd May 2020 we have brought our Black medical professionals to engage with our community on issues that are important to them. On Saturday 16th January 2021 we decided to bring together a panel of GPs and consultants to share with an audience their reasons for accepting the COVID-19 vaccine.

We used our flyer to target the Black community using our database and wider networks and 2,095 people booked onto the event through Eventbrite which is an accessible platform to promote events and register people to events.

Who attended?

Although 2,095 people booked, 1,000 people participated via Zoom 480 people watched via YouTube (<https://youtu.be/XGFqlbPbuaQ>) and 390 via Facebook. To date (31st January 2021) over 9.7K people have viewed the event on YouTube and 2,095k views on Facebook.

Attendee participation in the event

We used zoom to engage our audience in the chat and to enable them to post questions.

We provided a slido link with the event information prior to the day to allow people to post their questions prior to the event.

There were over 300 questions asked across the different platforms and we have grouped these together because many had very similar areas of concern.

Feedback from attendees was received from a variety of sources including.

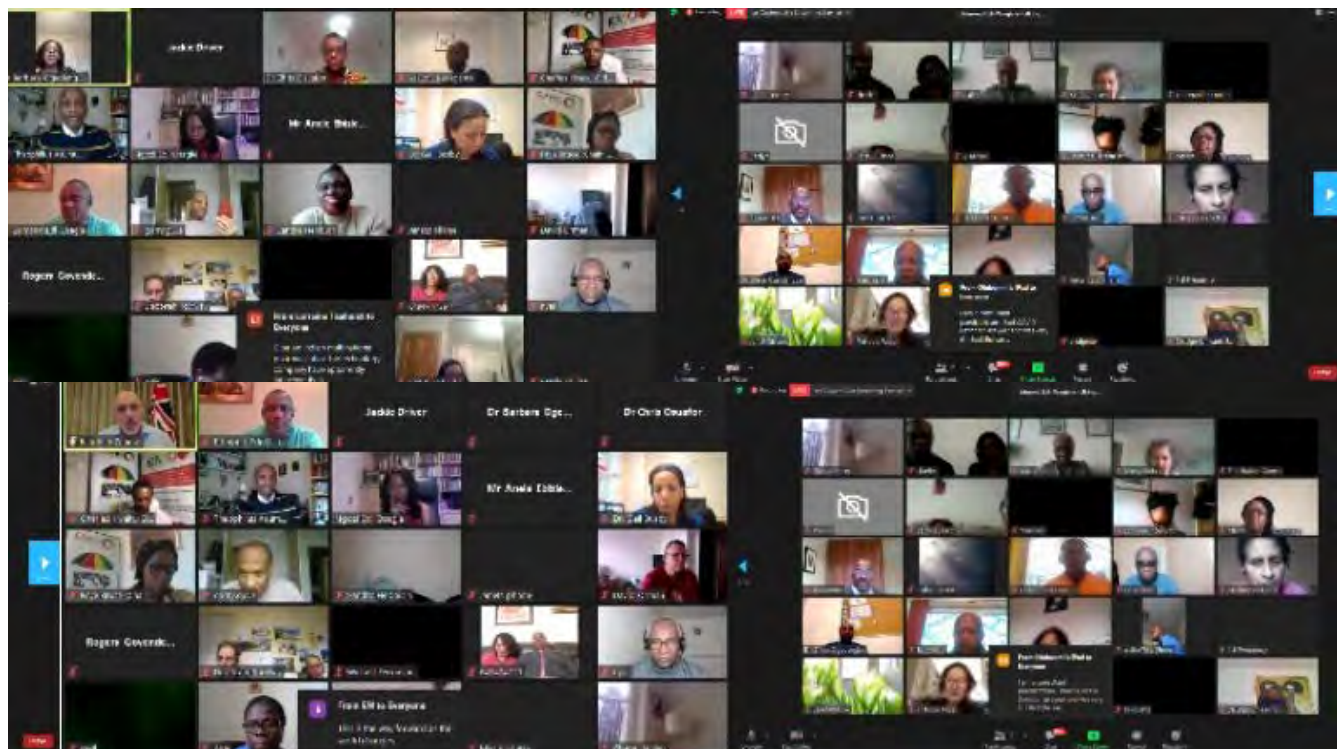
Online survey

Slido

Zoom Chat

Facebook Comments

YouTube Comments



Guidance in using this section of the report

The following pages are responses to attendee questions. The answers provided here are from our team of GPs, consultants and virologists and links have been made available to you for further reading. The responses are correct at the time of writing. Please continue to do your own research from www.gov.uk/COVID19 and www.nhs.uk/COVID19 to keep up to date with the latest information. Please consult with your own medical practitioner (GP) if you have questions about your own personal health status and taking the vaccine.

It is important to state that CAHN provided this forum not to coerce people to take the vaccine; the purpose was to provide our Black medical professionals with the platform to share their experience so that individuals could make informed choices in their best interest.

Thematic analysis of attendee questions and comments

General questions about COVID-19



Q How is COVID-19 transmitted and is it airborne?

A Yes. Transmission of COVID-19 occurs primarily through respiratory droplets which can spread the virus and can cause infection in others. It is also now known to be capable of airborne transmission which can occur when people are in closed spaces. When people are in a closed space for prolonged periods of time the amount of infected droplets in the air can increase. Ventilated spaces are important to reduce the build up of infected droplets.

The virus can also spread by contact with fomites (door handles, chairs, trolleys, desks etc). It's important to wash hands frequently or use disinfectant hand gels.

Q By taking the vaccine will it prevent people from having and spreading Covid-19 disease?

A Consultant Orthopaedic Surgeon: Covid-19 vaccine reduces (does not abolish) very significantly, your risk of being infected with coronavirus, hospitalised or dying from COVID19 disease.

The Vaccine is not a cure. It is to prevent COVID from becoming severe if and when you get infected.

Commentary response from a GP: There is still confusion from some of the participants on this thread. Just like one has the winter flu jab in Britain and still get the flu, it is about added protection, so the COVID-19 vaccines are also about protection. You can still get the virus but having had the vaccine you will be better protected as the immune response to the vaccine will help you fight the virus. The vaccines developed for COVID-19 have been shown to reduce infection with coronavirus and importantly to reduce severe disease and mortality in a significant number of people exposed to the virus from about 2-3 weeks post vaccination. There is also some suggestion from the clinical trials that vaccine might also reduce transmission of the virus.

Q Can this actually be called a 'vaccine'? The term vaccine means that it has to stimulate both an immunity within the person receiving it, and also to stop transmission".

A Many vaccines have been designed to prevent serious disease and it is not necessary for them to also prevent transmission. However, the most important role of vaccines is to prevent severe disease and death. The trials have also shown that the vaccines are very effective in stopping people getting COVID19 infection.

Most vaccines are developed to prevent the person taking the vaccine from developing disease and not to stop transmission.

Q What is the difference in immunity between positively having the virus and being vaccinated?

A The immune responses to vaccination and infection have many similarities but there may be some differences in the quality of the immunity and its duration. Further research is needed to better define the responses.

