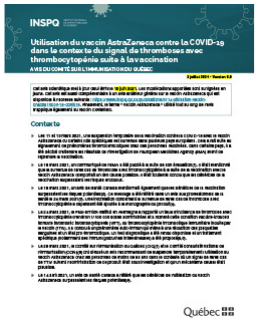
Use of the AstraZeneca vaccine against COVID-19 in the context of thrombosis signal with thrombocytopenia following vaccination



PDF icon Read the document

This scientific opinion updates the one issued on June 10, 2021. This opinion is also complementary to a previous general opinion on the AstraZeneca vaccine which is available at the following address: https://www.inspq.qc.ca/publications/ 3114-use-vaccine-chad0x1ncov-19-covid19 . Finally, the term "AstraZeneca vaccine" used throughout the advisory also applies to the Covishield vaccine.

Recommendations

The following recommendations modulate those issued by the CIQ on June 10, 2021. They stem from available data on the impact of the interval between the two doses of AstraZeneca vaccine as well as on recent information concerning the reactogenicity and immunogenicity of a mixed vaccine schedule combining a first dose of AstraZeneca vaccine and a second dose of messenger RNA vaccine.

- The AstraZeneca vaccine is highly effective in field studies and should remain a tool in our arsenal of effective measures to control the COVID-19 pandemic. It belongs to the category of viral vector vaccines that pose a risk of TTIV that is not reported with messenger RNA vaccines against COVID-19. Consequently, when messenger RNA vaccines are available, the CIQ maintains its recommendation to offer them preferentially to all individuals who belong to the groups for which they are authorized, who have no contraindications and who are starting their vaccination for a 2-dose schedule. This general recommendation is consistent with that issued by the National Advisory Committee on Immunization.
- As people 45 and older have access to messenger RNA vaccines, the CIQ maintains its recommendation to no longer routinely offer them the AstraZeneca vaccine for the first dose in all age groups. However, the AstraZeneca vaccine remains recommended for people aged 18 and over who have a contraindication to the use of a messenger RNA vaccine and who must start or complete their vaccination.
- For people under 45 who have received the AstraZeneca vaccine as the 1st dose, it seems preferable, as a precaution, to offer a messenger RNA vaccine for the 2nd dose. A person who still wishes to receive a second dose of the AstraZeneca vaccine could be offered it. Informed consent will then be required in relation to the risk of TTIV with the AstraZeneca vaccine in people under 45 years of age, the correct immune response to a schedule including a 1 st dose of AstraZeneca vaccine followed by a dose of RNA vaccine messenger, and the CIQ recommendation to offer a messenger RNA vaccine.
- For people 45 and older who would have received the AstraZeneca vaccine as the 1st dose, the CIQ also favors offering a messenger RNA vaccine for the 2nd dose, although offering a 2nd dose AstraZeneca vaccine remains a valid option that should be available. This recommendation is in line with very recent immunogenicity data suggesting that a "1st dose AstraZeneca + 2nd dose messenger RNA vaccine" regimen provides an immune response, measured in the laboratory, greater than two doses of AstraZeneca vaccine, in particular against some variants. Despite everything, hindsight with the use of a "1st AstraZeneca dose + 2nd dose messenger RNA vaccine dose" is limited. The administration of a 2nd dose of AstraZeneca vaccine remains a valid option since this schedule has been more widely studied and offers very good protection against COVID-19. With respect to safety, the data are inconclusive as to which regimen is associated with greater reactogenicity when an interval of 8 weeks or more between doses is used. The CoM-cov study underway in the UK may provide answers to this question shortly. Furthermore, the potential risk of TTIV appears extremely low after the 2nd dose in people aged 45 and over, regardless of the vaccination schedule used.
- The CIQ recommends using an interval of 8 weeks or more between doses of the AstraZeneca COVID-19 vaccine to achieve greater protection than that provided by the minimum interval of 4 weeks. If people were to be vaccinated with an interval shorter than 8 weeks, it would be important to inform them that the effectiveness of the AstraZeneca vaccine seems to increase with a longer interval between doses and to obtain informed consent. This interval of 8 weeks or more between doses could also be used as part of a "1st dose AstraZeneca + 2nd dose messenger RNA vaccine dose". The immunogenicity studies available on such a schedule also provided for an interval of 8 weeks or more between doses. It is important that the offer of a 2nd dose of vaccine against COVID-19 be done according to the order of priority already established.
- The CIQ recalls that people who have had TTIV (confirmed or not) after the first dose of the AstraZeneca vaccine as well as those with a history of heparin-induced thrombocytopenia or idiopathic capillary leak syndrome should not receive the AstraZeneca vaccine. .

Committee:
- Quebec Immunization Committee

Subject(s):
- Immunization
- COVID-19

Collection:
- CIQ Short Notices

Type of publication:
- Provisional guidance

5 July 2021

Message error:

French

- The CIQ recommends that people to be vaccinated and healthcare professionals be well informed of the rare but possible occurrence of TTIV after vaccination with the AstraZeneca vaccine, as well as the clinical manifestations to be monitored.
- Some of these recommendations may be revised as needed depending on the evolution of the epidemiology of COVID-19 in Quebec, the presence of certain variants that could increase the virulence of SARS-CoV-2, the availability of different vaccines against COVID-19 as well as the advancement of knowledge on this subject.

The institute
Quebec Public Health Laboratory
Quebec Toxicology Center
Contacts
Jobs
Map of the site

Skills

Desarrollo de las personas y comunidades
Enfermedades infecciosas
Habitos de vida y prevention de fermedades cronicas
Environmental health and toxicology
Salud de los indigenas
Occupational safety
Security and prevention of trauma