

COVID-19 Vaccine AstraZeneca

Screening and guidance form

Pre-vaccination screening for COVID-19 Vaccine AstraZeneca (ChAdOx1-S)

| SCREENING QUESTIONS | RATIONALE FOR QUESTIONS AND ADVICE ON ACTIONS REQUIRED |
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| Please tell me your full name and date of birth. | To check you have the correct patient records on the CIR. Check 18 years or older. Also confirm they are here for AstraZeneca vaccine. Discuss specific risks and benefits for those aged 60 or under. Written consent is required for all consumers receiving a dose of AstraZeneca vaccine. |
| Are you feeling well today? | Postpone vaccine if: fever >38°C or acute systemic illness. Anyone directed to self-isolate should not attend vaccination appointment. The presence of a minor infection, such as cold, and/or low-grade fever should not delay vaccination unless waiting for COVID-19 swab result. |
| Is this your first COVID-19 vaccination? | If second vaccine, check days since first COVID-19 vaccine dose to ensure a minimum of 28 days . Day 0 is the vaccination day. If any previous vaccine was not AstraZeneca it is recommended this dose is prescribed by an authorised prescriber , as it is considered off-label use. |
| Did you have any clotting problems with previous COVID-19 vaccine? | Contraindication: Patients who have experienced major venous and/or arterial thrombosis in combination with thrombocytopenia following vaccination with any COVID-19 vaccine. |
| Have you had a serious allergic reaction to anything including previous COVID-19 vaccine? | Contraindication: A history of anaphylaxis to previous dose of AstraZeneca vaccine or to any component of the vaccine , including L-Histidine, L-Histidine hydrochloride monohydrate, Magnesium chloride hexahydrate, Polysorbate 80, Ethanol, Sucrose, Disodium edetate dihydrate (EDTA). If concerned about any serious hypersensitivity reactions to previous dose of AstraZeneca, discuss with IMAC on 0800 IMMUNE (466 863). |
| Do you suffer from capillary leak syndrome (CLS)? | Contraindication: CLS is a rare disorder characterised by acute episodes of oedema mainly affecting the limbs and hypotension. Patients with an acute episode of CLS following vaccination require prompt recognition and treatment. Intensive support therapy is usually warranted. Individuals with a known history of CLS should not be vaccinated with this vaccine. |
| Have you ever been treated for blood clots or autoimmune disorders? | The benefits and risks of vaccination should be considered in patients with a previous history of thrombosis or thrombocytopenia, as well as patients with certain autoimmune disorders that are procoagulant (e.g. antiphospholipid syndrome). |
| Do you have a bleeding problem or blood disorders? | Vaccines can be administered to people on anticoagulants. For patients with haemophilia , receiving clotting factor replacement or similar, vaccinations should be given as soon as possible after receiving the medicine. It is recommended that the platelet count is kept $\geq 30 \times 10^9/L$. Specialist advice is recommended. After vaccination, apply firm pressure over the injection site, without rubbing, for 10 minutes to reduce the risk of bruising. |
| Are you pregnant? | AstraZeneca is not recommended during pregnancy. There are no theoretical safety concerns specific to AstraZeneca in pregnancy but there is more experience with Pfizer vaccine. Pfizer is the recommended vaccine in pregnancy. Use of COVID-19 Vaccine AstraZeneca in pregnant women should be based on an assessment of whether the benefits of vaccination outweigh the potential risks. |

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| Do you have any other questions? Breastfeeding | AstraZeneca is considered safe when breastfeeding. |
| Immunosuppression due to disease or treatment | The antibody response to the vaccine may be reduced and protection may be suboptimal, but it is still likely to offer some protection particularly against severe disease and there are no safety concerns. |
| Lymph clearance | Patients may have been advised on specific timing of vaccinations to fit into other treatment regimens. Where possible this should be accommodated. If patients have had bilateral lymph clearance, vaccine can be given VL, seek help if unsure. |
| Other vaccines in the last 7 days | The AstraZeneca vaccine may be administered before, after, or at the same time as the influenza, MMR, HPV, diphtheria/tetanus/pertussis combination vaccine (Boostrix), and other vaccines. The only exception to this advice is for the live-attenuated shingles vaccine (Zostavax) where a 7-day interval, before or after administering the AstraZeneca vaccine is advised. |

Vaccine administration: AstraZeneca specific guidance

1. Discuss risks and benefits of the vaccine. See IMAC's AstraZeneca fact sheet and summary info below.
2. Complete pre-vaccination screening for AstraZeneca and fill in written consent.
3. **Obtain prescription if given as a mixed schedule. Mixed schedules count as fully vaccinated.**
4. Use **Guidance for AstraZeneca COVID-19 Vaccine Preparation** document when preparing the vaccine.

Expected vaccine reactions

Reported side effects include injection site tenderness (>60%); injection site pain, headache, fatigue (>50%); muscle pain, malaise (>40%); fever, chills (>30%); and arthralgia, nausea (>20%). The majority of adverse reactions were mild to moderate in severity and usually resolved within a few days of vaccination. When compared with the first dose, adverse reactions reported after the second dose were milder and reported less frequently. Adverse reactions were generally milder and reported less frequently in older adults (≥65 years old).

Thrombosis with Thrombocytopenia Syndrome (TTS)

The observed rate of TTS is around 20 per million first doses (ten times rarer after second dose at around 1.9 per million) occurring around 2 weeks after vaccination (range 1-83 days). Cases range from mild to severe; case-fatality rate in Australia is around 3%. More severe cases appear in younger people (under 60 years) with clots in unusual locations such as brain and abdomen.

Immune thrombocytopenia (ITP, also known as idiopathic thrombocytopenic purpura)

ITP is a rare immune reaction which leads to the destruction of platelets, that can occur after a viral infection, such as COVID-19, or vaccination. Symptoms include unusual skin bruising or clusters of small red or purple spots that do not disappear when pressed, unusual bleeding that is hard to stop from nose or mouth, or blood in urine or stools

ITP has been rarely reported after the first dose of COVID-19 Vaccine AstraZeneca, occurring from 1 week to up to 1 month after vaccination. The estimated incidence is around one case per 100,000 doses. Risk increases with older age (>60 years), male sex and comorbidities, including cardiac and peripheral vascular disease, kidney disease, diabetes, very high blood pressure and smoking. Cases reported in Australia have mainly been mild, with around one third having no symptoms or minor bruising; about 5% develop severe bleeding which can be fatal.

Guillain-Barré Syndrome (GBS)

There is a rare association with the AstraZeneca vaccine and GBS. A UK study estimated 38 excess cases of Guillain-Barré syndrome per 10 million people receiving AstraZeneca vaccine compared with 145 excess cases per 10 million people after a positive SARS-CoV-2 test. Australian data has shown 10 cases per million vaccinated with AstraZeneca. Symptoms include weakness and paralysis in the hands or feet that can progress to the chest and face over a few days or weeks.

Post-vaccination advice

The usual advice post COVID-19 vaccine applies, plus guidance on the need to seek immediate medical attention if they develop symptoms such as a severe or persistent headaches, blurred vision, confusion, seizures, shortness of breath, chest pain, leg swelling, leg pain, persistent abdominal pain or unusual skin bruising and or petechia a few days after vaccination.

CALL 0800 IMMUNE (466 863) FOR CLINICAL ADVICE, 8AM - 8PM, 7 DAYS PER WEEK