



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 4, 2021

DEPARTMENT MEMORANDUM

No. 2021 - 0123

TO: ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; CENTERS FOR HEALTH DEVELOPMENT AND MINISTRY OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); AND BUREAU DIRECTORS; SPECIAL AND SPECIALTY HOSPITAL DIRECTORS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHER CONCERNED OFFICES

SUBJECT: Interim Guidelines for the Management and Administration of the AstraZeneca (ChAdOx1-S [recombinant]) COVID-19 Vaccine

I. RATIONALE

On January 28, 2021, the Philippine Food and Drug Administration (FDA) granted an EUA for the COVID-19 Vaccine (ChAdOx1-S[recombinant]), referred to as AstraZeneca COVID - 19 vaccine in this Guidelines. Subsequently, the Health Technology Assessment Council has provided a positive recommendation for the vaccine on February 8, 2021.

The AstraZeneca COVID-19 Vaccine is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector encoding the S glycoprotein of SARS-CoV-2. Following administration, the S glycoprotein of SARS-CoV-2 is expressed locally, stimulating neutralizing antibody and cellular immune responses

This Interim Guidelines is issued specifically for the distribution, handling, storage and administration of the AstraZeneca COVID-19 vaccines donated by the COVAX facility. This guidelines is in accordance with the Department Memorandum 2021- 0999 or the Interim Omnibus Guidelines for the Implementation of the National Deployment and Vaccination Plan for COVID-19 which provides the overall operational guidance in the implementation of the COVID-19 vaccine deployment and vaccination program in the Philippines.

II. GENERAL GUIDELINES

- A. Implementation of the National Vaccine Deployment Program shall be consistent with Department Memorandum 2021-0099 or the *Interim Omnibus Guidelines for the Implementation of the National Deployment and Vaccination Plan for COVID-19*.
- B. All local government units (LGU) and other identified COVID-19 vaccination sites shall formulate their microplans to determine local needs and gaps to ensure smooth and satisfactory vaccine implementation in accordance with the National Deployment and Vaccination Plan.

- C. The head of implementing unit/ institution shall ensure compliance to the DOH/ FDA guidelines including but not limited to delivery, handling, administration, storage, administration and reporting requirements of the AstraZeneca COVID-19 vaccines.
- D. The AstraZeneca COVID -19 vaccine shall be administered by trained health care workers to prevent COVID-19 in individuals aged 18 years old and older, as indicated in the EUA issued by the Philippine FDA.
- E. Protocols for the management of Adverse Events Following Immunization (AEFI) and Adverse Events of Special Interest (AESI) shall follow the provisions of the AstraZeneca COVID-19 Vaccine of the Philippine FDA and other succeeding guidelines from the FDA, and other recognized professional organizations and regulatory bodies, as new evidence arise.
- F. The second dose of the AstraZeneca COVID-19 vaccine is recommended to be administered 4 to 12 weeks from the date of the first dose . Follow-up notification shall be sent in accordance with the DM 2021-0099. COVID-19 vaccination sites should schedule second dose consistent with EUA interval indications and inform their respective RVOC/CHD. The Regional Vaccine Operations Centers through the DOH Centers for Health Development shall ensure coordinated and appropriate scheduling of second dose by vaccination sites.
- G. Registration, screening, counselling, vaccine recipient reporting, AEFI monitoring and referral shall follow the DM 2021-0099 and other relevant policies.
- H. Instructions for COVID-19 vaccination providers and administrators on storage and handling, dosing and schedule, administration, contraindications, warnings, adverse events, and use with other vaccines shall follow Philippine FDA Fact Sheet for vaccination providers and EUA.
- I. All related information and education communication materials and other vaccination related materials can be accessed through this link: bit.ly/RESBAKUNAMaterials. A printing guide for the communication materials is made available through this link: bit.ly/RESBAKUNAPrintingInstructions.
- J. Inventory management of vaccines, from delivery and acceptance to disposal shall be based on Department Memorandum 2021-0053 and 2021-0031 entitled, “*Interim Guidelines on the Shipment and Acceptance of COVID-19 vaccines and ancillary immunization commodities*” and “*Interim Guidelines on the Management of Health Care Wastes generated from COVID-19 vaccination,*” respectively.

III. IMPLEMENTING GUIDELINES

A. Vaccine Allocation

1. AstraZeneca COVID-19 vaccines shall be allocated consistent to the prioritization framework
2. Allocation for donations covered by the COVAX Facility Terms and Conditions shall follow provisions wherein donated vaccines will be for the exclusive use of priority groups defined in the National Deployment and Vaccination Plan for COVID-19 Vaccines.

3. Specific to the donation from the COVAX Facility received on March 2021, initial allocation shall follow this order of prioritization:
 - a. All healthcare workers in all Level 3 hospitals (including COVID-19 referral hospitals) nationwide;
 - b. Other dedicated COVID-19 referral government hospitals in areas with no Level 3 hospitals;
 - c. Senior citizen healthcare workers in other hospitals nationwide not otherwise included above;
 - d. Remaining Priority A1 eligible recipients in NCR, prioritizing senior healthcare workers as is consistent with the prioritization framework.
 - e. Allocation recommendations for any excess doses should be used consistent with the approved prioritization framework of the COVID-19 Vaccine Deployment Program.
4. All COVID-19 vaccination sites shall ensure strict compliance to the prioritization and allocation framework in developing their Quick Substitution Lists (QSL). The QSL shall include eligible recipients from facilities or sites within the same zone, province, highly urbanized city, or independent component city, provided that identification of recipients is based on the same priority group or allocation group for the batch.
5. Any variation to the allocation list submitted to the Supply Chain and Management Service (SCMS) and request for additional vaccines beyond the allocated amount shall be approved by the Undersecretary of Health - Field Implementation and Coordination Team (FICT).
6. In cases of low vaccine uptake, health facilities shall make the vaccines available to all eligible populations based on the submitted FICT - approved Quick Substitution List.
7. If there are remaining stocks of vaccines that have not yet been allocated to a designated health facility, the FICT shall identify the next eligible facility using the prioritization framework.

B. Indications, Contraindications and Precautions

1. Consistent with the EUA, the AstraZeneca COVID-19 vaccine shall be used for adults 18 years old and older.
2. Co-administration of the AstraZeneca COVID- 19 Vaccine with other COVID- 19 vaccines shall not be allowed.
3. Individuals with a history of hypersensitivity to any component of the vaccine, allergy to polysorbate, and with experience of anaphylactic reaction following the first dose of this vaccine shall not be vaccinated.