The vaccine immunity develops without causing any disease and vaccinated people don't get 'Long COVID'. People who get the COVID infection may clear the infection but no one knows who will get 'Long COVID'

Q What are the benefits of taking the vaccine, I have had a mild form of coronavirus, what difference will taking the vaccine be for me?

A If you have had mild coronavirus infection, the clinical trials have shown that vaccination will boost your immune response. The vaccine will give protective immunity without the risk of developing 'Long COVID'. Vaccines are very safe whereas COVID-19 disease is not the same as COVID vaccine.

Q Is this an experimental vaccine, are we being used as a participant in a trial?

A The vaccines used in the UK have all undergone 'three phase' trials and have been reviewed by MHRA and JCVI to be safe and to produce immunity. The 15 million people in UK who have received the vaccine following authorisation by MHRA and JCVI are NOT participants in a trial. Nevertheless, there is ongoing careful monitoring of the real world safety and effectiveness of the vaccine as it is rolled out.

Q For frontline staff in direct contact with Covid-19 positive service users, for how long should we wait before we can hope that the vaccine is having an effect in our body?

A The vaccine produces a protective effect after 10 to 14 days following their vaccination.

Q Can you tell me the difference between Pfizer vaccine and the Oxford vaccine please?

A Both are designed to carry take spike protein DNA or mRNA into our bodies that will translate in the body to produce Covid-19 'Spike protein' which induces the body to produce protective immunity against COVID-19. However the spike mRNA is delivered into the body via lipid nanoparticles (LNP) in the Pfizer vaccine to produce protective antibody whereas the Oxford vaccines delivers the spike DNA to produce protective antibody via a weakened chimpanzee adenovirus vector which cannot replicate in the human body and cause any disease.

Q Can you explain how the RNA vaccine works in comparison to others?

A The mRNA vaccine is designed to translate into a non-infectious Spike protein in the human body's immune cells (such as lymphocytes) against which immunity is developed and prepares the human body to fight off a real COVID-19 infection. Other vaccines are either inactivated (killed) virus such as Influenza vaccine or weakened (attenuated) virus such as MMR (measles, mumps & rubella) vaccine.

Interaction with other medication and prevention

Q How will the Vaccine interact / react to other medication?

A There is no currently known interaction with other routinely used medications.

Q How will the vaccine interact with herbal medication?

A There are no studies conducted to the best of my knowledge but none reported so far in medical literature.



Q What are the alternatives to the vaccine?

A There are other vaccines being developed and also some monoclonal antibodies that may give passive immunity (pre-prepared antibodies) to protect against COVID-19. They are all in experimental stages or in clinical trials so far.

Q Can our diet effect the impact of COVID 19?

A There is no evidence that specific components of the diet have an affect on COVID19, but obesity is a risk factor for severe disease. Healthy balanced diet along with additional multivitamins in some people if required, is important but should be according to the advice given by their GPs'. It is also important to have well controlled diabetes and hypertension as per your GPs advice.

Q Will boosting the immune system stop me from getting COVID 19?

A There are no clinical trials to study this mechanism of immune boosting to STOP COVID-19 infection. COVID-19 infects both immunocompetent and immunocompromised people equally.

Q Will vitamin D help me to fight the virus if I contract it?

A There are some studies to show that Vitamin D may help the human body to fight against the virus but it's important to remember that Vitamin D is one of many factors such as healthy diet, exercise, social distancing, hand hygiene and face coverings.



Q Can you explain how the RNA vaccine works in comparison to others?

A The mRNA vaccine is designed to translate into a non-infectious Spike protein in the human body to be recognized that it is recognized by immune cells (such as lymphocytes) to prepare the human body to fight off a real COVID-19 infection. Other vaccines are either inactivated (killed) virus such as Influenza vaccine or weakened (attenuated) virus such as MMR (measles, mumps & rubella) vaccine.

Side effects of the Vaccine

Q What are the possible long-term effects of the Vaccine?

A There are no known long term effects of the vaccines so far. Similar viral vector vaccines used for protection from other diseases such as Ebola have been used for many years and have not had any long term adverse effects.

Q All vaccines have MRC-5 in them, which are aborted foetal cells and other forms of DNA. What evidence is there that it will not alter DNA?

A For full details please read <https://factcheckni.org/articles/covid-19-vaccines-and-aborted-fetuses/> and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952673/PHE_guide_to_the_use_of_human_and_animal_products_in_vaccines.pdf

— **Q** What are your views on 'MRC-5' in the vaccine? (aborted human embryos)?

A For full details please read <https://factcheckni.org/articles/covid-19-vaccines-and-aborted-fetuses/> and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952673/PHE_guidance_to_the_use_of_human_and_animal_products_in_vaccines.pdf

— **Q** Will panel ignore the legal exemption and personally accept liability for every COVID adverse effect they personally administer or recommend?

A These are our expert views with the available current scientific data but will not accept liability for COVID-19 vaccines since the personal choice of taking any vaccine or treatment after reading all the available information and speaking to medical experts is an individual choice. COVID-19 vaccination is not a mandatory requirement.

— **Q** Is there any evidence that the vaccine has led to loss of life?

A Please read <https://fullfact.org/online/norway-vaccine-deaths/>

○ Contents of the COVID-19 Vaccine

— **Q** Does the vaccine contain the coronavirus?

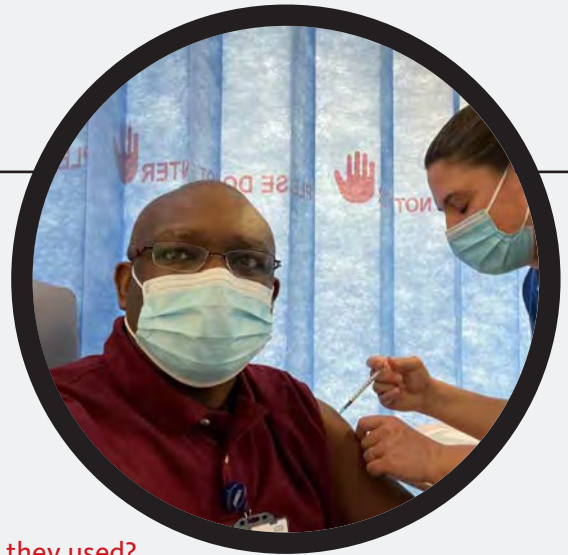
A None of the vaccines used in UK have either live or dead coronavirus

— **Q** What ingredients are in the vaccine and why are they used?

A Please read the following for details of Pfizer BioNTech and Oxford AstraZeneca vaccine.

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca>

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-uk-recipients-on-pfizerbiontech-covid-19-vaccine>



○ COVID-19 Vaccine and Black people

— **Q** Why are Black People dying at higher rates to their Caucasian counterparts, can this be explained?

A Please read

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/whyhaveblackandsouthasianpeoplebeenhit hardest by covid19/2020-12-14>

Q Can the vaccine work on Black people?

A Yes, it works on all races. Both the Pfizer and Oxford-AstraZeneca vaccine have been studied among people from diverse ethnic backgrounds.

Q Are Black people genetically different and if so, does this explain why we are more affected by COVID-19?

A Please read the link above for some reasons that we know currently.

