

## DERBYSHIRE MEDICINES MANAGEMENT TEAM (DMMT)

### Unvaccinated adults aged 30 to 39 years who are not in a clinical priority group - Position Statement

The Derbyshire Medicines Management Team in conjunction with both the Local Vaccination Services and Primary Care Network Clinical Leads endorse the national position on the vaccination of unvaccinated adults aged 30 to 39 years who are not in a clinical priority group by the Joint Committee of Vaccination and Immunisation (JCVI).

The statement from the JCVI states:

- In addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, only where no substantial delay or barrier in access to vaccination would arise.
- Every effort should be made to remove barriers to accessing vaccination in those who are under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the risks of acquiring and/or suffering complications of COVID-19 are higher.

*DMMT recognises patients will require a concordant discussion with their healthcare provider on the benefits and risk of vaccination to make an informed decision. As there is no definition of substantial delay providers will need local knowledge of vaccine supply to inform patients on a case by case basis.*

### DMMT recommendations

To make an informed decision it is important that all individuals are provided with the relevant information, including the benefits and risks, and that they have the opportunity to discuss this with their healthcare provider if they wish. If the patient is under 40 years, an alternative vaccine will become available, but they may need to go to a different vaccination site. [Resources](#), including patient leaflets, are available to support decision making.

Patients under 40 who decide to go ahead after they have considered all the risks and benefits can be vaccinated with the AZ vaccine. The healthcare provider should document the discussion and that the patient has been provided with sufficient information for them to give informed consent to vaccination. [Resources](#), including patient leaflets, are available to support decision making.

### Background information

JCVI's advice is based on the available data on the current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and the current forecast on vaccine supply. Given the risk (albeit extremely rare) of these adverse events associated with the AstraZeneca (AZD1222) vaccine, the current control of COVID-19 in the UK, model predictions of the potential scale and timing of a future wave, and promising forecasts for the availability of vaccines in the UK, JCVI agreed its advice should be updated.

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 (AZD1222) vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise.

For those under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the risks of acquiring and/or suffering complications of COVID-19 are higher. Every effort should be made to remove barriers to accessing vaccination in those individuals.

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.'

### **Benefits and risks of the vaccination**

<b>Age</b>	<b>Risk from COVID-19</b>	<b>Risk of vaccination</b>	<b>Benefit of vaccination</b>
50 years of age or older or with underlying medical conditions	<p><b>Low</b></p> <ul style="list-style-type: none"> <li>• chance of catching and spreading infection</li> </ul> <p><b>Very high</b></p> <ul style="list-style-type: none"> <li>• hospitalisation</li> <li>• intensive care admission</li> <li>• death</li> </ul> <p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• Long COVID</li> </ul>	<p><b>Uncommon</b></p> <ul style="list-style-type: none"> <li>• sore arm</li> <li>• feeling tired</li> <li>• headache</li> <li>• general aches</li> <li>• flu like symptoms</li> </ul> <p><b>Extremely rare</b></p> <ul style="list-style-type: none"> <li>• clotting problems (around 1 in 100,000 first doses)</li> </ul>	<p><b>One dose more than 80% reduction</b></p> <ul style="list-style-type: none"> <li>• deaths</li> <li>• hospitalisation</li> <li>• intensive care</li> </ul> <p><b>Two doses more than 95% reduction</b></p> <ul style="list-style-type: none"> <li>• deaths</li> </ul> <p><b>One dose between 60% and 70% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul> <p><b>Two doses more than 85% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul>
40 to 49 years of age	<p><b>High</b></p> <ul style="list-style-type: none"> <li>• chance of catching and spreading infection</li> </ul> <p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• hospitalisation</li> <li>• intensive care admission</li> <li>• death</li> <li>• Long COVID</li> </ul>	<p><b>Common</b></p> <ul style="list-style-type: none"> <li>• sore arm</li> <li>• feeling tired</li> <li>• headache</li> <li>• general aches</li> <li>• flu like symptoms</li> </ul> <p><b>Extremely rare</b></p> <ul style="list-style-type: none"> <li>• clotting problems (around 1 in every 100,000 first doses)</li> </ul>	<p><b>One dose between 60% and 70% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul> <p><b>Two doses more than 85% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul>
30 to 39 years of age	<p><b>High</b></p> <ul style="list-style-type: none"> <li>• chance of catching and spreading infection</li> </ul> <p><b>Low</b></p> <ul style="list-style-type: none"> <li>• hospitalisation</li> <li>• intensive care admission</li> <li>• death</li> </ul> <p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• Long COVID</li> </ul>	<p><b>Common</b></p> <ul style="list-style-type: none"> <li>• sore arm</li> <li>• feeling tired</li> <li>• headache</li> <li>• general aches</li> <li>• flu like symptoms</li> </ul> <p><b>Extremely rare</b></p> <ul style="list-style-type: none"> <li>• clotting problems (around 1 in 50,000 first doses)</li> </ul>	<p><b>One dose between 60% and 70% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul> <p><b>Two doses more than 85% reduction</b></p> <ul style="list-style-type: none"> <li>• catching and passing on infection</li> </ul>

