

DHSC Q&A JCVI updated advice – 07/05/21

Key messages

- All our COVID-19 vaccines are safe and effective, they are reducing severe COVID-19, slowing transmission and it is formally estimated they have already saved over British 10,000 lives. But the greater value of these vaccines is in fact the lives they will save in the future by keeping the disease under long term control.
- Our medicines regulator, the MHRA, is in charge of patient safety and decides under what conditions a vaccine is approved for use, how many doses should be given and if any groups of people should not have it.
- The MHRA is not changing any of its advice today and the MHRA is clear that any adult aged 18 and over can have the AstraZeneca vaccine unless they have contraindications.
- The Joint Committee on Vaccination and Immunisation, or JCVI, has a different role and advises the Government how vaccines should be used in a public vaccination programme.
- The JCVI has advised today that to keep COVID under control it is vital we maintain the pace and scale of the UK vaccine programme – if it slows down, that increases the chances of an earlier, more dangerous third wave.
- Reviewing the data on extremely rare blood clot related side effects and the overall context of the UK vaccine programme the JCVI supports the argument that favours using vaccines other than AstraZeneca in adults aged 30-39; this does NOT mean JCVI advises against using AstraZeneca in 30-39s only that, where possible, it prefers something else.
- On current plans, our vaccine supply schedule will support this change without limiting the speed and scale of the vaccine rollout. This means we are still on target to offer a first dose to all adults by the end of July.
- There may be some circumstances where the NHS still offers AstraZeneca to a number of patients because it is the only one that is practical under specific circumstances.
- But on balance, it is appropriate to make a further course correction at this point, as long as there is no substantial delay to the vaccine rollout which is our way out of this pandemic.
- People under 40 who have started a 2-dose course of vaccination with any of the UK vaccines should receive the second dose as scheduled; there is currently no safety concerns regarding rare blood clot events with second doses and noting that over 16 million second doses have already been given.

- JCVI is very clear that in the 30-39 age group any of the UK vaccines is always better than no vaccine, unless there are specific contraindications.
- To control Covid-19 long term, we must maintain the pace of the vaccine rollout and finish the job. That's why I urge you to get a jab when it's your turn and crucially to remember it is the second dose which will give you stronger and longer protection.
- You can be confident that the JCVI and the MHRA are keeping all of these matters under continuous and very close scrutiny.

Why has the position changed from the previous statement on 7 April about offering alternatives to AstraZeneca to the under 30s?

JCVI's advice is based on a consideration of all the available data including on current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and current forecasts on vaccine supply.

The Government accepts the updated advice. Our current vaccine supply and rate of infection means we are able to take this precautionary step while remaining on track to achieve our target of offering a vaccine to all adults by the end of July.

Why is the recommendation about under-40s rather than under 50s / 55s/ 60s as in Europe/Canada?

JCVI's advice is based on a consideration of the specific UK situation, including current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and current forecasts on vaccine supply.

This data will vary between countries.

Our current vaccine supply and rate of infection means we are able to take this precautionary step while remaining on track to achieve our target of offering a vaccine to all adults by the end of July.

Will this affect vaccine availability for those in more rural settings or who are housebound?

No – the JCVI are clear that their advised preference applies only where alternatives are available and will not cause substantial delay to the vaccination programme.

We are continuing to work to ensure everyone is able to receive the right vaccine for their personal circumstances, including those living in rural settings or who are housebound.

Our current vaccine supply and rate of infection means we are able to take this precautionary step while remaining on track to hit our target of offering a vaccine to all adults by the end of July.

Should people still get their second doses of the Oxford/AstraZeneca vaccine?

Yes. The JCVI advises that there continues to be no concerning safety signals for this extremely rare adverse event following a second dose of Oxford/AstraZeneca vaccine.

Everybody who has already had a first dose of the Oxford/AstraZeneca vaccine should receive a second dose of the same jab, irrespective of age, except for the very small number of people who experienced blood clots with low platelet counts following their first vaccination or have experienced a severe allergic reaction to their first dose.