4. The informed consent form (*See Annex A: bit.ly/RESBAKUNAastrazeneca*) for the COVID-19 vaccination program shall be adopted specifically for the AstraZeneca COVID-19 vaccine to clearly indicate willingness to be vaccinated given full information.
5. The Health Screening Form for AstraZeneca COVID-19 vaccine (*See Annex B: bit.ly/RESBAKUNAastrazeneca*) shall be used to assess eligibility of vaccine recipients. Individuals with hypersensitivity to any of the vaccine components, including polysorbate, shall not be administered with the AstraZeneca COVID-19 vaccine. Decision algorithms regarding deferral, need for clearance, special precautions, and non-vaccination shall follow guidelines set in DM 2021-0099.
6. The AEFI team of the COVID 19 vaccination site shall monitor the following adverse events including headache, nausea, myalgia, arthralgia, injection site tenderness, injection site pain, injection site warmth, injection site pruritus, fatigue, malaise, pyrexia, fever, chills, injection site swelling, injection site erythema

C. Vaccine Storage, Handling and Transfer


1. Implementation of vaccine storage, handling, and transfer shall be in line with the EUA issued by the FDA. (*See Annex C*)
2. The AstraZeneca COVID-19 vaccine is colourless to slightly brown, clear to slightly opaque solution, and particle - free with a pH of 6.6. Each box is composed of 10 vaccine vials (5 ml/vial).
3. Unopened multidose vials shall be stored in a refrigerator at 2 to 8°C. Keep the vials protected from light. Do not freeze.
4. The shelf life of unopened multidose vials is 6 months.
5. Opened vials at room temperature shall be used as soon as possible within 6 hours after first use and discard following reverse logistics protocol.

D. Vaccine Administration, Dosage and Disposal

1. Co-administration of different vaccine brands to the same vaccine recipient shall **NOT** be allowed. Only one vaccine type for both doses shall be administered per vaccine recipient.
2. To reduce vaccination errors and minimize wastage, COVID-19 vaccination sites and implementers must ensure advance scheduling of vaccine recipients especially for instances of multiple and simultaneous dispatch of vaccines of different brands. In this case, physically separate vaccination teams shall be assigned to administer one type of vaccines or separate time slots shall be scheduled for administration of different brands of vaccines.

4. The vaccine shall be inspected visually prior to administration and discarded if particulate matter or differences in the described appearance are observed. Do not shake the vial.
5. Once a vial has been opened (first needle puncture), it shall be handled according to the WHO open vial policy and be discarded at the end of the immunization session or within 6 hours of opening, whichever comes first. Within this period, the product shall be kept and used at temperatures up to 30°C
6. AstraZeneca COVID-19 vaccine shall be administered only by a trained health worker and be used in accordance with the official product information.
7. Infection prevention and control procedures shall be observed for withdrawing the dose for administration. Use a separate sterile needle and syringe for each individual.
8. AstraZeneca COVID-19 vaccine contains genetically modified organisms (GMOs). Any unused vaccine or waste material shall be disposed following reverse logistics protocol. Spills shall be disinfected in accordance with the DM 2021-0031.
9. If the amount of the vaccine remaining in the vial cannot provide a full dose of 0.5 mL, any excess volume shall be discarded. Pooling of excess vaccine fluids from multiple vials shall be **STRICTLY PROHIBITED**.
10. After being injected with AstraZeneca COVID-19 Vaccine, the vaccine recipient shall be monitored for possible adverse events following immunization in a predetermined observation area prior to being sent home. Persons with a previous history of anaphylaxis, with allergies to food, egg, medicines, and persons experiencing asthma shall be observed for 30 minutes after vaccination, while persons who do not meet any of the criteria otherwise stated shall be observed for 15 minutes after vaccination.
11. Health care workers in COVID-19 vaccination sites shall ensure that the minimum public health standards are still implemented in the monitoring areas to prevent possible transmission of COVID-19.
12. COVID-19 vaccination sites shall implement strategic scheduling to prevent mixing in the vaccination roll-out, and vaccination errors.

For information and guidance.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

ANNEX A. INFORMED CONSENT FORM FOR ASTRAZENECA COVID-19 VACCINES

Access the document here: bit.ly/RESBAKUNAastrazeneca



INFORMED CONSENT FORM FOR THE ASTRAZENECA COVID-19 VACCINE of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of March 5, 2021

Name:

Birthdate:

Sex:

Address:

Occupation:

Contact Number:

Health facility:

INFORMED CONSENT

I confirm that I have been provided with and have read the AstraZeneca COVID-19 vaccine and Emergency Use Authorization (EUA) Information Sheet and the same has been explained to me. The FDA has authorized the use of the AstraZeneca vaccine under an EUA since the gathering of scientific evidence for the approval of the said Vaccine and any other COVID-19 vaccine is still ongoing.

I confirm that I have been screened for conditions that may merit deferment or special precautions during vaccination as indicated in the Health Screening Questionnaire.

I have received sufficient information on the benefits and risks of COVID-19 vaccines and I understand the possible risks if I am not vaccinated.

I was provided an opportunity to ask questions, all of which were adequately and clearly answered. I, therefore, voluntarily release the Government of the Philippines, the vaccine manufacturer, their agents and employees, as well as the hospital, the medical doctors and vaccinators, from all claims relating to the results of the use and administration of, or the ineffectiveness of the AstraZeneca COVID-19 vaccine.

I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as, but not limited to allergies, and that should prompt medical attention be needed, referral to the nearest hospital shall be provided immediately by the Government of the Philippines. I have been given contact information for follow up for any symptoms I may experience after vaccination.

I understand that by signing this Form, I have a right to claim compensation from the COVAX No-Fault Compensation Fund in case I suffer a serious adverse event, which is found to be associated with the AstraZeneca COVID-19 vaccine or its administration. Also, I understand that I have a right to health benefit packages under the Philippine Health Insurance Corporation

(PhilHealth) program in case I experience hospitalization due to severe and/or serious adverse reactions caused by the said vaccine.

I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012.

I hereby give my consent to be vaccinated with the AstraZeneca COVID-19 Vaccine.

Signature over
Printed Name

Date

In case eligible individual is unable to sign:

I have witnessed the accurate reading of the consent form and liability waiver to the eligible individual; sufficient information was given and queries raised were adequately answered. I hereby confirm that he/she has given his/her consent to be vaccinated with the AstraZeneca COVID-19 Vaccine.

