**COVID-19 Vaccine (ChAdOx1-S [recombinant])**

**VAXZEVRIA™**  Supplier: AstraZeneca

**INDICATIONS:**
- Individuals 18 years of age and older for dose 2. \(^A^, ^B\)

This vaccine is not approved for use in those less than 18 years of age. \(^C\) Note: this vaccine is not currently available in Canada.

**DOSES AND SCHEDULE:**
Adults 18 years of age and older: 2 doses given as 0.5 mL IM, 8 to 12 weeks apart. \(^D^, ^E^, ^F\)

For individuals who are moderately to severely immunosuppressed (see COVID-19 Vaccine Eligibility), a 3-dose primary series is recommended. \(^G\) The 3rd dose should be provided at least 28 days after the 2nd dose. Moderna COVID-19 vaccine is preferentially recommended for all doses in the primary series. If Moderna is unavailable, Pfizer-BioNTech can be given.

**NOTE:** A fall booster dose with a COVID-19 mRNA vaccine is recommended for individuals 5 years of age and older at least 6 months after completion of the primary series or a previous booster dose. See BOOSTER DOSES.

**ADMINISTRATION:**
- No reconstitution required.

Storage and Handling:
- Unopened multidose vial:
  - +2°C to +8°C up to the end of its expiry date, kept in the original packaging and protected from light. Do not freeze.
- Opened multidose vial:
  - After first vial puncture, the vaccine is stable at room temperature (up to +30°C) for 6 hours OR at +2°C to +8°C for 48 hours.
  - After the first vial puncture, the vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed 6 hours, and the total cumulative storage time must not exceed 48 hours. After this time, the vial must be discarded.
  - The vaccine can be pre-loaded into a syringe for up to 6 hours at room temperature (up to +30°C).

\(^A\) This vaccine is no longer being offered as a first dose, unless all other authorized COVID-19 vaccines are contraindicated or have been refused, due to the reduced effectiveness and the possible adverse effects specifically associated with viral vector vaccines (e.g., Thrombosis with Thrombocytopenia Syndrome [TTS]).

\(^B\) Informed consent should include the risk and symptoms of Thrombosis with Thrombocytopenia Syndrome (TTS) versus the individual's risk of serious illness from COVID-19, as well as the need to seek immediate medical care should symptoms develop.

\(^C\) The minimum age for vaccine receipt is based on age at presentation.

\(^D\) NACI recommends that individuals who received a first dose of the AstraZeneca/COVISHIELD vaccine may receive either AstraZeneca vaccine or an mRNA vaccine (Pfizer-BioNTech or Moderna) for their second dose, unless contraindicated.

\(^E\) While the approved minimum interval between dose 1 and 2 is 4 weeks, the preferred interval is 8 to 12 weeks. If administration of the second dose is delayed, the series does not need to be restarted.

\(^F\) The 2nd dose may be given with Janssen COVID-19 vaccine (Ad26.COV2.S [recombinant]) if AstraZeneca vaccine is not available; recipients should be advised that mRNA vaccine is preferable for a 2nd dose for those without a contraindication to mRNA vaccine because of improved protection against COVID-19.

\(^G\) For individuals who received a single dose of Janssen vaccine, one additional dose of Moderna COVID-19 vaccine is recommended at least 28 days later.
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ADMINISTRATION (continued):
  o  Ensure that the vial/syringe is clearly labelled with the date and time of first vial entry.
  o  During use, vials/syringes may be handled in room light conditions.

BOOSTER DOSES:
A fall booster dose of a COVID-19 mRNA vaccine is recommended for individuals 5 years of age and older at least 6 months after completion of the primary series or a previous booster dose, regardless of the number of booster doses previously received. See COVID-19 Vaccine Eligibility for more information.

SEROLOGICAL TESTING:
Serological testing is not recommended before or after immunization.

CONTRAINDICATIONS:
1. History of anaphylactic reaction to a previous dose of the vaccine or to any component of the vaccine. These individuals should be offered an mRNA COVID-19 vaccine and observed for at least 30 minutes after immunization.
2. History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. These individuals should be offered an mRNA vaccine pending advice of the involved hematologist.
3. History of capillary leak syndrome.

