



5.1.2e [ 5.1.2e @carm.es]; 5.1.2e [ 5.1.2e @dgs.min-saude.pt]; 5.1.2e [ 5.1.2e @has-sante.fr]; 5.1.2e [ 5.1.2e @fimea.fi]; 5.1.2e (THL); 5.1.2e [ 5.1.2e @fhi.no]; 5.1.2e [ 5.1.2e @oulu.fi]; 5.1.2e [ 5.1.2e @sciensano.be]; 5.1.2e [ 5.1.2e @fagg-afmmps]; 5.1.2e [ 5.1.2e @fagg-afmmps.be]; 5.1.2e [ 5.1.2e @thl.fi]; 5.1.2e [ 5.1.2e @fhi.no]; 5.1.2e [ 5.1.2e @tuni.fi]; 5.1.2e [ 5.1.2e @tuni.fi]; 5.1.2e [ 5.1.2e @aphp.fr]; 5.1.2e [ 5.1.2e @sciensano.be]; 5.1.2e [ 5.1.2e @ec.europa.eu]; 5.1.2e [ 5.1.2e @inrs.fr]; 5.1.2e [ 5.1.2e @inrs.fr]; 5.1.2e [ 5.1.2e @mh.government.bg]; 5.1.2e [ 5.1.2e @ncipd.org]; 5.1.2e [ 5.1.2e @ncipd.org]; 5.1.2e [ 5.1.2e @ncipd.org]; 5.1.2e [ 5.1.2e @mh.government.bg]; 5.1.2e [ 5.1.2e @mh.government.bg];

**From:** EU NITAG COLLABORATION

**Sent:** Wed 3/31/2021 7:14:50 PM

**Subject:** RE: EU-EEA NITAG COLLABORATION WEBINAR: Follow-up Thromboembolic events reported following vaccination with the COVID-19 Vaccine AstraZeneca March 31 13:30 - 15:00 CET

**Received:** Wed 3/31/2021 7:15:16 PM

[AZ vaccine monitoring.xlsx](#)

[OBJECTIVES JOHANSEN March 31, 2021.ppt](#)

Dear Speakers,

Thank you to [ 5.1.2e ] and [ 5.1.2e ] for sharing where the PRAC review of the safety signal stands now and what the next steps expected are. EMA PRAC will reconvene April 6-9, 2021. A statement is expected at the end of this meeting and information from MSs and ECDC provided on vaccine exposure and burden of disease data by age group to EMA PRAC to inform their discussion is most appreciated.

Please also see EMA News 31/03/2021:

<https://www.ema.europa.eu/en/news/astrazeneca-covid-19-vaccine-review-very-rare-cases-unusual-blood-clots-continues>

Dear Participants,

Thank you for your active participation today.

Please find in attachment the most updated EU-level overview of who is recommended the AZ vaccine in respective country in addition to the opening slides for today's meeting.

Further we agreed the following during the meeting to facilitate the assessment by EMA PRAC and policy decisions in respective EU/EEA MS & UK:

1. Provide asap an overview of **EU-level burden of COVID-19 disease** reported to the ECDC TESSy database by age groups e.g. 20-39y, 20-49y and 50-59 to EMA PRAC and the EU/EEA NITAG COLLABORATION.
2. For countries with already available, or with capacity to develop, share **background rates** with EMA PRAC and EU/EEA MS & UK for CVST over a 10-year period before the COVID-19 outbreak, DIC over a 10-year period before the COVID-19 outbreak and CVST in association with COVID-19 disease from February 2020 and onwards.
3. Initiate **collaboration on work-up of affected patients and an agreed case definition** using an ECDC closed working platform EPIS with only nominated participants having access. This work will first be agreed with EMA and then invitation for nominations will be sent to the EU/EEA NITAG COLLABORATION network. Brighton Collaboration represented by [ 5.1.2e ] in today's meeting has offered to support the development of a case definition using their methodology for case definitions for adverse events and contacts will be taken between EMA, ECDC and BC next week. An agreed case definition should be made urgently available to all interested in conducting pharmacoepidemiological or other studies investigating an association between CVST, DIC and vaccination with the COVID-19 Vaccine AstraZeneca or other COVID-19 vaccine.
4. Explore whether any study data on **interchangeability is available or soon will become available to guide decisions by NITAGs on what vaccine to offer for dose 2** to individuals that have received the COVID-19 Vaccine AstraZeneca for dose 1. Studies have either been initiated or are about to be initiated in Austria, Canada and the UK.

With this [ 5.1.2e ] would like to hand over the project leadership for the EU/EEA NITAG COLLABORATION to my ECDC colleague [ 5.1.2e ] [ 5.1.2e ], [ 5.1.2e ] [@ecdc.europa.eu](mailto:[redacted]@ecdc.europa.eu) and wish you best of luck with this matter and for the future. Hope to be able to follow your continued work from a distance in some capacity also moving forward.

Thanks a million for the fabulous collaboration from all of you over the last three years when this project was built up. It will now



Please be invited to an urgent **webinar on**

**Follow-up Thromboembolic events reported following vaccination with the COVID-19 Vaccine AstraZeneca (Vaxzevria)**

**Wednesday 31 March 13:30 - 15:00 CET**

**Some background reading:**

<https://assets.researchsquare.com/files/rs-362354/v1/ebd0055b-50ad-4a8e-9d42-b967d0d8b132.pdf>

<https://www.n-tv.de/panorama/Berlin-sperret-Astrazeneca-fuer-alle-unter-60-Jaehrigen-article22460840.html>

<https://www.theguardian.com/world/2021/mar/30/canada-suspends-use-of-astrazeneca-covid-vaccine-for-those-under-55>

Please also extend the invitation to EU/EEA NITAG Members and colleagues in public health, ministries of health or regulatory agencies with responsibilities for the COVID-19 vaccination programmes.

**Dial-in details below.**

A very warm welcome to all.

*Draft Programme*

13:30 – 13:35	Welcome and objectives of the meeting	5.1.2e
13:35 – 13:50	Update from EMA expert meeting on the Astra Zeneca vaccine TE signal held 29 March, 2021 and next steps planned by EMA/PRAC	5.1.2e 5.1.2e 5.1.2e
13:50 – 14:15	Questions and answers	All
14:15 – 14:55	Discussion <ul style="list-style-type: none"> <li>- Are age restrictions needed?</li> <li>- Implications for the 2<sup>nd</sup> dose?</li> <li>- Need for observational studies/other studies?</li> </ul>	All
14:55 – 15:00	Next steps	5.1.2e ECDC colleagues

*\*Please note that the meeting will be recorded for the purpose of the minutes.*

With kindest regards,

5.1.2e

5.1.2e

EU/EEA NITAG COLLABORATION

**ECDC Emergency Operations Centre is inviting you to a scheduled Webex meeting.**

Wednesday, March 31, 2021

1:30 PM | (UTC+02:00) Brussels, Copenhagen, Madrid, Paris | 1 hr 30 mins

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5.1.2h

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