18 to 29 years of age	<p><b>Very high</b></p> <ul style="list-style-type: none"> <li>• chance of catching and spreading infection</li> </ul> <p><b>Very low</b></p> <ul style="list-style-type: none"> <li>• hospitalisation</li> <li>• intensive care admission</li> <li>• death</li> </ul> <p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• Long COVID</li> </ul>	<p><b>Very common</b></p> <ul style="list-style-type: none"> <li>• sore arm</li> <li>• feeling tired</li> <li>• headache</li> <li>• general aches</li> <li>• flu like symptoms</li> </ul> <p><b>Extremely rare</b></p> <ul style="list-style-type: none"> <li>• clotting problems (around 1 in 50,000 first doses)</li> </ul>	
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It has been estimated that the vaccine programme has prevented 10,400 deaths in adults aged 60 years and older up to the end of March with a vaccine effectiveness of a single dose against hospitalisation estimated at 80% for both the Pfizer/BioNTech and the AZ vaccines.

### **Incidence of Cerebral Venous Sinus Thrombosis**

A detailed review of all suspected cases is ongoing and based on the reports received by the MHRA as of 28th April, there were 49 fatal cases from the 242 events reviewed with an estimated overall case fatality rate of 20%. This compares with the clear demonstrable benefits from the COVID vaccination programme. For the latest information please see the weekly summary from the [MHRA](#). Since the 4th January to 28th April 2021 22.6 million first doses and 5.9 second doses million doses of the AZ vaccine have been administered across the UK.

### **Mortality**

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### **Association with other vaccines**

All suspected cases following vaccination with any of the COVID-19 vaccines being used in the UK are undergoing a detailed review by the MHRA. Up to 28th April 2021, the MHRA received 242 reports of thrombosis events with low platelets of which 93 were cerebral venous sinus thrombosis (CVST), out of a total of 22.6 million first doses of COVID-19 AZ vaccine given by that date in the UK. For the latest information please see the weekly summary from the MHRA.

There has also been a small number of reports of a similar syndrome following receipt of the Johnson & Johnson/Janssen COVID-19 vaccine (also an adenovirus vector vaccine, although using a different vector) in the USA. Following a detailed investigation and temporary pause in the use of the vaccine in the USA, the CDC and FDA announced the resumption of the use of the vaccine for all age groups on 23rd April 2021. This vaccine is not currently approved for use in the UK. There is currently no evidence to suggest these rare events occur following administration of either the Pfizer/BioNTech or Moderna vaccines which are available in the UK.

Although these extremely rare events have been associated with the AZ vaccine and Johnson& Johnson/Janssen vaccines, further investigations are underway to understand the biological mechanisms and whether the association is related to the vaccine platform (the way in which the vaccine delivers antigen) or some other immunological mechanism.

This statement was correct at time of publishing:  
19<sup>th</sup> May 2021

## **References**

1. JCVI announcement regarding AstraZeneca Vaccine and next steps  
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<https://www.gov.uk/government/publications/covid-19-vaccination-blood-clotting-information-for-healthcare-professionals> (Accessed 12/05/21)
3. COVID-19 vaccination and blood clotting - Information about your vaccination  
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