PRODUCT COMPONENTS:
Potential allergens: polysorbate 80. Other components: disodium edetate dihydrate, ethanol, L-histidine, L-histidine hydrochloride monohydrate, magnesium chloride hexahydrate, sucrose.

PRECAUTIONS:
• For individuals with suspected hypersensitivity or non-anaphylactic allergy to COVID-19 vaccine components, the vaccine should be administered in a controlled setting with expertise and equipment to manage anaphylaxis, with an extended period of observation post-vaccination of at least 30 minutes.
• Individuals who have experienced a previous cerebral venous sinus thrombosis (CVST) with induced thrombocytopenia (HIT) should only receive this vaccine if the benefits outweigh the potential risks and an mRNA vaccine is unavailable.
• Wait until symptoms of an acute illness are resolved before vaccinating with COVID-19 vaccine to differentiate symptoms of illness from vaccine side effects.
• Individuals diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) should delay COVID-19 vaccination until they have recovered from illness and for 90 days after the date of diagnosis of MIS-C or MIS-A.
• Additional doses of a COVID-19 vaccine should be deferred in those who experienced a physician-diagnosed myocarditis or pericarditis event following a previous dose of a COVID-19 mRNA vaccine. For guidance on how to proceed with further COVID-19 vaccination, see the PRECAUTIONS section of the Pfizer-BioNTech and Moderna product pages. Deferral is not required for those with a prior history of myocarditis or pericarditis that is unrelated to

A minimum interval of at least 3 months between completion of the primary series or a previous booster dose and the fall booster may be considered in the context of heightened epidemiologic risk or for operational considerations.

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PRECAUTIONS (continued):
- COVID-19 mRNA vaccines and are no longer being followed by a medical professional for heart issues.
- In individuals with a history of immune thrombocytopenia (ITP), the risks of developing low platelet levels should be considered before vaccination.

SPECIAL CONSIDERATIONS:
- COVID-19 vaccines can be administered concomitantly or at any time before or after the administration of another inactivated or live vaccine.
- Deferral of COVID-19 vaccination is no longer recommended for individuals who have received anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19.
- COVID-19 vaccine may be offered to individuals without contraindications who have recovered from SARS-CoV-2 infection.
- COVID-19 booster doses may be deferred in those who have tested positive for COVID-19 (by PCR or rapid antigen test) until 3-6 months from symptom onset or, for asymptomatic cases, from the time of the positive test. For more information refer to the NACI statement.
- Recipients should practice public health measures for prevention of SARS-CoV-2 infection and transmission regardless of vaccination with COVID-19 vaccine.

ADVERSE EVENTS:
Local: pain, swelling, redness, pruritus.
Systemic: fatigue, headache, myalgia, chills, arthralgia, fever, malaise, nausea.

Very rare cases of Guillain Barré syndrome and immune thrombocytopenia (ITP) have been reported.

A potential increased risk of serious blood clots has been observed with most cases having onset 4 to 28 days following receipt of the AstraZeneca vaccine. This adverse event is being referred to as Thrombosis with Thrombocytopenia Syndrome (TTS) and is estimated to occur in approximately 1 in 50,000 vaccine recipients. The frequency of TTS following a second dose is currently reported as approximately 1 per 600,000. Symptoms warranting medical attention include: headache beginning beyond 4 days after vaccination, blurred vision, difficulty speaking, seizure, difficulty moving parts of the body, shortness of breath, chest pain, new severe swelling, pain or colour change of an arm or a leg, persistent abdominal pain, abnormal bruising, reddish or purple spots or blood blisters under the skin, or bleeding beyond the site of vaccination.

In addition, a very small number of cases of capillary leak syndrome have occurred in people who received AstraZeneca vaccine. Capillary leak syndrome is a very rare, serious condition that causes fluid leakage from small blood vessels (capillaries), resulting in swelling mainly in the arms and legs, low blood pressure, thickening of the blood and low blood levels of albumin (an important blood protein). As of May 27, 2021, more than 78 million doses of AstraZeneca have been administered in the EU/EEA and the UK, and 6 cases of capillary leak syndrome were observed within 4 days of vaccination; 3 of these cases occurred in individuals with a history of the syndrome.
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REFERENCES:
1. AstraZeneca product monograph
2. National Advisory Committee on Immunization: Recommendations on the use of COVID-19 Vaccine(s)