



Australian Government

Department of Health

Chief Medical Officer

COVID-19 Vaccination Program – Updated Advice

Dear Colleague,

I am writing to you to provide you with updated advice from the Australian Technical Advisory Group on Immunisation (ATAGI) about the use of the AstraZeneca vaccine in the context of an outbreak of the COVID-19 delta strain.

Given the heightened risk of people becoming infected, ATAGI's advice in responding to such an outbreak is that anyone who has received an AstraZeneca vaccine more than four weeks ago should contact their vaccine provider to arrange their second dose as soon as possible.

ATAGI has also reinforced its earlier advice that the benefits to people aged 60 or over of being vaccinated with the AstraZeneca vaccine strongly outweigh the risks – and that vaccination is essential for this group in the context of an outbreak.

Noting the current constrained supply of the Pfizer vaccine, ATAGI also recommended adults under the age of 60 who do not have immediate access to the Pfizer vaccine should consider the benefits and risks of earlier protection through the AstraZeneca vaccine.

This recommendation is in the context of an outbreak increasing the risk of people contracting COVID-19 – and hence the increased benefit vaccination provides.

The Australian Government has accepted the recommendations contained in the ATAGI advice, which is attached.

I am also writing to you to provide updated information about thrombosis with thrombocytopenia syndrome (TTS) – the serious, but rare blood-clotting condition associated with the AstraZeneca COVID-19 vaccine.

Although TTS can lead to long-term disability or death, there is emerging evidence that early detection and management of cases, including referral to hospital, can prevent the development of more serious complications.

There is no association between the Pfizer COVID-19 vaccine and TTS.

Based on Australian data to 7 July 2021, the incidence of TTS after vaccination with the AstraZeneca vaccine is:

- 2.6 per 100,000 doses in those under the age of 60
- 1.6 per 100,000 doses in those aged 60 and over.

I would like to draw your attention to the following possible symptoms of TTS:

- An unusual headache that starts or persists at least 48 hours after vaccination, and which is severe or does not improve with simple analgesia
- Signs and symptoms of raised intracranial pressure
- Signs or symptoms suggestive of thrombosis in other anatomical locations (e.g. abdominal pain suggestive of thrombosis in the splanchnic circulation, or chest pain suggestive of pulmonary embolism)
- Signs suggestive of clinically significant thrombocytopenia, such as petechial rash or bleeding, or bruising not at the vaccine injection site that cannot be explained.

Patients suspected of having TTS should **not** receive any heparin or platelet transfusions. These treatments may potentially worsen the clinical course.

ATAGI has worked closely with the Royal Australian College of General Practitioners and the Australasian College for Emergency Medicine to develop the attached guidance to assist GPs and other primary health care providers.

Among the key messages from these experts is that primary health care providers should consider the potential for a patient having TTS if they present with possible thrombosis or thrombocytopenia **4-42** days after they have received a dose of the AstraZeneca vaccine.

Suspected cases should be immediately referred to an emergency department if they are acutely unwell (for example, they have a neurological deficit).

The Department of Health has published a document to assist health care providers weigh up the benefits of vaccination against the risk of harm from the AstraZeneca COVID-19 vaccine. This information is available at:

[COVID-19 vaccination – Weighing up the potential benefits against risk of harm from COVID-19 Vaccine AstraZeneca | Australian Government Department of Health](#)

I thank you for your sustained effort and important role in supporting the COVID-19 vaccination program.

Yours sincerely



Professor Paul Kelly
Chief Medical Officer

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