Q If some medicines are suggested for Black people then how do we know that the COVID-19 vaccine is suitable for us?

A Please note that the WHO have recommended the same vaccine for Africa, Caribbean islands, Americas, Asia and Europe. It is proven to be useful for all races.

Q It's globally known black people are much more likely to die from Covid-19. Black health workers are being globally discriminated against by not being given extra protection or protection methods and tools - do you agree?

A There is no discrimination for different races in NHS Hospitals and Care Homes. Every healthcare worker gets the same personal protective gear according to the risk that may be encountered in a given clinical setting.

● People with long term health conditions

Q What are the effects of the vaccine for people with long term conditions? E.g. Depression, high blood pressure, epilepsy and coronary heart disease, cancer, lupus, sickle cell, Multiple sclerosis and HIV

A COVID-19 disease is known to be traumatic in these patient groups. Hence the COVID-19 vaccine which is known to prevent severe disease or death will be very beneficial.

The only contraindication to immunisation is severe allergy to a component of the vaccine

No evidence to suggest sickle cell adult patients cannot have the vaccine. The advice is you should be well and stable on your medication, speak to your GP if you are not sure.

Q Are your medical records checked before you are called for the vaccine, or is up to you to do the research?

A Please speak to your GP if you don't know your health issues and don't have access to medical records.

Q Will it have side effects for persons with neurological conditions?

A Current medical literature has not recorded any more side effects in this group than the usual side effects.

<https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination/what-to-expect-after-your-covid-19-vaccination>

This leaflet is the generic one regarding side effects and duration.

The duration of most common side effects are – sore arm 1-2 days, feverish for 2-3 days but symptoms should be less than a week.



Q Are these vaccines safe for people with HIV?

A Yes, they are safe

Q Is there a specific vaccine recommended for diabetics and why?

A All currently available vaccines in UK are equally effective in diabetics.



○ People with Compromised Immunity

Q I am taking Immunosuppressants for arthritis. Is the vaccine safe for me?

A Immunosuppressed patients are advised to take the vaccine. What is uncertain is whether they will develop sufficient immunity. They are at high risk of severe COVID. As usual, discuss with your specialist. Yes they are safe.

Q If someone has low White Blood Cell Count which GP says it is common among Black People, is the COVID-19 Vaccine safe to take?

A Yes, they are safe. But please speak to your GP if you have any specific concerns that is causing the low white cell count in the first place.

Q How will the vaccine effect someone with a compromised immunity?

A The vaccines are safe but may develop lower immunity. Please speak to your GP for further details.

Q What kind of impact will the vaccine have if I have an autoimmune illness?

A COVID-19 vaccines are safe in autoimmune illness but if you had any anaphylaxis or sever allergy to a vaccine previously, please speak to your GP first.

○ Safety of the Vaccine

Q It is safe to have vaccine within 90 days of having virus?

A Yes, they are safe to be taken after having COVID-19 infection. It is advisable to take it after 4 weeks from the onset of COVID-19 infection since the immune system will be able to mount an even better immune response to the vaccine.

Q Will the vaccine work on the different emerging mutations?

A Yes, they are known to work against the current variant strain in the UK but it is impossible to predict if it will work on all variants in the future. However, national experts in genomics UK and JCVI are constantly checking to make sure if any variants are resistant to the vaccine immunity.

The vaccine has been shown to work on the new UK mutation. There is no evidence currently that the new strains will be resistant to the vaccines we have, so we are continuing to vaccinate people as normal. Scientists are looking now in detail at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective

Q How can a vaccine be developed in such a short time when it takes years for it to be developed and safe?

A Modern vaccine technology allows the WHO, Governments, research scientists and vaccine production companies to develop these vaccines rapidly which would have been difficult or impossible a few decades ago.

Q What is the efficacy of the first dose of vaccine after 3 weeks? And if you receive the 2nd dose at 12 weeks, what is the efficacy by the 12th week?

A Please read this Independent Report for details

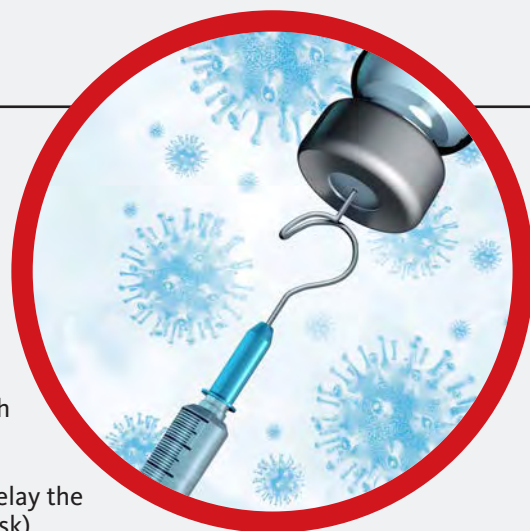
<https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact>

COVID-19 and Fertility

Q Can you take the COVID-19 vaccine if you are pregnant?

A Here are the key points you should consider:

- If you are pregnant you should not be vaccinated unless you are at high risk – you can be vaccinated after your pregnancy is over
- If you have had the first dose and then become pregnant you should delay the second dose until after the pregnancy is over (unless you are at high risk)
- If you are pregnant but think you are at high risk, you should discuss having or completing vaccination with your doctor or nurse. Although the vaccine has not been tested in pregnancy, you may decide that the known risks from COVID-19 are so clear that you wish to go ahead with vaccination. There is no advice to avoid pregnancy after COVID-19 vaccination.



Q Are there any updates on the relationship between covid-19 vaccines and fertility in humans?

A Please read this response from RCOG and RCM for details

<https://www.rcog.org.uk/en/news/RCOG-and-RCM-respond-to-misinformation-around-Covid-19-vaccine-and-fertility/>

○ Anomalies, delayed treatment and the effectiveness of the vaccine

Q Does the COVID vaccine provide absolute protection from coronavirus? For example I know people who took flu jab but still end up getting the flu?

A The COVID vaccine does not give 100% protection but it is known to give >70% protection for all current COVID-19 vaccines used in UK. Vaccination is an additional tool in our fight against this virus pandemic. Other factors such as social distancing, face protection and hand hygiene contribute together to give us protection from COVID-19.

Q Why is treatment not started immediately someone tests positive for COVID why wait till the person is very sick?

A The current COVID-19 treatment including Oxygen, steroids and other drugs are useful only for moderate and severe disease needing hospitalisation. There are clinical trials led by GPs and hospital doctors to check if any drugs will be even more beneficial for others with mild COVID-19 infection and/or disease. Standard home based treatments such as Paracetamol and Ibuprofen are known to benefit those with mild disease being managed at home.

Q Why has the first dose of the vaccine suddenly become around 90% more effective ~ when it was lower earlier in the year?

A Scientific data is continuously updated with regular monitoring and hence the vaccine efficacy can change as more data is collated.

Q There are lots of information on malaria drugs helping to treat covid-19, can we please have a comment from the specialists? Why aren't scientist looking at other ways to prevent COVID-19?

