

Here is the brief for Thursday 8 April 2021.

Oxford/AstraZeneca COVID-19 vaccine As promised, the majority of today's brief will concentrate on the new advice issued by the JCVI regarding this particular vaccine:

What's happened? In recent weeks there have been a small number of reports of an extremely rare condition where blood clots develop in combination with low platelets (thrombocytopenia). The most notable occurrence of this is called cerebral venous sinus thromboses (CVST) where the clot develops in the cerebral veins.

This condition is known to occur naturally and is thought to be extremely rare. The background rate of CVSTs is estimated to be around 5 to 16 per million annually, although there is currently limited data on the background rate of CVSTs occurring without low platelets.

Although this condition remains extremely rare there appears to be a higher risk in people who have had the first dose of the AZ vaccine. Around 4 people develop this condition for every million doses of AZ vaccine doses given. This is seen slightly more often in younger people, more in women and tends to occur between 4 days and 2 weeks following vaccination. To complicate the picture clotting problems are also a common complication of COVID-19 infection.

What's changed? The JCVI now advise it is preferable for people under 30 to have a vaccine other than AZ. NHS Grampian is already planning for those aged 18-29 yet to receive their first dose to receive one of the other brands such as Pfizer or Moderna. However, stocks of these remain focussed on second doses due for Pfizer or are only just beginning to come into use such as Moderna.

The contraindications (should not receive) for AZ have now been updated to include:

- past major thrombosis with thrombocytopenia (including those with previous reactions to first dose AZ)
- those who have previously had heparin induced thrombocytopenia).

Note: A history of thromboses on its own is not in itself a contraindication to the vaccine.

Cautions to receiving AZ (may be able to receive) are a history of CVST, acquired or genetic thrombophilia or anti-phospholipid syndrome.

The JCVI also state that if you have already had your first dose of AZ without suffering any serious side effects, you should complete the course with the AZ vaccine, regardless of your age.

Further information on COVID-19 vaccination and blood clots is available [here](#).

What are the signs and symptoms? Patients are urged to seek urgent medical advice if they experience any of the following symptoms more than 4 days and within 28 days of coronavirus vaccination:

- new onset of severe headache, which is getting worse and does not respond to simple painkillers

- an unusual headache which seems worse when lying down or bending over, or may be accompanied by blurred vision, nausea and vomiting, difficulty with speech, weakness, drowsiness or seizures
- new unexplained pinprick bruising or bleeding
- shortness of breath, chest pain, leg swelling or persistent abdominal pain.

Note: Mild flu-like symptoms, including headache, chills and fever remain one of the most common side effects of any COVID-19 vaccine. These generally appear within a few hours and resolve within a day or two.

What does it all mean? This very rare type of clot may or may not be caused by the AZ vaccine; at the moment there is an association between vaccination with AZ and this type of clot and the guidance has changed to reflect this new information.

This is based on recent data that may indicate that the rate of these rare clots is higher in those that have received the AZ vaccine than the general population. The relationship between AZ and this rare type of cerebral clotting remains under study due to the difficulty in quantifying the background population rate of clotting accurately (currently a range of 5-16 people experiencing this type of clot per million people per year) combined with the fact that Covid infection itself is also linked with clot development. Finding this association does also demonstrate the responsiveness of the adverse event reporting system and that if data changes then guidance responds to that very quickly.

For those 30 or over, the current guidance is that the risks of covid outweigh the very small potential risks of adverse events with the AZ vaccine.

For those 29 or under, the guidance is that the much lower general risk of hospitalisation and death due to covid means that it makes sense to utilise the other vaccine brands for those in this age group.

David Pflieger, Director of Pharmacy (who received his first dose of the AstraZeneca vaccine on the evening of 7 April) said: “The new JCVI guidance will mean that for a very small and specific group of individuals we will change the brand of vaccine that offer. As we begin to see the success of the vaccination programme it is important to have the experiences of the past year at the forefront of our minds. The risk of COVID-19 infection remains and the more people we can vaccinate in the population helps us to get towards achieving herd immunity and reduce the risk of new variant development. Choice of vaccine brand will continue to be based on age / clinical circumstances and the stock available to us in the programme. Like other NHS Boards, we are not in a position to offer a choice of vaccine brand.”

Katrina Morrison, Clinical Lead Nurse for the COVID-19 vaccination programme, added: “The vaccination programme team will incorporate the new advice into the public programme. The next phase of the programme will focus on second doses before offering vaccination to adults aged 49 and under and will commence shortly.”

Visiting is changing and we'd like to hear from you! From 26 April, and as directed by the Scottish Government, all patients will have the opportunity to nominate one family member OR friend to visit them for the duration of their stay, or to attend outpatient appointments with them. The number of visitors per patient may increase as we move out of the pandemic and towards fully person centred visiting but will be limited to one at present. Please keep an eye on the [Visiting page](#) of the COVID-19 section of our website for changes to visiting restrictions. These changes will replace the current essential visitor criteria which identifies groups of vulnerable patients more likely to require a visitor.