Signature over
Printed Name

Date

If you chose not to get vaccinated, please list down your reason/s:

ANNEX B. HEALTH ASSESSMENT FORM FOR ASTRAZENECA COVID-19 VACCINES

Access the document here: bit.ly/RESBAKUNAastrazeneca



HEALTH DECLARATION SCREENING FORM FOR ASTRAZENECA of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of March 10, 2021

ASSESS THE PATIENT	NO	YES
Below 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Has allergy to polysorbate or any other components (L-Histidine, L-Histidine hydrochloride monohydrate, Magnesium chloride hexahydrate, Polysorbate 80, Ethanol, Sucrose, Sodium chloride, Disodium edetate dihydrate, Water for injections) of the AstraZeneca vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Had severe allergic reaction after the 1st dose of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to food, egg, medicines? Has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
If with allergy or asthma, will monitoring the patient for 30 minutes be a problem?	<input type="checkbox"/>	<input type="checkbox"/>
Has history of bleeding disorders or currently taking anti-coagulants?	<input type="checkbox"/>	<input type="checkbox"/>
If with bleeding history or currently taking anti-coagulants, is there a problem securing a gauge 23 - 25 syringe for injection?	<input type="checkbox"/>	<input type="checkbox"/>
Manifests any one of the following symptoms? <input type="checkbox"/> Fever/chills <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Colds <input type="checkbox"/> Sore throat <input type="checkbox"/> Myalgia <input type="checkbox"/> Fatigue <input type="checkbox"/> Weakness <input type="checkbox"/> Loss of smell/taste <input type="checkbox"/> Diarrhea <input type="checkbox"/> Shortness of breath/difficulty in breathing <input type="checkbox"/> Rashes	<input type="checkbox"/>	<input type="checkbox"/>
Has history of exposure to a confirmed or suspected COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Previously treated for COVID-19 in the past 90 days	<input type="checkbox"/>	<input type="checkbox"/>
Has received any vaccine in the past 14 days or plans to receive another vaccine 14 days following vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
Has received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
If pregnant, are you in the 1st trimester?	<input type="checkbox"/>	<input type="checkbox"/>
Has any of the following diseases or health condition? <input type="checkbox"/> HIV <input type="checkbox"/> Cancer/ Malignancy <input type="checkbox"/> Underwent Transplant <input type="checkbox"/> Under Steroid Medication/ Treatment <input type="checkbox"/> Bed ridden, terminal illness, less than 6 months prognosis <input type="checkbox"/> Autoimmune disease	<input type="checkbox"/>	<input type="checkbox"/>
If with any of the abovementioned condition, is there any objection to vaccination from presented medical clearance prior to vaccination day?	<input type="checkbox"/>	<input type="checkbox"/>

Recipient's Name:

Birthdate:

Sex:

Signature of Health Worker:

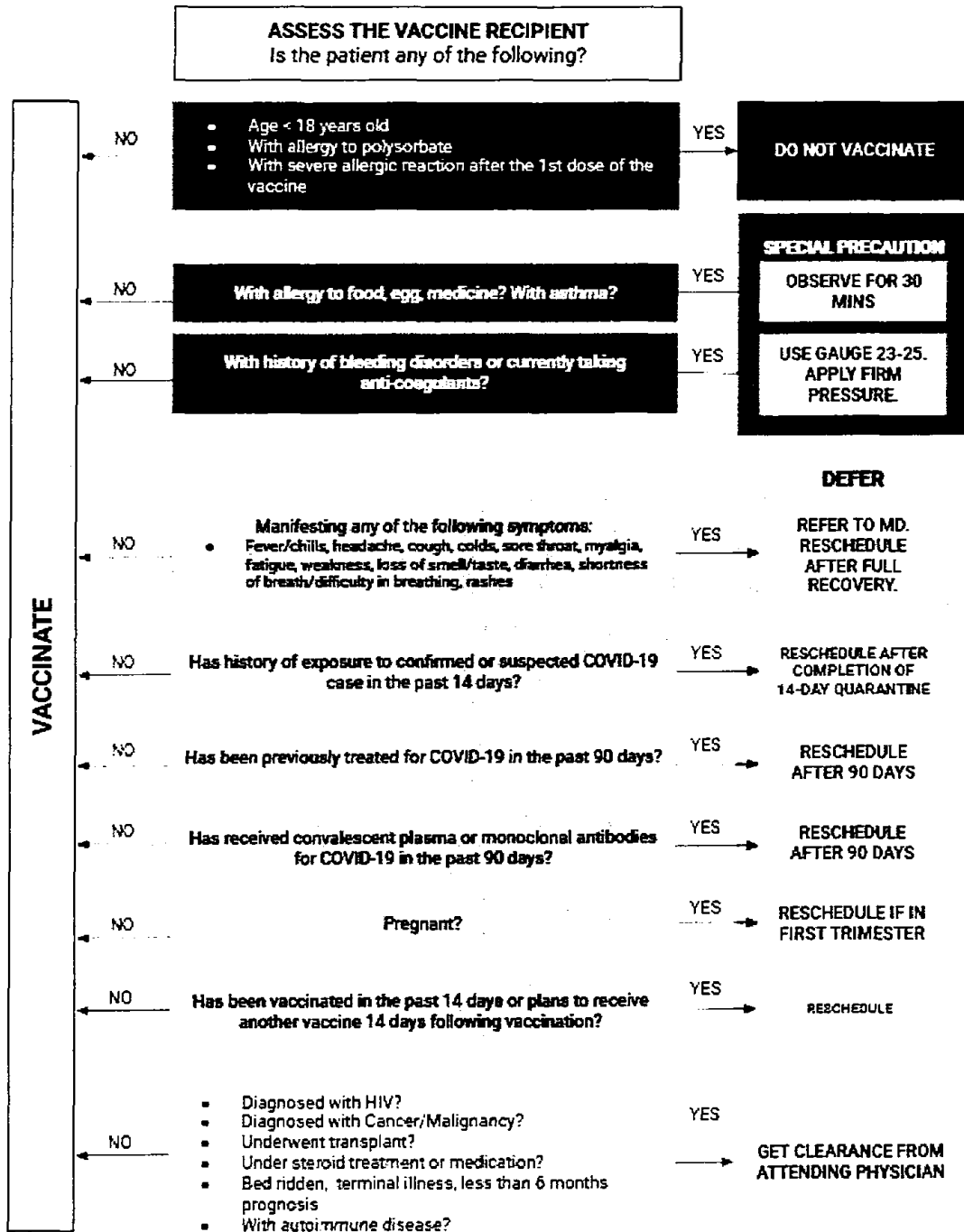
VACCINATE

If any of the screening responses a checked, date of vaccination:



HEALTH ASSESSMENT ALGORITHM FOR ASTRAZENECA

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of March 8, 2021



ANNEX C. EMERGENCY USE AUTHORIZATION FOR ASTRAZENECA COVID-19 VACCINE

(<https://www.fda.gov.ph/wp-content/uploads/2021/02/EUA-Astrazeneca-Website.pdf>)



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION



28 January 2021

AstraZeneca Pharmaceuticals (Phils.), Inc.

Emergency Use Authorization (EUA) for COVID-19 Vaccine (ChAdOx1-S[recombinant]) (COVID-19 Vaccine AstraZeneca)

This applies to the application for the issuance of Emergency Use Authorization (EUA) for COVID-19 Vaccine (ChAdOx1-S[recombinant]) (COVID-19 Vaccine AstraZeneca).