A Regarding hydroxychloroquine UK research shows that there's no consistent response against COVID-19, at best it's useful for mild illness. We have a responsibility to offer the public a consistent option of treatment. Same applies to Ivermectin.

○ Allergies and Adverse effects

Q What do you recommend for someone with complex allergies?

A People with allergies can have the Pfizer vaccine (no issues with astra zeneca). Initial advice was that anaphylaxis or people who are prescribed an epipen should avoid but that's also now changed. Those with known serious allergy to a component of the vaccine should not be vaccinated

Q I am allergic to penicillin and have bad reactions to some antibiotics, could this be an issue regarding having the vaccine?

A There is no contraindication to vaccination in antibiotic allergic patients

Q I'm allergic to Cortrimazole (Septrin) is it okay to have the COVID-19 Vaccine?

A Yes you can have the vaccine

Q I have an allergy to septrin and I am on prednisone, is it fine to have the vaccine?

A Yes. See above

Q How will the vaccine affect me if I already have allergies to various medication?

A As a precaution speak to your doctor but only severe allergies (anaphylaxis) can be a problem if they involve a component of the vaccine

Q How do I know if I am allergic to the vaccine or not?

A Please read these two official documents which answer all the above questions.

<https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-pfizer-biontech-covid-19-vaccine/>

<https://www.sps.nhs.uk/articles/advising-individuals-with-allergies-on-their-suitability-for-astrazeneca-covid-19-vaccine/>

○ Faith and Vaccine

Q Is there any scripture that goes against or encourages you to engage in vaccination and medicinal therapies?

A Not to the best of my knowledge. Most world religions and their leaders have come forward to promote the COVID-19 vaccine.



Pastor Dr Joseph Omofuma

GP (Rochdale) and CAHN Mental Health Lead
Founder & Senior Pastor,
Grace Community Church

"I have had the COVID-19 vaccine"

○ Promotion and marketing

Q Are the hosts being paid to promote the vaccines among the BAME?

A CAHN, the GPs' and the Consultants have not been paid to hold the event. The hosts are providing a forum to provide reasons why our GPs and Consultants decided to have the COVID-19 vaccine.

Q As GPs have you all been commissioned to deliver the vaccine?

A Not all GP practices are commissioned to give the vaccine. The GP surgeries that have offered to give the vaccine will be delivering the vaccine as part of the service they deliver.

○ Lack of Trust

Q Are there doctors in CAHN who have not had the vaccine? What informed their decision not to have it?

A To the best of my knowledge all doctors in CAHN have had the vaccine and actively promote it.

Q Do we lose our human rights if we don't take it? Is it true that the COVID vaccine will be made compulsory for all new born like MMR?

A We are not aware of such laws; such laws require robust debate before being passed.

Q Are you all coming from an European perspective of COVID? Bill gates said the COVID vaccine is designed to cull the Black population please clear this up thanks

A This is untrue.

Q I have heard that there is something in the vaccine that has been developed to wipe out Black people, can this be true?

A This is untrue. We have had COVID vaccine and have remained well. This is why we are using the forum to encourage our African and Caribbean people to get vaccinated.

Q I think people have lost trust because the government haven't made great decisions in this pandemic. Please tell us why we should believe that the government is providing this vaccine in the best interests of Black people?

A The COVID vaccine is based entirely on scientific advice and we have confidence in this advice that it would benefit everyone.

Q Why is the COVID vaccine for Africa different?

A We are not aware they are different but it is up to every national government to ensure the quality and standard of all medicines and products.

Q As Black people we are already more likely to die from so many health conditions and have been treated in terrible ways in this country and in the US, why would we trust that the government's vaccine will help and protect us?

A The vaccine is well researched and is being given to everyone. Most doctors from CAHN have been involved in administering the vaccine and nobody has come to harm that we know of.

Personal stories from attendees

"Good morning, I'm an Anaesthetic Registrar from Liverpool. I am fortunate to have had both doses of the Pfizer vaccine. I am fine and I implore everyone to please take it when you get the opportunity. Be safe, God bless".

"I have had COVID-19 and recovering very well, as an Anglican Priest who is black, the community are divided and like the Dean of Manchester I have had to deal with a high level of ignorance and dangerous religious rhetoric, I will be vaccinated live on social media to encourage others, what can we do to support religious and community leaders who are sceptical"?

"I will not hesitate to have the vaccine. I took my parents to have their first jab two weeks ago. One of my parents is on dialysis three times a week. Since last March I have continually worried about their well-being as they both have many health issues which necessitated them shielding. Vaccines only work if a certain percentage of populations take it".

"I am a GP and GP trainer in Sheffield and have been for close to 20 years. I have been fortunate to have the second dose of the vaccine just before the schedule changed. I also had soreness similar to the soreness I have with my annual flu jab. My 81 year old mum has also both jabs and been fine".

"I had an achy arm and flu like symptoms in the first 24 hours after the vaccine (1st dose)".

"I have thalassemia major (another form of haemoglobinopathy) and have had both doses of the vaccine. I had only very slight side effects and no other issues".

"I am a consultant paediatrician. I had COVID-19 in October last year and was very ill. I had the vaccine last Thursday and managed to have every reported side effect. Will I have the second dose? Definitely. Without any reservations!"

Attendees comments from Facebook and Zoom

○ Mistrust, promotion and marketing

“The death numbers are a hoax. There is a financial incentive to put covid on the death certificate. I know of 2 individuals who have died of unrelated illnesses and they put covid on the death certificate”.

“Why are we promoting something we do not have 100% surety for? we haven't even seen/heard the more long term effects? how this vaccine could affect our off spring? what are we doing Africa? and we pushing it on our youths too? please let us put our trust In God and good honest judgement. ..I'm disappointed. .it seems like a one sided debate for those who are for the vaccine. but there are many here even in this group who are not for vaccines ..can we discuss pros and cons”.

“In fact you are acting as the Marketing team of Covid-19 vaccine ohh”.

“Was this event financed by the foreign government or Bill Gates”?

“Doctors are being paid £50,000 a month to vaccinate people. The government is paying this incentive which tells me there is a agenda”.

○ Accessible information

“There is less simple information and communication regarding people's fear of the vaccine, particularly in their language. Some bilingual frontline staff are not language literate”.

“The way the information is delivered is not good for many in our community when their first language is not English”.

“The information needs to be provided in all languages so that ALL people can have the opportunity to understand what they are being asked to take”.

Religious Beliefs

"The Spirit of the true living God told me not to take it unless it has become mandatory and it will not become until I come and rapture you".

"Yes put trust in God only!!! Based on our research we refused a new vaccine approx 12yrs ago for our teenage daughter".

"The Most High said that we seek after our own salvation with fear and trembling, so we have to seek the Most High for ourselves. The body can repair it's self most of the time".

"Covid-19 our enemy? This is not a natural one but manipulated by men to introduce the new world order".

Attendees

Attendees comments on dispelling misinformation

"As a trade union official, I am very concerned that only 28% of the BAME population are prepared to take the vaccine. What are we going to do to raise awareness, inform and educate our people as to the reasons why they should take the vaccine and rebuff the massive misinformation that is out there"!!

