



UPDATE TO BIMA POSITION ON OXFORD-ASTRAZENECA COVID-19 VACCINE

Having taken all the available information into account:

We recommend the continued use of Oxford AstraZeneca Covid-19 vaccine for those over 30 years old in line with MHRA guidance and the advice of your personal health care professional

Q1. What has changed?

There is some evidence that there is a slightly increased risk of Vaccine Induced Immune Thrombotic Thrombocytopenia (VIITT) after taking the Oxford AstraZeneca vaccine.

Q2. What is VIITT?

A specific and rare type of clotting event that occurs after a vaccine. There are various types including Cerebral Venous Sinus Thrombosis (CVST) in the brain that can cause headaches, and in very rare instances, death.

Q3. How much is the increased risk compared to those who do not have the vaccine?

The risk of CVST in the general population is approx. 5 per million.

The risk of CVST in **under** 30 year olds who have had the Oxford AZ vaccine is approximately 11 per million.

The risk of CVST in over 30 year olds who have had the Oxford AZ vaccine is approximately 2-8 per million

Q4. Is the increased risk different for different age groups, gender or ethnicity?

There is no data to advise on whether different ethnicities are more at risk. There is evidence that women and young people (under 30 years old) are more at risk and that the risk decreases with increasing age.

Q5. How do we contextualise the risk?

The risk of death from the vaccine is equivalent to 1 micromort (1 death in a Million.) The risk from the contraceptive pill is 5x more, from a general anaesthetic is 10x more and from giving birth is up to 170x more,

Q5. Why not stop recommending the vaccine altogether?

The risk of complications from Covid infection, including the increased risk of fatal clots, is far greater than the risk of clots from Covid vaccines in most individuals. The benefits outweigh the risk of harm for the vast majority.

Q6. Why not recommend other vaccines and not this one?

The latest research indicates that other vaccines also have a slightly increased risk of VIITT and CVST. We are also aware that there are not enough Covid vaccines for the world population, so choice will be limited.

Q7. Why do other countries temporarily suspend the Oxford AstraZeneca vaccine, but the UK does not?

Each country has their own regulatory body that sets individual thresholds for review, reflecting their local context, demographics and access to other vaccines. The WHO and European Medicines Agency support the use of the Oxford AstraZeneca vaccine after conducting thorough reviews.

Q8. How do I know if this is safe for me?

Our statement does not replace the individualised advice of your local health care professional (e.g. GP or specialist). Please speak to them and then make an informed decision.



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