The details of the COVID-19 Vaccine AstraZeneca are as follows:

Product Name:	COVID-19 Vaccine (ChAdOx1-S[recombinant]) (COVID-19 Vaccine AstraZeneca)
Dosage Strength and Form:	0.5 mL Solution for Injection (IM)
Pharmacologic category:	Vaccine
Storage:	Store in a refrigerator (2° to 8°C). Do not freeze. Keep vials in outer carton to protect from light.
Packaging:	5 mL of solution in a 10-dose vial (clear type I glass) with stopper (elastomeric with aluminum overseal) with a plastic flip off-cap. Packs of 10 vials. 4 mL of solution in an 8-dose vial (clear type I glass) with stopper (elastomeric with aluminum overseal) with a plastic flip-off cap. Packs of 10 vials.
Manufacturer:	Catalent Anagni S.R.L., Anagni (FR), Italy
Indication:	For active immunization of individuals ≥ 18 years old for the prevention of coronavirus disease 2019 (COVID-19).

After careful consideration of the application, with all its supporting documents and a review of local experts, the FDA has been satisfied that all the conditions for the issuance of an EUA exist as provided under Executive Order (EO) No. 121, s. 2020 entitled "*Granting Authority to the Director General of the Food and Drug Administration to Issue Emergency Use Authorization for COVID-19 Drugs and Vaccines, Prescribing Conditions Therefore, and for Other Purposes.*" particularly:

- I. Based on the totality of evidence available to date, including data from adequate and well-known controlled trials, it is reasonable to believe that the COVID-19 Vaccine AstraZeneca may be effective to prevent, diagnose, or treat COVID-19;

2. The known and potential benefits of the COVID-19 Vaccine AstraZeneca, when used to diagnose, prevent, treat COVID-19, outweigh the known and potential risks of said Vaccine as of date; and
3. There is currently no adequate, approved and available alternative to the product for diagnosing, preventing or treating COVID-19.

In issuing this EUA, reliance has been accorded to the emergency use authorization given by mature and established National Regulatory Authority (NRA) of the United Kingdom. Under Section 5 of EO No. 121, the Director General of the FDA has been granted power to implement reliance and recognition processes, and accept regulatory decisions of recognized and established regulatory authorities.

This EUA is not a marketing authorization or a Certificate of Product Registration (CPR). Hence, this EUA cannot be used as an authorization to market the vaccine commercially. While the evaluation process was facilitated, strict conditions on the authorization granted in this Letter shall be imposed as follows:

I. Scope

The scope of the EUA shall be limited as follows:

- A. AstraZeneca Pharmaceuticals (Phils.), Inc. shall supply COVID-19 Vaccine AstraZeneca only to emergency response stakeholders consistent with the terms and conditions of this EUA.

"Emergency response stakeholders" shall refer to the Department of Health (DOH) or the National Task Force Against COVID-19 (NTF) or their designees authorized to procure or purchase COVID-19 Vaccine AstraZeneca in line with the COVID-19 immunization program. Designees may include hospitals (public and private), health facilities of other National Government Agencies, Local Government Units (LGUs) and other members of the Private Sector.

- B. The COVID-19 Vaccine AstraZeneca shall be administered only by vaccination providers, and used only to prevent COVID-19 in individuals ages 18 and older.

"Vaccination providers" shall refer to the facility, organization, or a healthcare provider, including non-physician healthcare providers such as nurses or pharmacists, authorized by the DOH or the NTF to administer the COVID-19 Vaccine AstraZeneca in accordance with the COVID-19 immunization program.

II. Dosage Strength, Form and Method of Administration

The COVID-19 Vaccine AstraZeneca vaccination course consists of two separate doses of 0.5 mL each. The second dose should be administered between four (4) and twelve (12) weeks after the first dose.

COVID-19 Vaccine AstraZeneca is for intramuscular (IM) injection only, preferably in the deltoid muscle.

III. Cold Chain Management

In the absence of agreement with the DOH or NTF, AstraZeneca Pharmaceuticals (Phils.), Inc. shall provide appropriate cold chain requirements for storage, transport and handling until it is delivered to the inoculation sites, and ensure that a contingency plan is in place.

AstraZeneca Pharmaceuticals (Phils.), Inc. shall have a system of monitoring to ensure traceability and that the vaccine is consistent with the storage requirements from the manufacture and transport to the inoculation sites.

AstraZeneca Pharmaceuticals (Phils.), Inc. shall observe strict compliance with the standards for Good Distribution Practices (GDP) and Good Storage Practices (GSP) adopted pursuant to Administrative Order No. 2013-0027 including supplements thereto (i.e. WHO Technical Report Series No. 961, 2011, Annex 9 and Technical Report Series No. 992, 2015, Annex 5). AstraZeneca Pharmaceuticals (Phils.) Inc. shall allow FDA Inspectors to conduct inspection of the cold storage sites including the transport vehicles.

IV. Pharmacovigilance

AstraZeneca Pharmaceuticals (Phils.), Inc. shall have a comprehensive pharmacovigilance system for COVID-19 Vaccine AstraZeneca following system or protocol for a registered drug and biologic product as stated in the FDA Circular No. 2020-003. Submission of serious and non-serious adverse reaction reports is mandatory.

AstraZeneca Pharmaceuticals (Phils.), Inc. shall ensure compliance with the COVID-19 Vaccine AstraZenecaChAdOx1-S (recombinant) (AZD1222) Risk Management Plan (RMP) along with the Philippine-specific Annex. Additional pharmacovigilance activities such as interventional and non-interventional studies (ongoing or new studies, or additional activities) shall be implemented as stated in the RMP. The RMP must be updated whenever there is a significant change which may affect the benefit-risk profile of the vaccine or when an important milestone is reached.

AstraZeneca Pharmaceuticals (Phils.), Inc. shall submit six (6) monthly summary safety reports as planned and discussed in the RMP.

V. Responsibility of Emergency Response Stakeholders and Vaccination Providers

Under FDA Circular No. 2020-036 or the Guidelines for the Issuance of Emergency Use Authorization for Drugs and Vaccines for COVID-19, the pharmacovigilance obligations and post-authorization commitments imposed in this Letter shall be shared to the fullest extent possible and applicable by the national procurer and health program implementors, and their designees. Emergency response stakeholders and vaccination providers shall have the following responsibilities.

- A. Emergency response stakeholders shall:
 1. Identify inoculation sites to receive the COVID-19 Vaccine AstraZeneca, and ensure appropriate storage and cold chain management is maintained in

said sites, in the absence of an agreement with AstraZeneca Pharmaceuticals (Phils.), Inc.;

2. Ensure administration of the COVID-19 Vaccine AstraZeneca is consistent with the terms of this Letter, latest product information and the COVID-19 Vaccination Program; and
3. Ensure that vaccination providers of the procured COVID-19 Vaccine AstraZeneca are aware of this Letter of Authorization and the terms herein and any subsequent amendments thereof, instructed about the means which they are to obtain and administer the COVID-19 Vaccine AstraZeneca, and provided with approved fact sheets.