"We must remember that scepticism, cynicism and arguments on vaccines/vaccination have existed since the invention or discovery of vaccinology. Edward Jenner is considered the father of vaccinology but am aware France feels Louis Pasteur is the fire-brand. I know that Buddhist Monks and the Far East citizenry were probably the forerunners. Social Media has however increased awareness of these arguments for and against vaccination. The pressure is on for those in the know to argue the benefits and monitor carefully the evidence of harms and benefits".

They are doing this to save people. They are Doctors, this is their sworn oath, and the love their communities, black communities, us. This is why this is happening.

I think this is the balance we need, there are so many conspiracy theories out there that our people have been fed through uncensored you tube videos!

Unbalanced debate

There were concerns that the debate was unbalanced even though the information about the event implicitly stated that the doctors had received the vaccine.

There were several requests for a further debate from doctors who had decided that they would not take the vaccine.



CAHN HEALTH HOUR
11.00am - 12.00 o'clock
Our focus is reducing health inequalities
Medical Doctors | Health and Wellbeing Professionals
Question & Answer Session
Please email events@cahn.org.uk for the Zoom details or join us on YouTube
07710 022382 www.cahn.org.uk
Funded by:      



HEURE DE SANTÉ CAHN
Débute Samedi le 2 Mai 2020 jusqu'à nouvel ordre
En matinée 11.00hrs à 12.00hrs
Nous mettons l'accent sur la Réduction des inégalités liées à la santé
Médecins | Professionnels de la Santé et du Bien-être | Moniteurs de Sport
Sessions Questions - Réponses
Lien Zoom : <https://us02web.zoom.us/j/84516756373> N° de Réunion : 845 1675 6373
Diffusion en Direct sur facebook  et 
07710 022382 www.cahn.org.uk
Funded by:      

○ Some responses from GPs and Consultants in response to attendee comments

Anaesthetic Registrar, Liverpool: "This is not a panel for debating the vaccine please. it is for raising awareness about the benefits and safety of the COVID-19 vaccine"

Anaesthetic Registrar, Liverpool: "Some of the very negative comments here do break my heart... we are just people who are doing our best to care for you, inform you, look after you if you get sick, and hope and pray that you do not get sick with or without the vaccine. We have no ulterior motives other than to try and inform you on why you should get the vaccine not to debate why you shouldn't? You don't have to take it but know this if you or your loved ones get this horrible disease, these same compassionate and tired doctors who are increasingly overwhelmed will be the same ones looking after you".

"COVID overwhelms a health service. Look beyond the deaths. Look at the hospitalisations for respiratory failure. When 1/3 of your hospital has COVID patients, you start to struggle to deliver routine health care. Look at Italy, New York, etc".

"Thank you all for your comments and questions. Once again, we the panel are here to share WHY WE HAD THE VACCINE".

Event Evaluation: on the day

“

"Thank you to all the doctors who participated. I really appreciated. However, we don't trust the Government and that is their fault, not yours. We lived here, worked here, had children here and they froze our bank accounts, sacked us from our jobs, prevented us from having to access to medical care and deported us based on the colour of our skin. So why should we trust their figures?"

"I am a GP and am very disappointed about the lack up uptake in my fellow Africans thank you for this platform which I hope will educate".

"Would be good to capture all of the questions and produce a leaflet with responses on the CAHN website?"

"Great discussion, I hope there will be more like this. My email address is if I can be added to any mailing lists please thanks"

"Interesting conversation. I am still 50/50 on taking it. The government hasn't dealt with this pandemic well, so I don't trust them 100%"

"Great discussions. I would like to see ALL questions answered in a separate document that can be shared and made available to everyone registered on this platform. Also for future discussion, if the panel could be more balanced and include medical professionals who are against the vaccine. Good luck to everyone in the chatroom, hopefully you all make the decision that is right for yourself and loved ones. God bless and guide you all"

"We as a community make such noise about wanting more doctors and scientists in our community, and when they speak we don't listen!"

Thank you Doctors, you are the frontline, why would the govt try to kill off the frontline....

"The mutations could get as bad as Ebola - so we need to stop this now. Stay home protect each other's. We are so grateful to the professionals for sharing their time to share facts and helping us stop this deadly virus (that our ancestors would have called bad spirits because you can't see them) thank you"

"Well done all keep up the great work CAHN".

"Thank you, CAHN, for organising. Extremely informative and some of the comments in the chat very concerning about the level of mis-information. Hopefully today's event will go some way to challenging the mis-information. Peace out".

”

“

“I already decided to take the vaccine but you have now consolidated that decision”.

“Thanks so much for this amazing initiative”.

“Thank you for that panel. great support”!

“I understand the fear and concern that is in the chat and the community about the vaccine. I am very appreciative of all the Dr's that have given up their time to share their knowledge, experiences and skills. This is such a huge topic there is now what the Drs or CAHN could cover all questions/area of concern in 90mins. I hope that this may be one conference of many soon to follow. Thank you CAHN for creating this important event. It is needed, valued and deeply APPRECIATED”!!!!!!!!!!!!!!!!!!!!

“This has been an excellent presentation, I however was already converted. I don't know that systemic racism is sufficiently challenged, so that ordinary black & minority ethnic people can gain 'trust'”.

“Thanks everyone ~ one of the BEST meetings I've been a part of”.

“ Absolute respect to all our NHS colleagues and CAHN who have helped make this event happen today, Thank you”.

“Thank you for the discussions this morning, has enabled me to hear the pros & cons to make a rational decision for me”.

“Such a brilliant session - thank you so much”!

“So brilliant to see so many black doctors in one place”!

“This is very helpful. Thank you so much professionals and God bless you”.

“Thank you to the panel for your time and sharing your experiences. God bless you all”.

“I wouldn't trust someone who has not taken the vaccine to administer it to me so great”.

“Thank to all the Drs - this discussion has been very helpful”.

“Thank you all you have answered so many of my questions for my me family and friends”.

“Thank you doctors for organising this session. Very enriching”.

“Thank you CAHN, This is a brilliant and informative session”.

“Thank you to all the Doctors for all that you are doing and giving up your time to organise this event. We continue to pray for all front line staff”.

”





“Thank you, wonderful panellists, for your time. I am a midwife and have seen the rise in COVID amongst pregnant women”.

“Thank you for putting this together from all the NHS professionals but for now I bid good bye , good luck and stay safe all”.

“Thank you so much for this. I was a staunch anti vaxer but you have given me food for more thought. I’m just not sure about Bill Gates heading a vaccine that he will not give to his children”.

“Thank you Doctors you’re all amazing! Thanks CAHN for organising”.

“Thank you very much CAHN and Doctors. Very helpful and has helped to clarify some of my questions and inform my decision”.

“Good afternoon, I am a class teacher and I would like to thank you all for such an informative discussion. God bless you all”.

“Thank you never educational and very well presented”.

“Thank you to all the Drs for your reassurances. I am 100% confident now than when I logged on. Please can you share the recording if possible, please”.

“Excellent session. thank you to the amazing clinicians sharing their experiences and CAHN for organising”.

