March 29, 2021

Alberta COVID-19 Immunization Program Update

Change in AstraZeneca Vaccine Eligibility

Dear Colleagues,

Please see below for some important information about COVID-19 immunization in Alberta.

Key Messages

AstraZeneca:

- Across Canada, eligibility for Astra Zeneca is being paused for those **under the age of 55** while more investigation happens on Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT).
- The vaccine remains a good choice for those who are at risk of severe outcomes from COVID-19 based on age who would otherwise have to wait several months to access a vaccine.
- Diagnostic and treatment information is available at https://covid19-sciencetable.ca/sciencebrief/vaccine-induced-prothrombotic-immune-thrombocytopenia-vipit-following-astrazeneca-covid-19-vaccination/
- If this condition is identified, it should be reported immediately by completing and submitting an AEFI report form. If unable to complete the form, call 1-855-444-2324 (1-855-444-CDCI).

Phase 2B:

- The launch of Phase 2B, for those with high-risk medical conditions, will be happening this week.
- The list of eligible conditions is at https://www.alberta.ca/assets/documents/covid19-vaccine-phase-2B-eligibility-fact-sheet.pdf.
- There is an opportunity for clinician discretion; if you have patients who you feel are at high risk despite not meeting the precise criteria listed here, you can facilitate vaccine access for them.

AstraZeneca Eligibility Change

Due to emerging evidence that the AstraZeneca vaccine is linked to an immune-mediated pro-thrombotic condition, the Canadian Council of Chief Medical Officers of Health and National Advisory Committee on Immunization have recommended that use of this vaccine be paused in people under the age of 55. The pause is in order to gather more information about this condition, termed Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT). Note that some other countries are using the term Virus/Vaccine-Induced as COVID-19 infection also induces hypercoagulability, and a similar mechanism may be present in some of these cases.

Based on currently available evidence, this syndrome does not appear to be linked to pre-existing risk factors for clotting and it is not clear at the moment whether there are particular characteristics that put individuals at higher risk of experiencing this outcome. The currently reported frequency of this syndrome ranges from 1/25,000 doses in Norway to 1/1 million doses in the UK, with clotting events happening about 4 to 20 days after immunization. None of these events have been reported to date in Canada. There is no linkage of this syndrome to mRNA vaccines (Pfizer and Moderna).

It is important to remember that those who experience a COVID-19 infection have a very high risk of clotting events, and that a decision of a patient to take this vaccine or not, should weigh the benefits of a high level of protection from severe COVID-19 outcomes against the rare risk of this syndrome. This deliberation should take into account the fact that COVID-10 cases and exposure risk are rising in the province. The pause in offering this vaccine to those under the age of 55 is due to the fact that younger

people have a lower risk of severe outcomes from COVID-19 infection, and more information is needed on the details of VIPIT to best provide informed consent, balancing benefits and risks of this particular vaccine. There have been a variety of responses to this issue in different countries, based on risk assessment, epidemiology, and availability of other vaccine products.

Those who have already received the AstraZeneca vaccine and who may be worried about risks of blood clots should be informed that the risk is very low; however, if they experience any of the following symptoms within 4 to 20 days after immunization, they should immediately seek medical attention.

Symptoms include a severe headache that does not go away; a seizure; difficulty moving part of the body; new blurry vision that does not go away; difficulty speaking; shortness of breath; chest pain; severe abdominal pain; new severe swelling; pain; or colour change of an arm or a leg.

If a patient presents with one or more of these symptoms within 4 to 20 days after receiving an AstraZeneca vaccine, a hematology consult would be indicated. Additional information on clinical treatment can be found at https://covid19-sciencetable.ca/sciencebrief/vaccine-induced-prothrombotic-immune-thrombocytopenia-vipit-following-astrazeneca-covid-19-vaccination/. If the patient received AstraZeneca vaccine more than 20 days prior, they would not be considered to be at risk of this syndrome.

If this condition is identified, it should be reported immediately by completing and submitting an AEFI report form. If unable to complete the form, call 1-855-444-2324 (1-855-444-CDCI). More information is available at: https://www.albertahealthservices.ca/info/Page16187.aspx.

Decisions on the type of second dose that will be offered to those who have been vaccinated with AstraZeneca vaccine will be determined based on the latest evidence and research. We will review evidence as it emerges to determine options for completing the vaccine series with other vaccine products, if needed.

Phase 2B: High Risk Medical Condition Eligibility

The next phase of our immunization program, Phase 2B, will be launching this week. This phase includes those with medical conditions that put them at higher risk of severe outcomes, and you may have patients coming to you with questions about whether or not they qualify.

We are not requiring verification of the presence of a chronic condition for eligibility in this category, in order to prevent a surge of patients requesting clinician notes to get vaccine. We will be operating on an honor system where patients will be asked to attest that they have one or more of the eligible conditions. If a patient presents requesting a note for vaccine, you can reassure them that this is not required as long as their condition is clearly on the eligible list.

If you have not already seen it, the detailed list of conditions that are included in Phase 2B is at https://www.alberta.ca/assets/documents/covid19-vaccine-phase-2B-eligibility-fact-sheet.pdf. While most patients will either clearly fit in this list or not, there may be some for whom discretion is required. For example, patients with asthma who have not had an emergency department visit or hospital admission in the past year are not included in the eligibility criteria, as those with mild, well-controlled asthma have not been shown to have a higher risk of severe outcomes from COVID-19 infection. However, you may have patients with severe asthma whom you believe would be at significant risk even though they have not required hospital care in the past year (possibly because of the dramatic reduction in all respiratory viruses in this timeframe). If you have a patient like this whom you believe should be eligible due to their condition or treatment, you can exercise clinical discretion and provide them with a note that they can take to their immunization appointment.

Finally, we know that there have been questions about whether exceptions should be made to the increase in the dosing interval for those who have immune compromising conditions. The National Advisory Committee on Immunization is currently looking at the evidence on this question and we anticipate hearing guidance from them soon.

