



SUBJECT:	Pause on the use of AstraZeneca/COVISHIELD COVID-19 Vaccine
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То:	Primary Care Providers, Emergency Departments, Pharmacies
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Effective immediately, administration of the AstraZeneca/COVISHIELD COVID-19 vaccine should be put on hold. Please see below for additional information.

Yesterday, the Government of Ontario announced that the further distribution and administration of the AstraZeneca vaccine would be paused.<sup>1</sup> This is being done out of an abundance of caution due to an increase in the reporting rate of vaccine-induced immune thrombotic thrombocytopenia (VITT). The decision to pause use of AstraZeneca was announced to the public late Tuesday afternoon, so your patients/clients may already be aware.

VITT is a rare adverse event that has been associated with the AstraZeneca/COVISHIELD COVID-19 vaccine.<sup>2</sup> VITT appears to be caused by antibodies that induce massive platelet activation in a mechanism similar to heparin-induced thrombocytopenia. VITT can cause significant thromboembolic events (including cerebral venous sinus thrombosis and splanchnic vein thrombosis) with a case fatality rate estimated at 20-40%.<sup>2,3</sup> Additional information about VITT has been included in previous Vaccine Bulletins.

There is uncertainty about the precise frequency of VITT and the reporting rate has changed over time. In Ontario, eight cases of VITT have been reported resulting in a rate of 1.7 events per 100,000 doses administered (approx. 1 in 60,000).<sup>1,4</sup> Previously, the rate of VITT was estimated to be between 0.4 and 1 event per 100,000 doses.<sup>3</sup> Further administration of the vaccine is being paused while data about VITT are reviewed.

## **Action Required from Health Care Providers**

If you have doses of AstraZeneca vaccine in your office or clinic, please store them securely in your vaccine fridge between 2-8 degrees until further direction is provided and update COVAX to reflect your most recent end of day inventory count.

If a patient who has received AstraZeneca/COVISHIELD in the previous 4 to 28 days develops signs or symptoms of VITT, please order a complete blood count and consider referral to the emergency department if the platelets are low or if clinically warranted. Further resources to support the diagnosis and management of VITT are available from <u>The Ontario COVID-19</u> <u>Science Advisory Table</u>.<sup>5</sup>

Please continue to report any adverse events following immunization (AEFI) with any of the COVID-19 vaccines. Completed AEFI forms should be submitted to WDG Public Health's reportable disease fax line at **1-855-934-5463**.

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## How to Counsel Patients about the AstraZeneca/COVISHIELD Vaccine

Patients can be reassured that, no matter which COVID-19 vaccine they received, they did the right thing by getting immunized as soon as possible. All available COVID-19 vaccines, including AstraZeneca/COVISHIELD, are highly effective. Each individual's decision to get immunized helps to protect them and helps to reduce risk for those around them.

It may also be helpful to explain that VITT is still considered to be rare based on the number of reported cases to date. Further administration of the vaccine is being paused out of an abundance of caution, and this action demonstrates that Ontario's vaccine safety surveillance system is working.

Given the potential to intervene if VITT is identified early, patients should be advised to seek care if they develop signs or symptoms of VITT – particularly if they occur within 4 to 28 days after vaccination. VITT is considered unlikely if symptoms occur outside of this window.<sup>5</sup>

Further information will be provided regarding second doses for patients who have received AstraZeneca/COVISHIELD. The Ministry of Health will provide direction regarding whether these patients should receive AstraZeneca or a different vaccine. Preliminary data from the United Kingdom suggests that the risk of VITT is likely lower after the second dose than after the first dose.<sup>6</sup>

Please encourage your patients to complete their vaccine series when offered the opportunity, rather than relying on the protection offered by a single vaccine dose. A complete vaccine series offers optimal protection.<sup>7</sup>

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