

## Clinical assessment / consent for AstraZeneca vaccine

1. Hello, my name is .....
2. What is your name?
3. Locate and open Pinnacle record
4. Check patient's DOB & NHS number or address
5. **Add your name at the top as the pre-screener**
6. Check for previous COVID vaccine doses
7. Go through the contraindications and cautions on Pinnacle
8. Ask if they have had COVID in the past 28 days. This is a caution under National Protocol - discuss with clinical lead
9. Confirm that they will receive the AstraZeneca vaccine 1<sup>st</sup>/2<sup>nd</sup> dose
10. Give information and answer questions
11. Document consent and **Partial Save** form
12. Offer information leaflet and direct to vaccination area

## Additional points to remember

- AstraZeneca **may not be given** to people with a history of:
  - heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)
  - major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine
- AstraZeneca is **not a preferred** vaccine '1<sup>st</sup> dose' choice for:
  - Pregnant women
  - People aged 18-39 years without underlying health condition (e.g. health and social care workers, unpaid carers and household contacts of immunosuppressed individuals)
- Under the National Protocol, **we cannot vaccinate anyone under 18**
- See Page 3 for support in assessing appropriateness for AstraZeneca
- People who took part in a vaccine **clinical trial** can be vaccinated under the National Protocol (v4), after Clinical / Pharmacy Lead has reviewed the unblinding email.