B. On the other hand, vaccination providers shall:

1. Administer the COVID-19 Vaccine AstraZeneca, in accordance with this EUA, and participate and comply with the terms and training required by the DOH for the COVID-19 Immunization Program;
2. Provide fact sheets to the recipients and caregivers, and provide necessary information for receiving their second dose;
3. Obtain written informed consent from the recipient of the COVID-19 Vaccine AstraZeneca prior to vaccination;
4. Report any Adverse Events Following Immunization on the use of COVID-19 Vaccine AstraZeneca;
5. Monitor and comply with vaccine management requirements (e.g. obtaining, tracking and handling vaccine) of the DOH; and
6. Ensure that records associated with this EUA are maintained until notified by FDA. Such records shall be made available to DOH and FDA for inspection upon request.

Notwithstanding the foregoing, AstraZeneca Pharmaceuticals (Phils.), Inc. has the ultimate responsibility for monitoring the safety and quality of the COVID-19 Vaccine AstraZeneca.

VI. Validity

Unless otherwise revoked, this EUA shall be valid only within the duration of the declared public health emergency due to COVID-19, or upon issuance of a marketing authorization/CPR.

In the event that the declared public health emergency is lifted, or when a COVID-19 vaccine is registered with the FDA, this EUA shall have a provisional validity for a period of one (1) year from date of lifting of the declaration or registration of the vaccine for the sole purpose of exhausting remaining products.

This EUA is subject to revocation, suspension or cancellation due to violations of pharmacovigilance obligations and post authorization commitments, as well as any violation of the EO No. 121, and RA 3720 as amended by RA No. 9711, FDA Circular No. 2020-036, and other rules and regulations issued thereunder.

For strict compliance.

ANNEX D. AstraZeneca COVID-19 Vaccine Product Information

Access the document here:

(<https://www.fda.gov/ph/wp-content/uploads/2021/02/PI-for-COVID-19-Vaccine-AstraZeneca.pdf>)

COVID-19 Vaccine (ChAdOx1-S [recombinant])

**COVID-19 Vaccine AstraZeneca
Solution for Injection (IM)**

Viral Vaccine

1. NAME OF THE MEDICINAL PRODUCT

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] solution for injection in multidose container

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One dose (0.5 ml) contains:

COVID-19 Vaccine (ChAdOx1-S* recombinant) 5×10^{10} viral particles (vp)
*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike (S) glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection for intramuscular injection.

The solution is colourless to slightly brown, clear to slightly opaque and particle free with a pH of 6.6.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is indicated for active immunisation of individuals ≥ 18 years old for the prevention of coronavirus disease 2019 (COVID-19).

The use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be in accordance with official guidance.

4.2 Posology and method of administration

Posology

The COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] vaccination course consists of two separate doses of 0.5 ml each. The second dose should be administered between 4 and 12 weeks after the first dose (see section 5.1).

It is recommended that individuals who receive a first dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] complete the vaccination course with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (see section 4.4).

Special populations

Elderly population

Efficacy and safety data are currently limited in individuals ≥ 65 years of age (see sections 4.8 and 5.1). No dosage adjustment is required.

Paediatric population

The safety and efficacy of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in children and adolescents (aged <18 years old) have not yet been established. No data are available.

Method of administration

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is for intramuscular (IM) injection only, preferably in the deltoid muscle.

For instructions on administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Hypersensitivity

As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine.

Concurrent illness

As with other vaccines, administration of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor infection, such as cold, and/or low-grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders

As with other intramuscular injections, COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals.

Neurological events

Very rare events of demyelinating disorders have been reported following vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. A causal relationship has not been established.

As with other vaccines, the benefits and potential risks of vaccinating individuals with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be considered.

Immunocompromised individuals

It is not known whether individuals with impaired immune responsiveness, including individuals receiving immunosuppressant therapy, will elicit the same response as immunocompetent individuals to the vaccine regimen.

Duration and level of protection

The duration of protection has not yet been established.

As with any vaccine, vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] may not protect all vaccine recipients.

Interchangeability

No data are available on the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in persons that have previously received a full or partial vaccine series with another COVID-19 vaccine.

4.5 Interaction with other medicinal products and other forms of interaction

The safety, immunogenicity and efficacy of co-administration of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] with other vaccines have not been evaluated.

4.6 Fertility, pregnancy and lactation

Pregnancy

There is a limited amount of data from the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in pregnant women, or women who became pregnant after receiving the vaccine. The data are insufficient to inform on vaccine associated risk.

Animal reproductive toxicity studies have not been completed.

As a precautionary measure, vaccination with COVID-19 Vaccine AstraZeneca is not recommended during pregnancy. Use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in pregnant women should be based on an assessment of whether the benefits of vaccination outweigh the potential risks.

Breastfeeding

There are no or limited data from the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in lactating women. A risk to breastfed newborns/infants cannot be excluded.

As a precautionary measure, it is preferable to avoid vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] when breastfeeding.

Fertility

It is unknown whether COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] may impact fertility. No data are available.

4.7 Effects on ability to drive and use machines

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] has no or negligible influence on the ability to drive and use machines. However, some of the adverse reactions mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

4.8 Undesirable effects

Summary of the safety profile

The overall safety of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is based on an interim analysis of pooled data from four clinical trials conducted in the United Kingdom, Brazil, and South Africa. At the time of analysis, 23,745 participants ≥ 18 years old had been randomised and received either COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] or control. Out of these, 12,021 received at least one dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. The median duration of follow-up in the COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] group was 105 days post-dose 1, and 62 days post-dose 2.

Demographic characteristics were generally similar among participants who received COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] and those who received control. Overall, among the participants who received COVID-19 Vaccine (ChAdOx1-S

[recombinant]) [COVID-19 Vaccine AstraZeneca], 90.3% were aged 18 to 64 years and 9.7% were 65 years of age or older. The majority of recipients were White (75.5%), 10.1% were Black and 3.5% were Asian; 55.8% were female and 44.2% male.

The most frequently reported adverse reactions were injection site tenderness (>60%); injection site pain, headache, fatigue (>50%); myalgia, malaise (>40%); pyrexia, chills (>30%); and arthralgia, nausea (>20%). The majority of adverse reactions were mild to moderate in severity and usually resolved within a few days of vaccination. By day 7 the incidence of subjects with at least one local or systemic reaction was 4% and 13% respectively. When compared with the first dose, adverse reactions reported after the second dose were milder and reported less frequently.

Adverse reactions were generally milder and reported less frequently in older adults (≥65 years old).

Analgesic and/or anti-pyretic medicinal products (e.g. paracetamol-containing products) may be used to provide symptomatic relief from post-vaccination adverse reactions.

Adverse drug reactions

Adverse drug reactions (ADRs) are organised by MedDRA System Organ Class (SOC). Within each SOC, preferred terms are arranged by decreasing frequency and then by decreasing seriousness. Frequencies of occurrence of adverse reactions are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1000); very rare (<1/10,000) and not known (cannot be estimated from available data).

