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MEMORANDUM

I am writing to you today to make sure that you are aware of the recent announcement that, **effective May 11, 2021, Ontario paused the rollout and administration of first doses of AstraZeneca COVID-19 vaccine (AZ)/ COVISHIELD vaccine.**

Why was this decision taken?

- This decision was made out of an abundance of caution due to the increase in the rare blood clotting condition, known as vaccine-induced immune thrombotic thrombocytopenia (VITT) or Thrombosis with Thrombocytopenia Syndrome (TTS), linked to the AstraZeneca/COVISHIELD vaccine.
- The decision to pause is also based on the increase and reliable supply of the Pfizer and Moderna mRNA vaccines in Ontario.

What is Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT) and Thrombosis with Thrombocytopenia Syndrome (TTS)?

- Thrombosis with Thrombocytopenia Syndrome (TTS) is a condition characterized by the presence of acute venous or arterial thrombosis with new onset thrombocytopenia (low levels of platelets), and no known recent exposure to heparin (based on the case finding definition proposed by the Brighton Collaboration).
- Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT) refers to the clinical syndrome of TTS, in addition to laboratory tests that confirm platelet activation (i.e., anti-platelet 4 antibodies). The blood clots associated with this syndrome are more aggressive and more likely to be associated with severe outcomes, than traditional blood clots.
- For more information about clinical assessment and the management of this condition, please see the Ontario Science Advisory Table clinical guidance on VITT

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How did we learn about the cases of VITT?

- We learned about the cases of VITT because of the astute and knowledgeable clinicians and public health officials we have in Ontario. All health care providers have a duty to report adverse events following immunizations (AFEIs) to their local public health unit.
- Following investigation by local public health units, AEFIs are reported to Public Health Ontario who work with provincial and national bodies to review safety signals. AEFIs reporting is part of our comprehensive surveillance program that is helping to ensure the ongoing monitoring of the safety of our COVID-19 Vaccine program.

How do I talk to my patients about this announcement?

- This decision was made out of an abundance of caution. Based on the much higher risks of COVID-19 infection recently observed in Ontario including hospitalization, serious illness and death, we maintain that those who received their first dose with the AstraZeneca vaccine did absolutely the right thing to prevent illness, and to protect their families, loved ones and communities.
- Although the risk of this serious side effect is rare, patients should still be counselled for symptoms to be aware of. If individuals develop any of the following symptoms after receiving the vaccine they should seek immediate medical attention: a severe headache that does not go away; a seizure; difficulty moving part of your body; new blurry vision or double vision that does not go away; difficulty speaking; shortness of breath; severe chest, back, or abdominal pain; unusual bleeding or bruising; new reddish or purplish spots, or blood blisters; or new severe swelling, pain, or colour change of an arm or a leg.

Will a second dose of AstraZeneca vaccine be recommended to individuals who received a first dose?

- In collaboration with health experts at Public Health Ontario, the Science Advisory Table and our federal, provincial and territorial partners, we are reviewing the data to consider options for the use of the AstraZeneca vaccine for second doses and more broadly moving forward.
- We look forward to providing more guidance in advance of people's needing to receive their second dose of the AstraZeneca vaccine. More information will be provided in the coming days.

Regards,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health