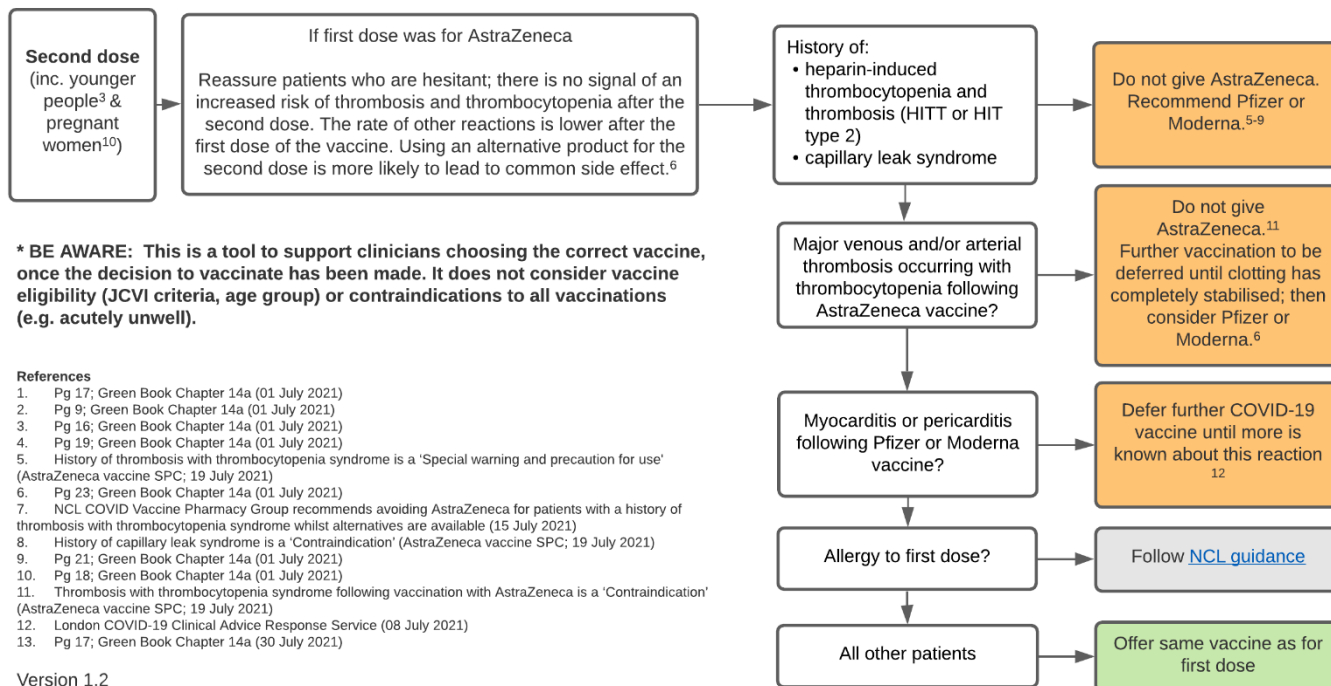
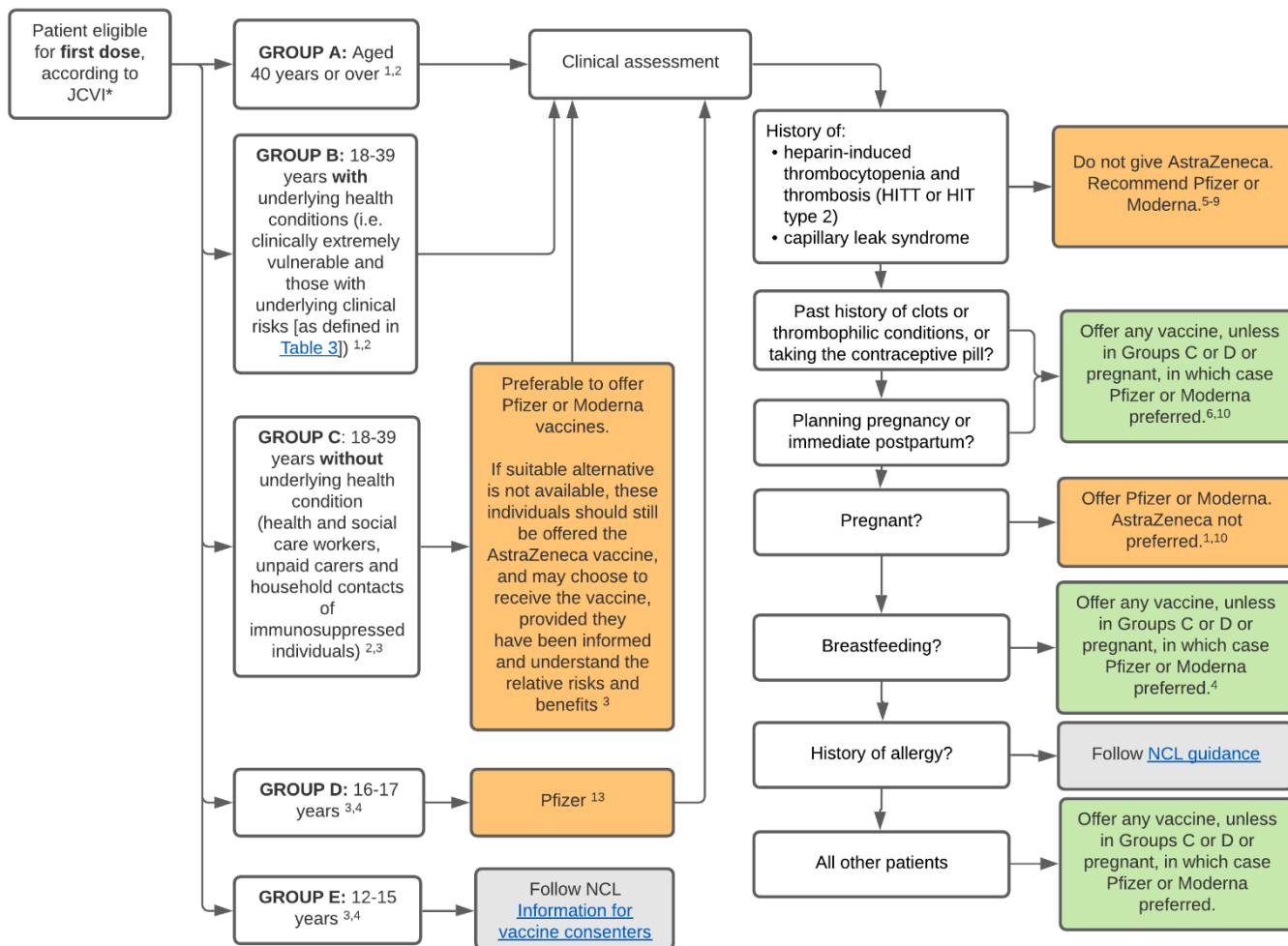
## Information to give to patients