“I think the Doctors have done a marvellous and balanced view in sharing their professional experiences. One of the main reasons why the vaccine was developed at word speed is primarily due to the fact that we have not only Covid-19, but we have a pandemic, and subsequently Governments have provided the funding so that the scientists can concentrate and focus on a vaccine which gives us some hope to return to normality as we know it. I would ask the doubters to ask themselves one question - what is the alternative”?



HEALTH HOUR COVID-19 VACCINE PANEL

Saturday 16th January 2021 | 11:00hrs - 12:30hrs

A PANEL DISCUSSION ABOUT THE COVID-19 VACCINES BY
BLACK GPs AND SENIOR CONSULTANTS WHO HAVE RECEIVED THE VACCINE
AND HAPPY TO SHARE WHY THEY SUPPORT IT.



MR THEO ASUMU
Consultant
Orthopaedic Surgeon



DR NGOZI EJI-OSAGIE
Consultant
Neonatologist



DR KATE OGAH
Consultant
Microbiologist



DR VICTOR AMEH
Consultant
Emergency Physician

this session. Thank you for all your hard work and for the CAHN network”.

“This is history in making. May GOD protect us all”.

“Its ok to be unsure about whether to take the vaccine or not, this space has been created to help you make an informed decision. Thank you to the organisers @CAHN for helping us (in your own time) to try and separate fact from fiction. Thank you for all the work you continue to do on the frontline. Stay safe every one”

“I have been on hundreds of webinars since the pandemic started and have to say this is one of the best. Seriously, you will always get naysayers and sceptics and there are quite a few on here. keep up the good work”.

“Thanks to CAHN for organising this event and all the Drs. It has been very informative and you have done your best. Its sad to see so many negatives and conspiracy comments. As the saying goes, you can give a horse water you can’t face it to drink it”.

“THANK YOU THANK YOU as a result of this zoom my Mum who 83yrs has just booked her appointment for tomorrow. Question she would like to know more about how you feel after receiving the vaccine”?

“I already decided to take the vaccine but you have now consolidated that decision”.



Event Evaluation: Post Event Feedback

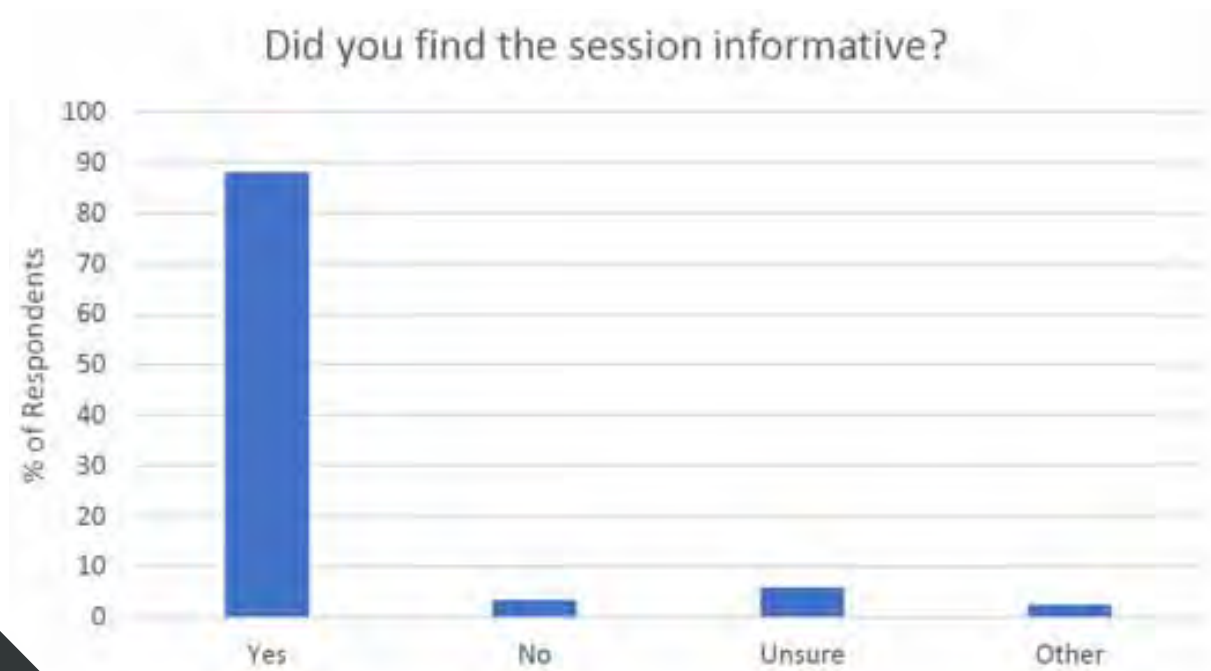
After the event CAHN carried out a short survey to obtain feedback from attendees and to ascertain whether further information was required to enable them to make an informed choice.

Within a week, over 220 people responded to the survey the findings are below.

Question 1: Did you find the session informative? _____

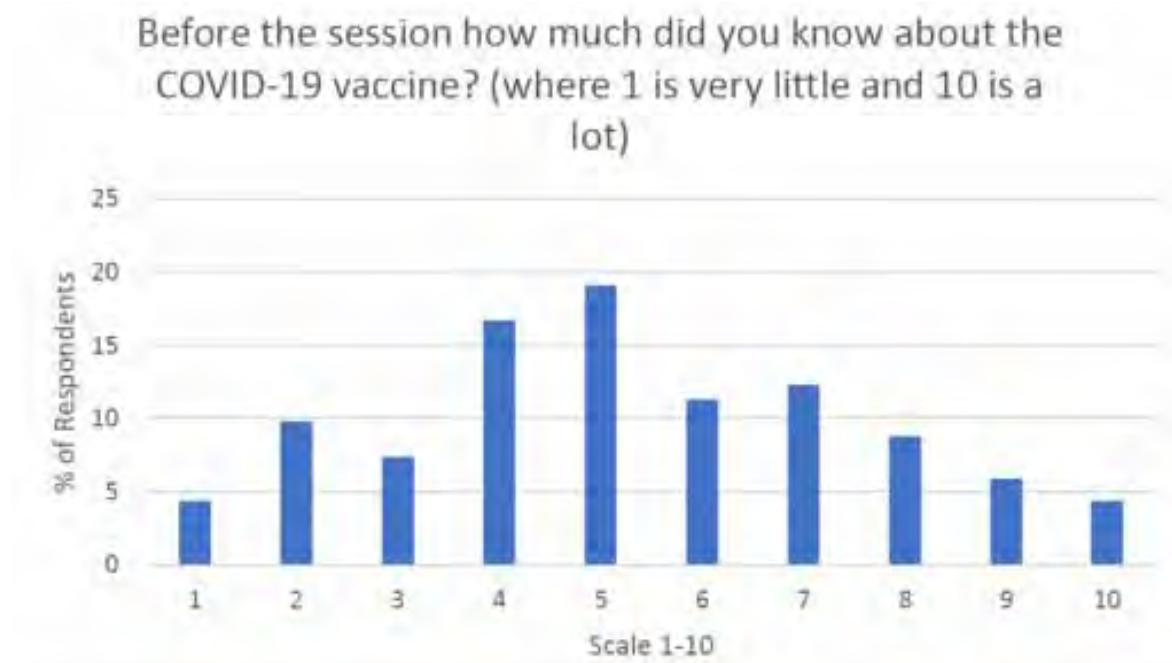
Overall attendees found the session informative. In the free text commentary some attendees stated that they wanted new information and this session told them what they already knew. Some attendees were seeking more detail about the pros and cons of taking or not taking the vaccine.

