

Vaccinating those who are aged 18-39

This paper looks to provide some additional guidance in the interpretation of the wording around the use of AZ vaccine in those aged 18-39 years.

The **Green Book**, as of 5th July 2021, uses the words:

“JCVI are advising a preference for a vaccine other than AstraZeneca to be offered to healthy people under 40 years of age”

It goes on to say:

“In the absence of a suitable alternative these individuals should still be offered the AstraZeneca vaccine, and may choose to receive the vaccine, provided they have been informed and understand the relative risks and benefits.”

The **Information for healthcare professionals on blood clotting following COVID-19 vaccination**, updated on 8th June 2021 states:

“in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AZ vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise”

It also states:

“for those aged 18 to 29 years the precautionary advice for a vaccine preference is stronger, reflecting a gradient in the benefit-risk balance with age”

Wording from the national **Clinical Workstream Update** issued on 30th June included the following:

On the 7th May, [JCVI updated its guidance](#) on the choice of COVID-19 Vaccine available for those under the age of 40. This states:

JCVI advises that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise.

Colleagues are therefore reminded of the below:

- All those under the age of 40 who are yet to have their first dose **should be preferentially offered the Pfizer BioNTech or Moderna vaccines**, unless there is a **clinical reason** that precludes the use of either of these alternative vaccines. e.g. PEG allergy.
- If there is a **clinical reason for a person under 40** to receive vaccination with AstraZeneca, informed consent following a discussion about risks and benefits to the individual must be obtained. **In these circumstances, authorisation to proceed must be obtained from the Senior Clinical Lead on duty before the person receives their vaccine.**

This is particularly important for those sites running drop in or pop up sessions. This may mean that the person is advised to attend a different vaccination site or return on a day when alternative vaccines are available.

Further information to support sites with this is available in the appendix.

The wording from this clinical workstream update seems to be giving a stronger message than the previous two sources of advice quoted above. The focus of the first bullet point is that a vaccine other than AZ should be offered unless there is a *clinical* reason to offer AZ vaccine. The only contraindications to receiving a Pfizer or Moderna vaccine quoted in the Green Book are:

- prior systemic allergic reaction to the COVID-19 vaccine
- for an mRNA-based COVID19 vaccine, prior allergic reaction to another mRNA vaccine
- prior allergic reaction to a component of the vaccine, including PEG

As we are only talking about first doses then it is only the third bullet point that is relevant. A history of immediate anaphylaxis to multiple, different drug classes, with the trigger unidentified, is a special precaution rather than an absolute contraindication.

On this basis therefore the guidance is saying that the only justification to give AZ vaccine as a first dose to a person under 40 is if they are known to be allergic to a component of the vaccine, including PEG.

The clinical workstream update does not cover the situation where it is practically difficult to provide a Pfizer or AZ vaccine, such as when someone is housebound. In these circumstances it is likely that the individual is at higher risk of COVID-19 and therefore the risk/benefit ratio for AZ vaccine will be different. In these circumstances it is assumed that offering AZ vaccine is preferable to not offering any vaccine. Although as always in these situations, the patient needs to be appropriately consented and the consent documented.

To reiterate, this guidance applies to first doses only. Anyone of any age who has had a first dose of AZ without suffering an allergic response or a thrombotic with thrombocytopenia episode can safely have a second dose of AZ vaccine.