Summary Crib Sheet

National Protocol for COVID-19 Vaccine AstraZeneca (ChAdOx1-S [recombinant])

<https://www.gov.uk/government/publications/national-protocol-for-covid-19-vaccine-astrazeneca-chadox1-s-recombinant>

***Clinicians of LSMP using this quick reference guide must ensure that they have also read and signed a copy of the full National Protocol Document .***

**Exclusions:**

* No consent
* <18
* previous systemic allergic reactions (including immediate onset anaphylaxis) to a previous dose of COVID-19 Vaccine AstraZeneca (ChAdOx1-S [recombinant])or to any component of the vaccine or residues from the manufacturing process
* history of immediate-onset anaphylaxis to multiple classes of drugs or unexplained anaphylaxis
* Pregnancy – however JCVI has advised that vaccination in pregnancy **should** be considered where the risk of exposure to SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19. **Vaccination of pregnant women is not covered by this protocol so a prescriber or PSD would be required.**
* are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for vaccination)
* are participating in a clinical trial of COVID-19 vaccines
* have received a dose of COVID-19 vaccine in the preceding 21 days
* have completed a course of COVID-19 vaccination

**Cautions:**

* history of anaphylaxis to food, an identified drug or vaccine, or an insect sting **can** receive any COVID-19 vaccine, as long as they are not known to be allergic to any component (excipient) of the vaccine.
* individuals with a localised urticarial (itchy) skin reaction (without systemic symptoms) to the first dose of a COVID-19 vaccine should receive the second dose of vaccine with prolonged observation (30 minutes) in a setting with full resuscitation facilities (such as a hospital)
* individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to the first dose of a COVID-19 vaccine can receive the second dose of vaccine in any vaccination setting
* Individuals with a bleeding disorder may develop a haematoma at the injection site.
* Individuals with bleeding disorders may be vaccinated if clinically assessed as safe to receive - A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used followed by firm pressure applied to the site **(without rubbing)** for at least 2 minutes.
* Vaccination should be deferred in those with confirmed COVID infection. Ideally vaccination should be deferred to around four weeks after onset of symptoms or four weeks from the first confirmed positive specimen in those who are asymptomatic.
* Prolonged COVID-19 symptoms are not a contraindication to receiving COVID-19 vaccine but if the individual is seriously debilitated, still under active investigation, or has evidence of recent deterioration, deferral of vaccination may be considered to avoid incorrect attribution of any change in the person’s underlying condition to the vaccine.
* Individuals who are participating in a clinical trial of COVID-19 vaccines who present for vaccination should be referred back to the investigators.
* Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine but it is still important that they are immunised.
* If a woman finds out she is pregnant after she has started a course of vaccine, routine advice is to complete her pregnancy before finishing the recommended schedule. Women should be offered vaccine as soon as possible after pregnancy.
* There is no known risk associated with giving non-live vaccines whilst breastfeeding. JCVI advises that breastfeeding women **may** be offered vaccination with the COVID 19 Vaccine AstraZeneca (ChAdOx1-S [recombinant])
* It should not be routine to offer appointments to give this vaccine at the same time as other vaccines. Scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential side effects. However, where individuals in an eligible cohort present having received another inactivated or live vaccine, COVID-19 vaccination **should** still be considered and may be provided under the protocol, to avoid any further delay in protection and to avoid the risk of the individual not returning for a later appointment. The same applies for other live and inactivated vaccines where COVID-19 vaccination has been received first or where an individual presents requiring two vaccines.

**Common After effects:**

* pain at the injection site
* fatigue
* headache
* myalgia
* chills
* arthralgia
* Mild pyrexia
* Redness at the injection site and injection site swelling,
* nausea
* Lymphadenopathy is very rare

**Vaccinated individuals should be advised that the COVID-19 vaccine may cause a mild fever, which usually resolves within 48 hours. This is a common, expected reaction and isolation is not required unless COVID-19 is suspected.**

**Vaccine Info:**

* COVID-19 Vaccine AstraZeneca, solution for injection in multidose container COVID-19 Vaccine (ChAdOx1-S [recombinant]): 5ml of solution in a 10-dose vial or 4ml of solution in an 8-dose vial
* Store in a refrigerator (2 to 8°C). Do Not Freeze
* Keep vials in outer carton to protect from light.
* Shelf life is 6 months.
* After first dose withdrawn, administer remaining doses from the vial as soon as practically possible and within 6 hours of first use of the vial. The vaccine may be stored between 2°C and 25°C during this in-use period.
* Label vial with the expiry time after first use.
* Once a dose is withdrawn from the vial it should be administered immediately. The vaccine does not contain preservative
* Inspect visually prior to administration and ensure that is a colourless to slightly brown, clear to slightly opaque solution. Discard the vaccine if particulate matter or differences to the described appearance are observed.
* Do not shake the vial.
* Check product name, batch number and expiry prior to administration.
* Aseptic technique should be used for withdrawing each vaccine dose of 0.5 ml into a syringe for injection to be administered intramuscularly. Use a separate sterile needle and syringe for each individual.
* Each vial contains at least the number of doses stated. It is normal for liquid to remain in the vial after withdrawing the final dose. When low dead volume syringes and/or needles are used, the amount remaining in the vial may be sufficient for an additional dose. Care should be taken to ensure a full 0.5ml dose is administered. Where a full 0.5ml dose cannot be extracted, the remaining volume should be discarded.
* A two-dose course should be administered consisting of 0.5ml followed by a second dose of 0.5ml administered between 4 to 12 weeks after the first dose
* The course does not need to be restarted if the second dose is outside of this time frame
* COVID-19 Vaccine AstraZeneca is for administration by intramuscular injection only, preferably into deltoid region of the upper arm.
* Where the individual has been identified by the assessing registered professional as being at increased risk of bleeding, a fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/carer should be informed about the risk of haematoma from the injection.
* Vaccine recipients should be monitored for 15 mins after vaccination, with a longer observation period when indicated after clinical assessment

**Documentation:**

* valid informed consent was given or a decision to vaccinate made in the individual’s best interests in accordance with the Mental Capacity Act 2005
* name of individual, address, date of birth and GP with whom the individual is registered (or record where an individual is not registered with a GP and that appropriate advice has been given)
* name of immuniser and, where different from the immuniser, ensure the professional assessing the individual, person preparing the vaccine, and person completing the vaccine record are identified
* name and brand of vaccine
* date of administration
* dose, form and route of administration of vaccine
* quantity administered
* batch number and expiry date
* anatomical site of vaccination
* advice given, including advice given if excluded or declines immunisation
* details of any adverse drug reactions and actions taken
* supplied via national protocol
* Records should be signed and dated (or password-controlled immuniser’s record on e-records).