One respondent said “I found it very biased with the agenda to push the vaccine by the government to non white people. I won't use the dreadful term that is currently PC correct of (bame)”.



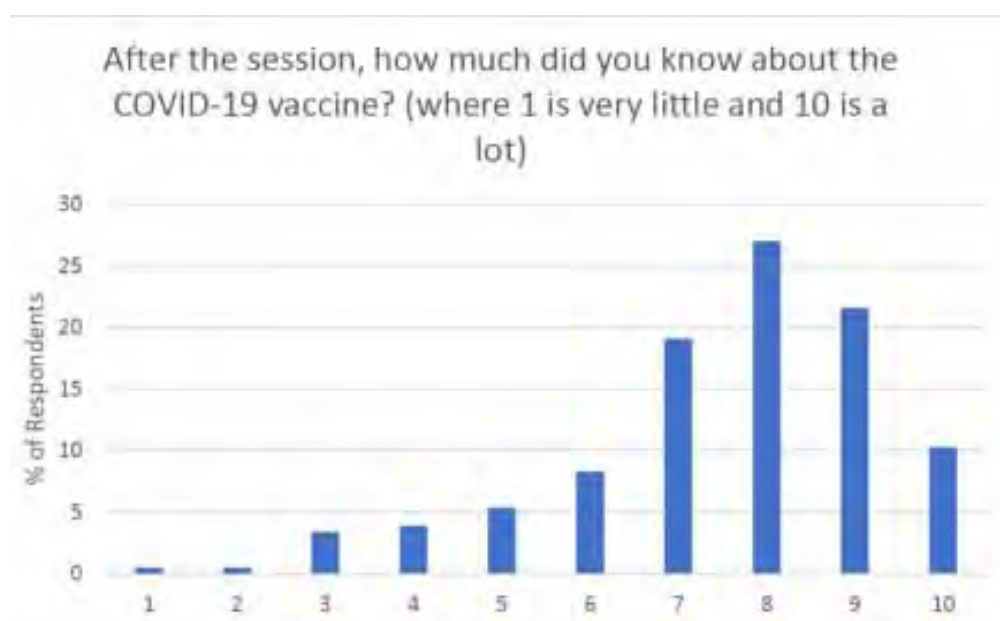
Question 2: Before the session how much did you know about the COVID-19 vaccine? (where 1 is very little and 10 is a lot)

The responses to this question highlighted that there was an overall lack of knowledge from the respondents about the COVID-19 vaccine.



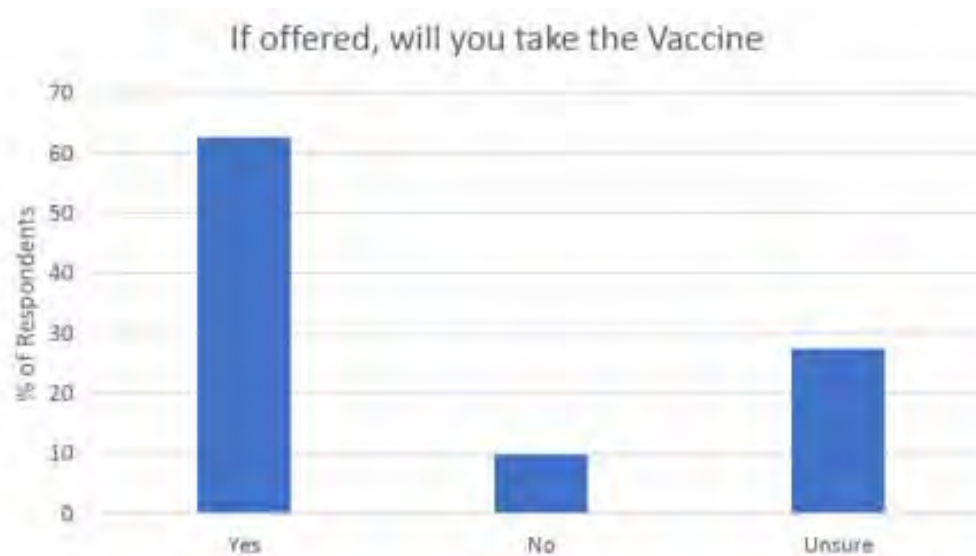
Question 3: After the session, how much did you know about the COVID-19 vaccine? (where 1 is very little and 10 is a lot).

The responses demonstrate that there was a lot of learning following the event compared to what people knew prior to attending.



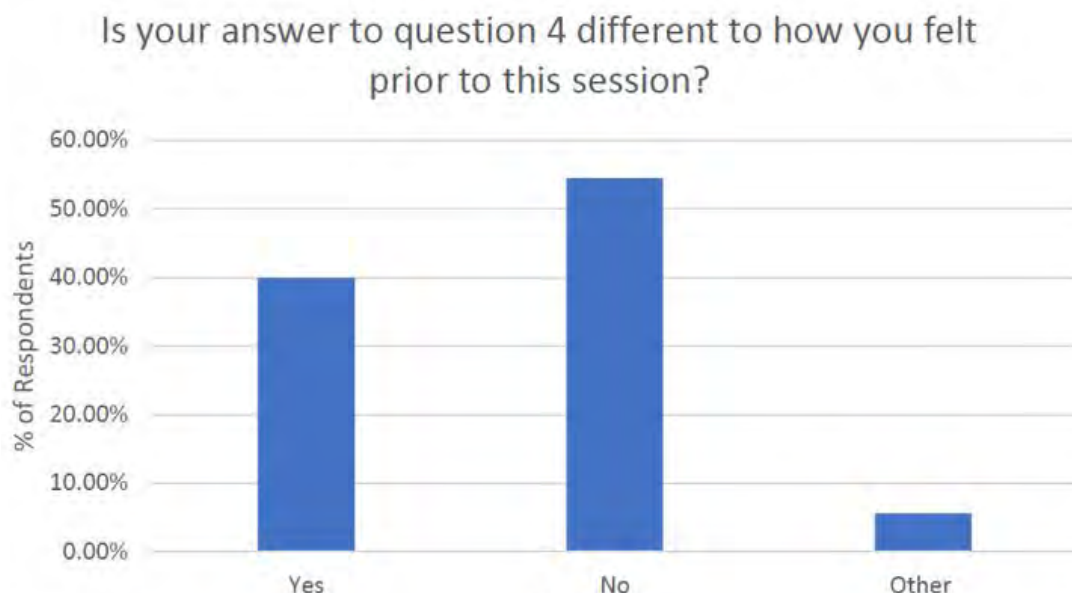
Question 4: If offered, will you take the vaccine? _____

This question wanted to understand whether attendees would take the vaccine if offered. We wanted to benchmark how they felt at the current time. This response did not take into account what and where the information was obtained to help them to make that decision.