Table 1 – Adverse drug reactions*

MedDRA SOC	Adverse reaction ^b	COVID-19 Vaccine (ChAdOx1 S [recombinant]) (N= 10069)	Control (N= 9902)
Nervous system disorders	Headache	Very common (52.6%)	Very common (39.0%)
Gastrointestinal disorders	Nausea	Very common (21.9%)	Very common (13.1%)
Musculoskeletal and connective tissue disorders	Muscle pain (Myalgia)	Very common (44.0%)	Very common (21.6%)
	Joint pain (Arthralgia)	Very common (26.4%)	Very common (12.4%)

MedDRA SOC	Adverse reaction ^b	COVID-19 Vaccine (ChAdOx1 S [recombinant]) (N= 10069)	Control (N= 9902)
General disorders and administration site conditions	Local		
	Injection site tenderness	Very common (63.7%)	Very common (39.5%)
	Injection site pain	Very common (54.2%)	Very common (36.7%)
	Injection site warmth	Very common (17.7%)	Very common (14.5%)
	Injection site redness (Injection site erythema)	Very common (14.0%)	Common (8.8%)
	Injection site itch (Injection site pruritus)	Very common (12.7%)	Common (7.5%)
	Injection site swelling	Very common (10.0%)	Common (5.8%)
	Systemic		
	Fatigue	Very common (53.1%)	Very common (38.2%)
	Malaise	Very common (44.2%)	Very common (20.2%)
	Feverishness ^d (Pyrexia)	Very common (33.6%)	Very common (10.7%)
	Chills	Very common (31.9%)	Common (8.3%)
Fever ^d (Pyrexia)	Common (7.9%)	Common (1.2%)	

^a Frequencies of ADRs are reported from the safety analysis set where participants received the recommended dose (5×10^{10} vp) as their first dose.

^b Solicited event reporting terms, where applicable MedDRA preferred terms are given in parentheses

^c Control was either meningococcal vaccine or saline solution

^d Defined as: Feverishness, (subjective) a self-reported feeling of having a fever, Fever, (objective) $\geq 38^{\circ}\text{C}$ / 100.4°F .

Reporting of suspected adverse reactions

For suspected adverse events following immunization, please report to the Food and Drug Administration (FDA) at www.fda.gov.

Adverse events of concern in association with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] can also be reported to AstraZeneca via www.azcovid-19.com or at <https://contactazmedical.astrazeneca.com/>.

The patient should seek medical attention immediately at the first sign of any adverse events following immunization.

4.9 Overdose

Experience of overdose is limited.

There is no specific treatment for an overdose with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. In the event of an overdose, the individual should be monitored and provided with symptomatic treatment as appropriate.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Vaccine, other viral vaccines, ATC code: J07BX03

Mechanism of action

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector encoding the S glycoprotein of SARS-CoV-2. Following administration, the S glycoprotein of SARS-CoV-2 is expressed locally stimulating neutralizing antibody and cellular immune responses.

Clinical efficacy

Interim analysis of pooled data from COV001, COV002, COV003, and COV005

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] has been evaluated based on an interim analysis of pooled data from four on-going randomised, blinded, controlled trials: a Phase I/II Study, COV001 (NCT04324606), in healthy adults 18 to 55 years of age in the UK; a Phase II/III Study, COV002 (NCT04400838), in adults ≥ 18 years of age (including the elderly) in the UK; a Phase III Study, COV003 (ISRCTN89951424), in adults ≥ 18 years of age (including the elderly) in Brazil; and a Phase I/II study, COV005 (NCT04444674), in adults aged 18 to 65 years of age in South Africa. The studies excluded participants with severe and/or uncontrolled cardiovascular, gastrointestinal, liver, renal, endocrine/metabolic disease, and neurological illnesses; as well as those with severe immunosuppression. All participants are planned to be followed for up to 12 months, for assessments of safety and efficacy against COVID-19 disease.

Based on the pre-defined criteria for interim efficacy analysis, COV002 and COV003 exceeded the threshold of ≥ 5 virologically confirmed COVID-19 cases per study and therefore contributed to the efficacy analysis; COV001 and COV005 were excluded.

In the pooled analysis for efficacy (COV002 and COV003), participants ≥ 18 years of age received two doses of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=5,807) or control (meningococcal vaccine or saline) (N=5,829). Participants randomised to COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] received either two standard doses [SD] (5×10^{10} vp per dose) or one low dose [LD] (2.2×10^{10} vp) followed by one SD (5×10^{10} vp), administered via IM injection.

Because of logistical constraints, the interval between dose 1 and dose 2 ranged from 4 to 26 weeks. The interval between the doses was longer in the LDSD group as compared to the SDSD group (71% vs 25% of participants receiving the second dose after ≥ 12 weeks, for LDSD and SDSD respectively).

Baseline demographics were well balanced across COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] and control treatment groups. In the pooled analysis, 94.1% of participants were 18 to 65 years old (with 5.9% aged 65 or older); 60.7% of subjects were female; 82.8% were White, 4.6% were Asian, and 4.4% were Black. A total of 2,070 (35.6%) participants had at least one pre-existing comorbidity (defined as a BMI ≥ 30 kg/m², cardiovascular disorder, respiratory disease or diabetes). At the time of interim analysis the median follow up time post-dose 1 and post-dose 2 was 4.7 months and 2.2 months, respectively.

Final determination of COVID-19 cases were made by an adjudication committee, who also assigned disease severity according to the WHO clinical progression scale. A total of 131 participants had SARS-CoV-2 virologically confirmed COVID-19 occurring ≥ 15 days post second dose with at least one COVID-19 symptom (objective fever (defined as $\geq 37.8^\circ\text{C}$), cough, shortness of breath, anosmia, or ageusia) and were without evidence of previous SARS-CoV-2 infection. COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] significantly decreased the incidence of COVID-19 compared to control (see Table 2).

Table 2 – COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] efficacy against COVID-19^a

Population	COVID-19 Vaccine (ChAdOx1 S [recombinant])		Control		Vaccine efficacy % (95.84% CI)
	N	Number of COVID-19 cases ^b , n (%)	N	Number of COVID-19 cases ^b , n (%)	
<i>Primary analysis population</i>					
Overall (SDSD + LDSD)	5807	30 (0.52)	5829	101 (1.73)	70.42 (58.84, 80.63)
<i>Licensing regimen</i>					
SDSD	4440	27 (0.61)	4455	71 (1.59)	62.10 (39.96, 76.08)
<i>Exploratory analysis</i>					
LDSD	1367	3 (0.22)	1374	30 (2.18)	90.05 (65.84, 97.10)

N = Number of subjects included in each group; n = Number of subjects having a confirmed event; CI = Confidence Interval; LD = Low dose; SD = Standard dose

^a Primary study endpoint was based on confirmed COVID-19 cases in subjects aged 18 years and over who were seronegative at baseline, who had received two doses (SDSD or LDSD) and were on-study ≥ 15 days post second dose.

^b Virologically confirmed SARS-CoV-2 and at least one of the following symptoms: objective fever (defined as $\geq 37.8^{\circ}\text{C}$), cough, shortness of breath, anosmia, or ageusia. Confirmed by adjudication committee.