- We recommend giving vaccine into the non-dominant arm. After axillary clearance surgery or if there is a patient preference, we will use the other arm.
- Vaccines give some protection against infection after one dose (*reduces risk of symptomatic infection by  $\frac{1}{3}$  [Delta/Indian variant] to  $\frac{1}{2}$  [Alpha/UK variant]*).
- It is really important to get your second dose as this will significantly boost your protection. It is especially important with the Delta/Indian variant. Maximal protection of >80% will be achieved 2 weeks after the second dose. The second injection will be given at 4-12 weeks as approved by JCVI.
- The rules around social distancing, masks etc. are the same for vaccinated people as they are for unvaccinated people.
- It takes about three weeks for the immunity to develop, so it is important not to take any extra risks.
- There is some evidence for reduced transmission, but no vaccine is perfect, so you can still get the virus and spread it to others.
- **Local reactions** are common and include pain and tenderness at the injection site with redness, swelling, itching and warmth.
- **Common systemic reactions** include headache, tiredness, muscle aches, raised temperature and nausea.
- If temperature stays above 38 degrees then you may have COVID and need to get tested.
- Paracetamol can be taken regularly or as needed and will not stop the vaccine working. If symptoms last more than a week, are much worse than expected, or you are concerned, speak to GP or call NHS 111.
- There have been reports of an **extremely rare but serious condition involving blood clots and unusual bleeding** after the AstraZeneca vaccine. This is being carefully reviewed but the risk factors for this condition are not yet clear. Death from this is extremely rare, about 2 per million people receiving their first dose – this is similar to the risk of you drowning in the bath this year. If you are 40 years old or over, or have underlying health conditions, the benefits of vaccination outweigh any risk. The vaccine will reduce your risk of long-COVID, hospitalisation, admission to intensive care, death and there is growing evidence that vaccination also reduces your risk of spreading the virus to others.
- As a precaution, if you experience any of the following from **around 4 days to 4 weeks** after you vaccination you should seek medical advice urgently [signpost to the pink box in the 'What to expect after your COVID-19 vaccination' booklet].

**Questions or concerns? Ask the marshal or floor-walker to speak to the clinical lead**

# Choosing the correct vaccine after a decision to offer a COVID-19 vaccine has been made

To support Ops, or HCPs making decisions about where to direct a patient, or vaccination centres who offer >1 vaccine each day



**\* BE AWARE: This is a tool to support clinicians choosing the correct vaccine, once the decision to vaccinate has been made. It does not consider vaccine eligibility (JCVI criteria, age group) or contraindications to all vaccinations (e.g. acutely unwell).**

### References

1. Pg 17; Green Book Chapter 14a (01 July 2021)
2. Pg 9; Green Book Chapter 14a (01 July 2021)
3. Pg 16; Green Book Chapter 14a (01 July 2021)
4. Pg 19; Green Book Chapter 14a (01 July 2021)
5. History of thrombosis with thrombocytopenia syndrome is a 'Special warning and precaution for use' (AstraZeneca vaccine SPC; 19 July 2021)
6. Pg 23; Green Book Chapter 14a (01 July 2021)
7. NCL COVID Vaccine Pharmacy Group recommends avoiding AstraZeneca for patients with a history of thrombosis with thrombocytopenia syndrome whilst alternatives are available (15 July 2021)
8. History of capillary leak syndrome is a 'Contraindication' (AstraZeneca vaccine SPC; 19 July 2021)
9. Pg 21; Green Book Chapter 14a (01 July 2021)
10. Pg 18; Green Book Chapter 14a (01 July 2021)
11. Thrombosis with thrombocytopenia syndrome following vaccination with AstraZeneca is a 'Contraindication' (AstraZeneca vaccine SPC; 19 July 2021)
12. London COVID-19 Clinical Advice Response Service (08 July 2021)
13. Pg 17; Green Book Chapter 14a (30 July 2021)

Version 1.2