Question 5: Is your answer to question 4 different to how you felt prior to the session? _____

Respondents identified whether the information they received during the event made a difference to their decision to have or not to have the vaccine



A selection of free text commentary in relation to question 5 is below

"I am not anti vaccine but due to health inequalities regarding BAME communities I was not happy that the approach to the pandemic and the vaccine considers a BAME perspective. The CAHN session was informative. I felt it was based on facts and personal opinion. I felt it was an honest session informed by people with evidence based expertise. I came away feeling more reassured about government information and the explanations helped me to better understand details about the virus and the vaccine. Thank you for organising and delivering the session. I shared the information to my sister who is now more confident about having the vaccine"

"I'm not convinced that the analysis of results so far has been as thorough as they should be and I'm led to believe that the phase III clinical trials have not been fully completed and analyzed in my opinion".

"Although I was about 80% certain I would take the vaccine when I'm offered it before the session, I am now 90% certain. I still have some reservations".

"Hadn't made up my mind but information & integrity of panel convinced me".

"Having all the misconceptions clarified, understanding that the majority of the conspiracy theorists were anonymous while those informing us were happy to have their identities linked to their views".

"I was adamant I was not taking the vaccine due to me believing that it was detrimental to my wellbeing. After doing my own research I am beginning to sway towards taking the vaccine. Still not 100% but I'm doing what I can to have a more informed understanding of the vaccine".

"I only heard rubbish and not concretely based on anything so I feel confident to take it now".

"The stories and I really appreciate the honesty of the GP who mentioned her hesitancy and then her faith helped her to make a decision to gave it".

Overall Findings

Some of the attendees were strongly influenced by the misinformation that was being circulated on social media platforms and this influenced their decision not to have the vaccine. When analysing the responses, some of the attendees were seeking some confirmation from the panel about the information they had seen about the dangers of the vaccine and its negative effect on Black people. This resulted in comments that the debate or discussion was unbalanced, and they wanted a panel which sat on "both sides of the fence".

Many shared their views on the day as well as in the post event survey about their hesitancy to take the vaccines because they were significantly mistrusting of the system due to past experiences that they had been subjected to along with family and friends. Some respondents' commentaries highlighted the mistreatment they experienced and wanted to know how the government was going to reassure them that they had their best interests at heart. This was articulated through comments such as "they have never done anything to help us before, why are they doing this now"? It was evident that although many of the attendees were mistrusting, they wanted to understand the facts from the those that they could identify with and they appreciated the level of expertise and professionalism from our Black medical professionals. Some of the attendees displayed a desire to know more because they were fully cognizant of their health risks as Black people and did not want to turn down a vaccine that could prevent them from getting the worse outcomes from COVID-19.

Many of the attendees were reassured with the information they received, and this was enough to help them to decide whether to take the vaccine or not. A lot of respondents had assurance from the panel because of their stories they shared and why they decided to have the vaccine.

Although some of our medical professionals had their own negative lived experience of services as Black people and hesitated initially about taking the vaccine, they clearly articulated that they decided to take the vaccine after their own scrutiny of the information. Respondents shared in their comments how grateful they were to hear that medics also hesitated and that it wasn't because they were being stubborn or being unreasonable.

Faith plays a big part in the lives of African and Caribbean people and when medics also introduced themselves as Pastors and shared with the attendees about the prayers and answers from God offered people comfort and enabled them in their own decision making.

Conclusion

The report commences by providing the context in which the deprioritisation of Black health has resulted in health inequalities and hence mistrust of health services and its provision. It highlights the disparities faced and the basis upon which many Black people will engage and make decisions about which path to choose for their own health.

The number of people who made positive informed decisions to receive the vaccines following the session is testament to members of the community not against vaccines but the need for adequate information and reassurance from people. It also highlights that where and how this information is received is important. The feedback through the different chat forums provided attendees the opportunity to express how they were feeling and their concerns about the vaccine and it is important that we as a Black led health network respond to this and the findings from the evaluation.

Recommendations

1. There is a need continue to provide more education and engagement opportunities for the Black community and others who are undecided about the vaccine. More community-led online events with medical professionals from particular communities is important as this is a marathon and not a sprint owing to historic issues.
2. The UK Government needs to invest financial resources in messaging and using trusted community advocates to reassure the Black community and other marginalised groups that their wellbeing is of equal importance to that of the majority population.
3. Education about the UK's health and social care system, clinical trials and regulation, and drugs regulation must be prioritised in minority and migrant communities. This is important in addressing the legacy of historic unethical research and issues faced by Black people in clinical trials.
4. Faith and community leaders must be fully engaged in health campaigns as they have access to millions of people who trust them. Their involvement in amplifying the benefits of taking the COVID-19 vaccines versus the risks of contracting COVID-19 would counter lots of the misinformation and hesitancy in minority communities.
5. It is important to ensure that health campaign messages are religiously and culturally appropriate, and with people of different ethnicities in the posters and videos.



Contributors to CAHN's Health Hour

Below are some of the Black doctors who have given their time on Saturday mornings since 2nd May 2020 to present on topics within their specialties and answer questions/concerns of the community on different medical conditions, and more importantly COVID-19 in light of the pandemic.

Future sessions can be accessed via Zoom (ID: 845 1675 6373) or CAHN's YouTube channel.



Dr Joyce Ameh, GP



Dr Mohammed Kamara,
Emergency Medicine
Consultant



Dr Maame Duku Sarfo
Consultant Psychiatrist



Dr Iziegbuwa Omoruyi



Mr Theophilus ASUMU
Consultant in Trauma and
Orthopaedic Surgery



Dr. Diana Asante - GP



Dr. Ibi Erekosimna -
Specialist Renal Consultant



Dr. Ugo Umeadi - GP



Dr. Joseph Omofuma - GP
Specialist Interest Mental
Health



Dr. Yakubu Karagama -
Consultant Ear, Nose & Throat
Surgeon and Laryngologist



Dr. Eddie Edi-Osagie
Consultant
Gynaecologist



Dr. Patrice Arthur -
Obstetrics and Gynaecology



Dr. Cordell Mbeledogu -
Public Health Consultant



Dr. Leonard M Ebah -
Consultant Nephrologist &
Honorary Senior Lecturer



Dr. Ngozi Edi-Osagie -
Consultant Neonatologist

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CAHN
Caribbean & African Health Network
Greater Manchester CIC

COVID-19 Support Helpline

for the Caribbean & African Community

Information & Advice | Befriending | Therapeutic Counselling

📞 📱 📞 07710 022382

Open 0600-midnight | Email: COVID-19@cahn.org.uk

Facebook: [cahn](#) | Twitter: [@cahn_gm](#) | Instagram: [@cahngm](#)



CAHN
Caribbean & African Health Network
Greater Manchester CIC

COVID-19 Ligne d'Assistance Téléphonique

Pour la communauté Caraïbienne & Africaine

Information et Conseils | Lien d'amitié | Consultation Thérapeutique

📞 📱 📞 07710 022382

Ouvert de 06.00hrs du matin à Minuit | Courriel: COVID-19@cahn.org.uk

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