The second dose will be important for longer lasting protection against COVID-19.

What is the recommendation if an individual turns 40 between receiving their first and second dose?

Everybody who has already had a first dose of the Oxford/AstraZeneca vaccine should receive a second dose of the same jab, irrespective of age, except for the very small number of people who experienced blood clots with low platelet counts following their first vaccination or have experienced a severe allergic reaction to their first dose.

Can people who've had a first dose of AZ choose to get a second dose of Pfizer or Moderna?

No - the JCVI advises everybody who has already had a first dose of the Oxford/AstraZeneca vaccine should receive a second dose of the same jab, irrespective of age, except for the very small number of people who experienced blood clots with low platelet counts following their first vaccination or have experienced a severe allergic reaction to their first dose.

Can people over 40 or with underlying health conditions choose to get another vaccine if they don't want to have the Oxford/AstraZeneca vaccine?

No. The NHS will offer the vaccine that is most appropriate for the individual following JCVI advice.

The MHRA position remains that the Oxford/AstraZeneca vaccine is suitable for use in all adults, except for a very small group of people who experienced blood clots with low platelet counts following their first vaccination or have experienced a severe allergic reaction to their first dose.

We encourage health professionals to underline that the vaccines are safe and effective. We follow the advice of the independent experts in the JCVI and our regulator the MHRA.

Which vaccine should pregnant women be offered?

Based on real-world data from the US, the Joint Committee on Vaccination and Immunisation (JCVI) advises that it's preferable for pregnant women of any age in the UK to be offered the Pfizer-BioNTech or Moderna vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but there are simply more data available in pregnancy for these two vaccines.

Is AZ an additional risk for pregnant women?

No. There is no evidence that rare concurrent thrombosis (blood clots) and thrombocytopenia (low platelet count) associated with the Oxford/AstraZeneca vaccine have any links with pregnancy.

Although pregnancy increases the risk of clotting conditions, there is no evidence that pregnant women are at higher risk of this specific condition after receiving the Oxford/AstraZeneca vaccine. There have been no confirmed cases reported in pregnant women to date.

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Pregnant women who have had a first dose of the Oxford/AstraZeneca vaccine, are advised to get the same vaccine as their second dose.

What vaccine will under-40s without underlying health conditions be offered?

There are three vaccines currently authorised for use in adults in the UK, Oxford/Astrazeneca, Pfizer/BioNTech and Moderna.

The updated JCVI advice is that where possible, and only where this can be done without delay, it is preferable for people aged under 40 to receive the Pfizer/BioNTech or Moderna vaccines.

JCVI is equally clear that in people aged 30-39 any of the UK vaccines is preferable to none.

Do you have enough doses of Moderna and Pfizer for the younger cohorts / people who can't have AZ and still deliver on the commitment to offer a vaccine to all adults i by the end of July?

Yes, we remain on track to hit our target to offer a first dose to all adults by the end of July.

What does this mean for the roadmap – are we still on track to open up society?

Roadmap decisions are not affected by this advice as there is sufficient supply of alternate vaccines to still allow a first dose to be offered to all adults by the end of July.

Do you expect other vaccines to be approved for use before 31 July?

The MHRA process is independent of government, and we do not comment on when or if a vaccine may be authorised. However, we have confirmed we have sufficient stocks of the three vaccines

currently approved for use in the UK to deliver on our target of offering a vaccine to all adults by 31 July.

Does the restriction on the use of AZ apply to future vaccination programmes going forward?

No- the current JCVI advice is specific to the current UK context

No decisions have been taken on what vaccination will be offered as part of any booster programme.

What stages are each vaccine candidate at?

Vaccine	# of Doses	Clinical Trial Phase
Oxford/AstraZeneca	100 million	Approved
Janssen	30 million	MHRA reviewing
Pfizer/BioNTech	100 million	Approved
Moderna	17 million	Approved
Curevac	50 million	Phase 2b/3
GlaxoSmithKline/Sanofi Pasteur	60 million	Phase 2
Novavax	60 million	Phase 3
Valneva	100 million	Phase 3