

Ministry of Health

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

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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 your 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 especially given the delta variant of concern (VOC) is now in Ontario.

**If you had an AstraZeneca/COVISHIELD COVID-19 vaccine as your first dose, you are eligible to receive an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) for your second dose at least 8 weeks<sup>1</sup> following your first dose.**

- The AstraZeneca/COVISHIELD COVID-19 vaccine is currently only available to individuals with contraindications to mRNA vaccines, as per the [guidance on medical exemptions to COVID-19 vaccination](#).
- If you have concerns about receiving an mRNA vaccine, speak with 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:

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<sup>1</sup> The exact interval should be discussed with the individual's allergist/immunologist or specialist but must align with the product monograph recommended interval of 4-12 weeks.

- An mRNA vaccine **is now preferred** as a second dose because current evidence suggests it may produce a better immune response and there is good safety data about having an mRNA vaccine as a second dose.
- Individuals who receive two doses of the AstraZeneca/COVISHIELD vaccine are considered fully vaccinated and generally do not require additional doses unless [medically indicated](#).

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. It is possible that a better immune response will mean better protection and/or a longer duration of protection. Numerous studies are underway to assess this further.
- 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 pain and swelling at the local injection site, headache, fatigue and muscle aches.

Two doses of AstraZeneca/ COVISHIELD COVID-19 vaccine provide good protection against symptomatic COVID-19 and severe outcomes, such as 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%.

The AstraZeneca/ COVISHIELD vaccine has been linked with a very rare but serious blood clotting condition, called Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT).<sup>\*</sup> 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<sup>\*</sup>. At this time, international data

suggests that after the second dose, the risk of Thrombosis with thrombocytopenia (TTS) is estimated to be 1.9 cases for every million doses given. These estimates may change as we learn more as more people around the world receive a second dose. 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](#).