Exploratory analyses showed that increased immunogenicity was associated with a longer dose interval (see Immunogenicity Table 3), and a similar trend for efficacy. A longer dose interval may explain, at least partially, the higher estimates of efficacy found in the LDSD group.

The level of protection gained from one SD of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] was assessed in an exploratory analysis that included participants who had received one dose of SD. Any participants who received a second vaccine dose were censored from the analysis at that time point. In this population, vaccine efficacy from 22 days post dose 1 was 71.30% (95% CI: 49.02; 83.84 [COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] 15/6,310 vs control 52/6,296]).

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] reduced COVID-19 hospitalisation (WHO Severity grading ≥ 4). There were 0 (0.0%; N=5,807) cases of COVID-19 hospitalisation in participants who received two doses of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (SDSD + LDSD, ≥ 15 days post dose 2) as compared to 5 (0.09%; N=5,829) for control. In all participants who received SD as a first dose, as from 22 days post dose 1, there were 0 (0.0%, N=6,307) cases of COVID-19 hospitalisation in participants who received COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=6,307), as compared to 9 (0.14%, N=6,297) reported for control.

Participants who had one or more comorbidities had a vaccine efficacy of 73.43% [95% CI: 48.49; 86.29]; 11 (0.53%) vs 43 (2.02%) for COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=2,070) and control (N=2,113), respectively; which was similar to the vaccine efficacy observed in the overall population.

The number of COVID-19 cases in participants ≥ 65 years old were too few to draw conclusions on efficacy. In this subpopulation, efficacy has been inferred from immunogenicity data, see below.

Immunogenicity

Interim analysis of pooled data from COI'001, COI'002, COI'003, and COI'005

Following vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca], in participants who were seronegative at baseline, seroconversion (as measured by a

≥4 fold increase from baseline in S-binding antibodies) was demonstrated in ≥98% of participants at 28 days after the first dose and >99% at 28 days after the second. Higher S-binding antibodies were observed with increasing dose interval (Table 3).

Generally similar trends were observed between analyses of neutralising antibodies and S-binding antibodies. An immunological correlate of protection has not been established; therefore the level of immune response that provides protection against COVID-19 is unknown.

Table 3 – SARS-CoV-2 S-binding antibody response to COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (SDSD)*

Population	Baseline	28 days after dose 1	28 days after dose 2
	GMT (95% CI)	GMT (95% CI)	GMT (95% CI)
Overall	(N=882) 57.18 (52.8, 62.0)	(N=817) 8386.46 (7758.6, 9065.1)	(N=819) 29034.74 (27118.2, 31086.7)
Dose Interval			
>6 weeks	(N=481) 60.51 (54.1, 67.7)	(N=479) 8734.08 (7883.1, 9676.9)	(N=443) 22222.73 (20360.50, 24255.3)
6-8 weeks	(N=137) 58.02 (46.3, 72.6)	(N=99) 7295.54 (5857.4, 9086.7)	(N=116) 24363.10 (20088.5, 29547.3)
9-11 weeks	(N=110) 48.79 (39.6, 60.1)	(N=87) 7492.98 (5885.1, 9540.2)	(N=106) 34754.10 (30287.2, 39879.8)
≥12 weeks	(N=154) 52.98 (44.4, 63.2)	(N=152) 8618.17 (7195.4, 10322.3)	(N=154) 63181.59 (55180.1, 72343.4)

N = Number of subjects included in each group; GMT = Geometric mean titre; CI = Confidence interval; S = Spike
* Immune response evaluated using a multiplex immunoassay.

The immune response observed in participants with one or more comorbidities was consistent with the overall population.

High seroconversion rates were observed in older adults (≥65 years) after the first SD (97.8% [N=136, 95% CI: 93.7; 99.5]) and the second SD (100.0% [N=111, 95% CI: 96.7; NE]). The increase in S binding antibodies was numerically lower for participants ≥65 years old (28 days after second SD: GMT=20,727.02 [N=116, 95% CI: 17,646.6; 24,345.2]) when compared to participants aged 18-64 years (28 days after second SD: GMT=30,695.30 [N=703, 95% CI: 28,496.2; 33,064.1]). The majority of participants ≥65 years old had a dose interval of <6 weeks, which may have contributed to the numerically lower titres observed.

In participants with serological evidence of prior SARS-CoV-2 infection at baseline (GMT=13,137.97 [N=29; 95% CI: 7,441.8; 23,194.1]), S antibody titres peaked 28 days after dose 1 (GMT=175,120.84 [N=28; 95% CI: 120,096.9; 255,354.8]).

Spike-specific T cell responses as measured by IFN-γ enzyme-linked immunospot (ELISpot) assay are induced after a first dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. These do not rise further after a second dose.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Toxicity and local tolerance studies

Non-clinical data reveal no special hazard for humans based on a conventional study of repeat dose toxicity. Animal studies into potential toxicity to reproduction and development have not yet been completed.

Mutagenicity and carcinogenicity

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a vaccine, as such, genotoxicity (mutagenicity) and carcinogenicity studies have not been conducted.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

L-Histidine
L-Histidine hydrochloride monohydrate
Magnesium chloride hexahydrate
Polysorbate 80
Ethanol
Sucrose
Sodium chloride
Disodium edetate dihydrate
Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this vaccine must not be mixed with other medicinal products.

6.3 Shelf life

Unopened multidose vial

6 months

Opened multidose vial

After first opening, chemical and physical in-use stability has been demonstrated from the time of vial puncture to administration for no more than:

- 6 hours at room temperature, up to 30°C, or
- 48 hours in a refrigerator (2 to 8°C).

The vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed 6 hours, and the total cumulative storage time must not exceed 48 hours.

6.4 Special precautions for storage

Unopened multidose vial

Store in a refrigerator (2 to 8°C).

Do not freeze.

Store in outer carton in order to protect from light.

Opened multidose vial

For storage conditions after first opening of the medicinal product, see section 6.3.

6.5 Nature and contents of container

Multidose vial

- 5 ml of solution in a 10-dose vial (clear type I glass) with stopper (elastomeric with aluminium overseal). Packs of 10 vials.
- 4 ml of solution in an 8-dose vial (clear type I glass) with stopper (elastomeric with aluminium overseal). Packs of 10 vials.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Administration

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a colourless to slightly brown, clear to slightly opaque solution. The vaccine should be inspected visually for particulate matter and discolouration prior to administration. Discard the vial if the solution is discoloured or visible particles are observed.

Do not shake the vial.

Each vaccine dose of 0.5 ml is withdrawn into a syringe for injection to be administered intramuscularly. Use a separate sterile needle and syringe for each individual. It is normal for liquid to remain in the vial after withdrawing the final dose.

The vaccine does not contain any preservative. After first opening, use the vial within:

- 6 hours when stored at room temperature (up to 30°C), or
- 48 hours when stored in a refrigerator (2 to 8°C).

The vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed 6 hours, and the total cumulative storage time must not exceed 48 hours. After this time, the vial must be discarded.

To facilitate the traceability of the vaccine, the name and the batch number of the administered product should be clearly recorded for each recipient.

Disposal

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] contains genetically modified organisms (GMOs). Any unused vaccine or waste material should be disposed of in accordance with local requirements. Spills should be disinfected with an appropriate antiviral disinfectant.

7. MARKETING AUTHORIZATION HOLDER

AstraZeneca Pharmaceuticals (Philippines), Inc.

8. REGISTRATION NUMBER

[To be updated once EUA is issued by FDAPH]

9. DATE OF FIRST AUTHORIZATION

[To be updated once EUA is issued by FDAPH]

10. DATE OF REVISION OF THE TEXT

January 2021

Based on CDS dated 21 December 2020 (Doc ID-004379265 v. 2.0)

Philippine-specific Text (Doc ID-004450132 v. 1.0)

CAUTION

Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

Imported by the Marketing Authorization Holder
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ANNEX E. AstraZeneca COVID-19 Vaccine Patient Information Leaflet

Access the document here:

(<https://www.fda.gov.ph/wp-content/uploads/2021/02/PIL-for-COVID-19-Vaccine-AstraZeneca-English.pdf>)

COVID-19 Vaccine (ChAdOx1-S [recombinant])

COVID-19 Vaccine AstraZeneca Solution for Injection (IM)

Viral Vaccine

Read all of this leaflet carefully.

- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your healthcare provider.

What is in this leaflet

1. What COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is and what it is used for
2. What you need to know before you receive COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]
3. How COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is given
4. Possible side effects
5. Storing COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]
6. Further information

1 What COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is and what it is used for

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a vaccine used to protect people aged 18 years and older against COVID-19.

COVID-19 is caused by a virus called coronavirus (SARS-CoV-2).

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] stimulates the body's natural defences (immune system). It causes the body to produce its own protection (antibodies) against the virus. This will help to protect you against COVID-19 in the future. None of the ingredients in this vaccine can cause COVID-19.

2 What you need to know before you receive COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]

Do not have the vaccine:

- If you have ever had a severe allergic reaction to any of the active substances or any of the other ingredients listed in section 6.

If you are not sure, talk to your healthcare provider.

Warnings and precautions

Tell your healthcare provider before vaccination:

- If you have ever had a severe allergic reaction (anaphylaxis) after any other vaccine injection;
- If your immune system does not work properly (immunodeficiency) or are taking medicines that weaken the immune system (such as high-dose corticosteroids, immunosuppressants or cancer medicines);
- If you currently have a severe infection with a high temperature (over 38°C);
- If you have a problem with bleeding or bruising, or if you are taking a blood thinning medicine (anticoagulant).

If you are not sure if any of the above applies to you, talk to your healthcare provider before you are given the vaccine.

As with any vaccine, COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] may not protect everyone who is vaccinated from COVID-19. It is not yet known how long people who receive the vaccine will be protected for.

Children and adolescents

No data are currently available on the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in children and adolescents younger than 18 years of age.

Other medicines and COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]

Tell your healthcare provider if you are taking, have recently taken or might take, any other medicines or vaccines.

Pregnancy and breastfeeding

If you are pregnant or breastfeeding, think you may be pregnant, or are planning to have a baby, tell your healthcare provider. There are limited data on the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in pregnant or breastfeeding women. Your healthcare provider will discuss with you whether you can be given the vaccine.

Driving and using machines

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] has no known effect on the ability to drive and use machines. However, side effects listed in section 4 may impact your ability to drive and use machines. If you feel unwell, do not drive or use machines.

3 HOW COVID-19 VACCINE ASTRAZENECA IS GIVEN

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is injected into a muscle (usually in the upper arm).

You will receive 2 injections. You will be told when you need to return for your second injection of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca].

The second injection can be given between 4 and 12 weeks after the first injection.

When COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is given for the first injection, COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (and not another vaccine against COVID-19) should be given for the second injection to complete vaccination course.

If you miss an injection

If you forget to go back at the scheduled time, ask your healthcare provider for advice. It is important that you return for your second injection of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca].

4 POSSIBLE SIDE EFFECTS

Like all medicines, this vaccine can cause side effects, although not everybody gets them. In clinical studies with the vaccine, most side effects were mild to moderate in nature and resolved within a few days. If you notice any side effects not mentioned in this leaflet, please inform your healthcare provider.

Medicines containing paracetamol can be taken if you need relief from side effects such as pain and/or fever.

Side effects that occurred during clinical trials with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] were as follows:

Very Common (may affect more than 1 in 10 people)

- tenderness, pain, warmth, redness, itching or swelling where the injection is given
- generally feeling unwell
- feeling tired (fatigue)
- chills or feeling feverish

- headache
- feeling sick (nausea)
- joint pain or muscle ache

Common (may affect up to 1 in 10 people)

- fever

If you notice any side effects not mentioned in this leaflet, please inform your healthcare provider.

Reporting of suspected adverse reactions

For suspected adverse events following immunization, please report to the Food and Drug Administration (FDA) at www.fda.gov.ph.

Adverse events of concern in association with COVID-19 Vaccine (ChAdOx1 S [recombinant]) [COVID-19 Vaccine AstraZeneca] can also be reported to AstraZeneca via www.azcovid-19.com, or at <https://contactazmedical.astrazeneca.com/>.

You should seek medical attention immediately at the first sign of any adverse events following immunization.

5 STORING COVID-19 VACCINE (CHADOX1-S [RECOMBINANT]) [COVID-19 VACCINE ASTRAZENECA]

Keep out of the sight and reach of children.

Your healthcare provider is responsible for storing this vaccine and disposing of any unused product correctly.

6 FURTHER INFORMATION

What COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] contains

The active substance is COVID-19 Vaccine (ChAdOx1-S [recombinant]).

One dose (0.5 ml) contains:

COVID-19 Vaccine (ChAdOx1-S* recombinant) 5×10^{10} viral particles

*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

The other ingredients are L-histidine, L-histidine hydrochloride monohydrate, magnesium chloride hexahydrate, polysorbate 80, ethanol, sucrose, sodium chloride, disodium edetate dihydrate (EDTA), water for injection.

7 MARKETING AUTHORIZATION HOLDER

AstraZeneca Pharmaceuticals (Philippines), Inc.

8 REGISTRATION NUMBER

[To be updated once EUA is issued by FDAPh]

9 DATE OF FIRST AUTHORIZATION

[To be updated once EUA is issued by FDAPh]

10 DATE OF REVISION OF THE TEXT

January 2021

Based on CPIL dated 21 December 2020 (Doc ID-004379267 v. 2.0)

Philippine-specific PIL (Doc ID-004379267 v. 2.0)

CAUTION

Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

Imported by the Marketing Authorization Holder

AstraZeneca Pharmaceuticals (Phils.), Inc.

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Manufactured by

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