

# COVID-19 Vaccine Information for Individuals who received a first dose of the AstraZeneca/COVISHIELD COVID-19 vaccine

Version 4.0 – July 16, 2021

This document provides basic information only and is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

Getting a first dose of AstraZeneca /COVISHIELD COVID-19 vaccine was the right thing to do. It is protecting you and others from severe illness.

**A second dose of a COVID-19 vaccine is needed for the best protection against COVID-19. Being fully vaccinated is especially important because it provides much better protection than only one dose against the delta variant of concern (VOC) that is now in Ontario.**

If you had an AstraZeneca/COVISHIELD COVID-19 vaccine as your first dose, you have a choice about the type of vaccine you can receive for your second dose:

1. **Receive the AstraZeneca/COVISHIELD COVID-19 vaccine for my second dose no less than 8 weeks following my first dose**
2. **Receive an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) for my second dose no less than 8 weeks following my first dose**

This document will help you to decide what choice is right for you. **Make sure any questions you may have are answered by a health care professional.**

On June 17<sup>th</sup>, 2021, the National Advisory Committee on Immunization (NACI) updated their recommendations for individuals that received the AstraZeneca/COVISHIELD vaccine as their first dose:

- Either an mRNA or the AstraZeneca/COVISHIELD vaccine may be offered for the second dose

- An mRNA vaccine **is now preferred** for second doses because current evidence suggests this may produce a better immune response and there is good safety data about having an mRNA vaccine for a second dose
- Individuals who receive two doses of the AstraZeneca/COVISHIELD vaccine are considered protected and do not require additional doses.

More information about NACI's recommendations can be found in this [summary statement](#), on their website.

Here is what we know about a mixed COVID-19 vaccine schedule:

- Current evidence suggests that getting an mRNA vaccine after the first dose of an AstraZeneca/ COVISHIELD COVID-19 vaccine produces a better immune response, including against variants of concern, than a second dose of AstraZeneca/ COVISHIELD vaccine. Several studies are underway to assess this further. It is possible that a better immune response will mean better protection and/or a longer duration of protection.
- There is a possibility of increased short-term side effects after the second dose when using different vaccine type for the second dose, such as headache, fatigue and muscle aches.

Two doses of AstraZeneca/ COVISHIELD COVID-19 vaccine provide good protection against symptomatic COVID-19 and severe outcomes, like hospitalizations and death.

- Clinical trials showed that AstraZeneca/ COVISHIELD COVID-19 vaccine offers the best protection when the two doses are spread out by 12 weeks. When the doses were spread out by  $\geq 12$  weeks, it provided an estimated 82% protection against symptomatic disease. When the two doses were given closer together (9-12 weeks), protection was estimated at 69%.
- Recent data estimate that the AstraZeneca/COVISHIELD COVID-19 vaccine provides an estimated 60% protection against symptomatic disease against the delta variant of concern after two doses.

The AstraZeneca/ COVISHIELD vaccine has been linked with a very rare but serious blood clotting condition, called Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT).\* This is a condition that can be very serious and hard to treat. The rate of VITT is estimated to be between 1 per 26,000 and 1 per 100,000 persons vaccinated with a first dose of an AstraZeneca/COVISHIELD COVID-19 vaccine ([NACI](#)). The rate of VITT in Canada after a first dose has been estimated to be approximately 1 per 55,000 doses given\*. At this time international data suggests that after the second dose, the risk of VITT is estimated to be 1 for every 600,000 doses given. These estimates may change as more people around the world receive a second dose and we learn more. The Moderna and Pfizer-BioNTech COVID-19 vaccines do not cause VITT.

\*To learn more about VITT, see the Ontario COVID-19 Science Advisory Table document: [Vaccine-Induced Immune Thrombotic Thrombocytopenia \(VITT\) Following Adenovirus Vector COVID-19 Vaccination: Lay Summary - Ontario COVID-19 Science Advisory Table](#)

<input type="checkbox"/>	<b>Option 1: Receive the AstraZeneca COVID-19 vaccine for my second dose</b>
<input type="checkbox"/>	<b>Option 2: Receive an mRNA COVID-19 vaccine for my second dose</b>

**I have had the opportunity to ask questions regarding the vaccine I am receiving and to have them answered to my satisfaction.**

To be completed if direct entry into COVAX<sub>ON</sub> is not possible:

<b>Last Name</b>	<b>First Name</b>
<b>Date of Birth</b>	<b>Identification number (e.g., health card, passport, birth certificate, driver's license)</b>
----- / ----- / ----- month      day      year	 