

Position on COVID-19 vaccines

dioNTech COVID-19 Vaccine into, vial contains 5 doses of 0.3 mL inscular use. Contains no preservative. Interest Emergency Use Authorization. HORE USE. Into 10 25°C (35 to 77°F).

(Pfizer-BioNTech, Oxford-AstraZeneca and Moderna vaccines)

Primary Position Statement (8th January 2021)

Council for Mosques proactively supports the Medicines and Healthcare Products Regulatory Agency (MHRA) approved Pfizer-BioNTech, Oxford-AstraZeneca and Moderna vaccines. We encourage the Muslim community to take the immunisation, protecting themselves and their loved ones from COVID-19 infection.

The Medicines and Healthcare Products Regulatory Agency's information and that of the British Board of Imams and Scholars suggest that all three vaccines are suitable for the Muslim community.

None of the vaccines contain any animal derivative or any other substance that would contravene halal guidance for Muslims, and their benefit outweighs any potential risks.

In Bradford, and around the country, the risk of infection is on the increase as evidenced by the Government's decision to impose a third nationwide lockdown. Given the risks presented by the deadly coronavirus and its recent mutation, only vaccination provides, with some degree of certainty, significant protection against COVID-19 infection.

Supporting Statements

Medical/Health Expert Support

The MHRA has confirmed that the COVID-19
Oxford-AstraZeneca vaccine does not contain any components of animal origin.

Dr Waheed Hussain from Picton Medical Practice, states that after discussions with Oxford-AstraZeneca experts, "the final vaccine does not contain any human or animal-derived cells."

Islamic Scholar Support

The British Board of Imams and Scholars postulate that "there is no valid sharia reason to avoid taking the vaccine, whether because of impermissible ingredients, proven side-effects, or other reasons. Vaccination is permissible."

Abu Eesa Niamatullah, a local Scholar, considers the new Oxford-AstraZeneca vaccine to be pure and halal medicine that should be used by those vulnerable groups who wish to protect themselves from COVID-19."

Background

There were 2,480,023 cases of COVID-19 infections in the UK, up to 30th December 2020 with 73,529 reported deaths. However, some people infected with COVID-19 show no symptoms and are not reported; therefore, an accurate figure is not possible.

Health professionals calculate the percentage of positive tests from the total number of tests to indicate infection rates.

According to the Office for National Statistics, areas of deprivation suffer double the number of deaths than affluent areas.

Furthermore, statistics show a higher proportion of deaths among BAME communities, especially black men. At the

time of writing, in the Bradford District, six wards with a high rate of COVID-19 cases are deprived inner-city areas with a large BAME population (Bolton and Undercliffe, Toller, Clayton and Fairweather Green, Bradford Moor, City and Little Horton). There is an ongoing debate, but no conclusive data to explain the difference in the risk of COVID-19 mortality between ethnic groups. It is postulated that this may be due to health inequalities, demographic, geographical and socioeconomic factors.

The MHRA has approved the Pfizer-BioNTech, Oxford-Astrazeneca and Moderna vaccines. The UK Government, NHS and Bradford Council consider vaccination to be the key to controlling infection rates and returning to normality.

MHRA has confirmed that neither vaccine contains any egg or animal products.

In early November, the MHRA advised that the Pfizer-BioNTech vaccine should not be given to anyone with a history of anaphylaxis (severe allergic reaction). The advice now is that all three vaccines can be administered to people with a wide range of food and medicine allergies, but people allergic to ingredients in the vaccine should not take it. In rare cases where a person does suffer from anaphylaxis, there is an established treatment available.



Why Council for Mosques needs to issue a position statement?

There has been a lengthy debate about the safety of these vaccines and their suitability for the Muslim community.

Council for Mosques has followed international debates, consulted with GPs, health professionals, and held discussions with local community leaders and Islamic Scholars. They have concluded that **none** of the three currently approved vaccines contain any animal fats or egg bi-products and therefore can be taken by Muslims, but that all medication does carry some risk. The MHRA confirms that the necessary steps have been taken during development

to mitigate those risks.

Another conclusion from consultation with Islamic Scholars is that the higher rate of infection and mortality within the BAME community means vaccination is a necessary step.

The Pfizer-BioNTech vaccine has already been administered to 600,000 people in the UK with a further 25 million vaccinations planned for people in priority groups.

"Whoever saves a life, it will be as if they saved all of humanity."

(Qur'an 5:32)