We understand this will raise lots of questions and are currently pulling together our suite of resources to provide as much guidance and clarity as possible. If you have a question you would like to be covered in the guidance please share with kirsten.dickson@nhs.scot

We Care – opportunities for staff There are two events coming up which may be of interest to staff, offered as part of the We Care programme:

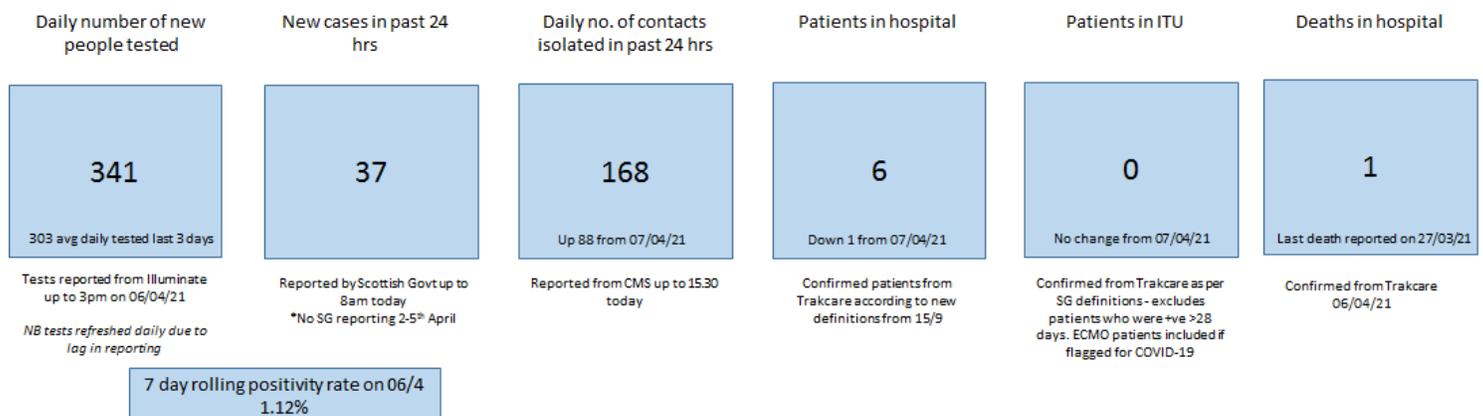
- Wellbeing Check-In for Staff who are Shielding** This is an opportunity for staff who have been shielding to share what’s going on for them: the good, the bad and the ugly be that practical or emotional, with no judgement, advice or otherwise; hear about wellbeing and other supports; and have a say about what they need going forward. A series of questions are posed to the participants and then individually they are invited to share their thoughts on each question. Staff can say whatever is on their mind in relation to the questions - there are no right or wrong responses – and there is no compulsion to answer. In addition, participants will be shown useful wellbeing resources. These take place via MS Teams. The next event will be held on Monday 26 April, 11-12.30, for up to 10 shielding participants.
- Understanding, Developing and Maintaining Your Personal Resilience - For Individuals** Resilience is a person’s ability to adapt – to reshape in response to situations encountered. The measure of resilience is the measure of their capacity for change. This half-day workshop, based on the work of *The Resilience Engine* and offered via MS Teams, will enable you to:
 - be clear about what resilience is, and is not - based on the *Resilience Dynamic®* model,
 - map and track your own resilience on a regular basis,
 - explore the myths surrounding resilience,
 - learn the top barriers to resilience,
 - recognise the habits and behaviours that impact on your own resilience,
 - understand the top areas of focus for developing and maintaining your resilience,
 - create a personal action plan to manage and maintain your resilience.

Open Resilience Workshop Dates:

28 th April	0900 -1230
5 th May	0900 -1230
11 th May	1300 -1630

To book a place on either the Wellbeing check-in or the Resilience workshops, please contact heather.haylett-andrews@nhs.scot

Grampian data Here are the local figures for today and the 7-day rolling positivity rate are shown below. As a reminder, this rate is arrived at by dividing the number of positive tests in the past 7 days by the number of tests carried out in the past 7 days. Repeat tests are included in both categories, whereas the figures we show here only record new tests. If you want to see more detailed information, including cases at neighbourhood level, click [here](#) for the Public Health Scotland daily dashboard.



Daily Brief survey Having just passed its first birthday, we were keen to find out staff views on, and habits of reading this brief. Thank you so much to the 974 individuals who took the time to complete the survey. This feedback is greatly valued and appreciated by the communications (comms) cell team who meet every morning to discuss the content and topics to be included that day. Rest assured your views will be used to inform and shape the content and regularity of the brief going forwards. A full report on the survey findings has been attached to the email used to send out this brief and we would encourage everyone to take a look.

Thought for the day It's often said that self-praise is no praise, but if you aren't prepared to blow your own trumpet, then why should anyone else be? The final page of the daily brief survey report contains a small selection of your comments and to say that we were blown away by your kind words is to put it mildly. This brief has always aimed to be for staff, and by staff. The fact that we have got it right for so many of you (or, on occasion, been gently guided by you when we didn't quite hit the mark) means more to us than many of you may realise.

Throughout the last year there have been some pretty dark days but – and I can only speak for myself – many of those days have been lightened by a kind word or gesture. Don't wait for a survey to come along to share some kindness. If you admire someone, think they've done a good job, if they lighten your load, or you just plain enjoy working with them, then tell them.

Questions to ask? Information to share? If you have particular questions – or are aware of questions coming from friends and family – please share them with us. We may not be able to answer every question and it may take us time to get a proper answer, but we will endeavour to respond and share the answers. You can get in touch with us via gram.communications@nhs.scot. Please also use that email address if you have items for consideration for future briefs.