

**COVID-19 VACCINES BENEFIT RISK EXPERT WORKING GROUP**

Minutes of the meeting held on **Wednesday 17<sup>th</sup> March 2021** at **15:00** via videoconference

**Participants Present**

**Members**

Professor Sir M Pirmohamed (Chair)  
Professor J Breuer  
Professor G Dougan  
Mr VI G Fenton-May  
Professor N French  
Professor D Goldblatt  
Ms S Hunneyball  
Sir M Jacobs  
Professor H J Lachmann  
Professor P J Lehner  
Mr R Lowe  
Dr S Misbah  
Professor Y Perrie  
Professor S Price  
Dr A Riordan  
Professor T Solomon  
Professor K M G Taylor  
Dr R Thorpe  
Professor M Turner  
Dr S Walsh  
Mrs M Wang  
Professor C Weir

**Apologies**

Professor K Hyrich  
Professor C Robertson  
Professor P Shah

**Invited Experts**

Dr N Cooper  
Dr W Lester  
Professor M Murphy  
Dr S Pavord  
Professor M Scully

**Observers**

Dr N Andrews

NR

Dr A Earnshaw

NR

Dr D Irwin

Professor W S Lim

Dr J Lopez Bernal

NR

**Professional Staff of MHRA Present**

**Principal Assessors**

Dr J Bonnerjea - LD  
Dr K Prasad - LD (& for CHM)

**Presenters supporting specific items**

Name Redacted

**MHRA Observers**

Ms R Arrundale - MHRA-Policy  
Dr S Atkinson - Directorate

Name Redacted

Dr P Bryan - VRMM

Name Redacted

Dr SP Lam - LD

Name Redacted

Dr J Raine - MHRA CEO

Name Redacted

Mr P Tregunno - VRMM

Dr M O'Leary  
Dr M Ramsay

**NR**

Dr S Stockley

**NR**

**Secretariat**

**Name Redacted**

**Personal Data**

22<sup>nd</sup> June 2021

**Name Redacted**

**Key**

**LD** = Licensing Division

**NIBSC** = National Institute for Biological Standards & Control

**VRMM** = Vigilance & Risk Management of Medicines

**Directorate** = Director of Operational Transformation

**MHRA CEO** = Chief Executive

**1. Introduction and Announcement**

- 1.1** The Chair reminded Members and invited Experts that the content of papers and proceeding of the meeting are strictly confidential and should be treated as 'Official – sensitive commercial' and should not be disclosed. There is no consent for members / participants to record the meeting, take screenshots or photographs of presentations. The meeting was recorded by the MHRA Secretariat for minute taking purposes only. The Chair & Members including all participants gave full consent to the recording prior to the start of the meeting.

**1.2 Conflict of Interest Policy (Annex I to the minutes)**

The Chair reminded members and participants that, in accordance with the CHM Code of Practice, they should declare any financial interests (personal or non-personal, specific or non-specific) which they have, or which an immediate family member has, in any of the agenda items. Members were also reminded to declare any other matter which could reasonably be perceived as affecting their impartiality.

- 1.3** Participants declared interests and other relevant interests for this meeting at **Annex II** to the minutes.

- 1.4** Apologies were received from Professors Hyrich, Robertson and Shah for this meeting.

- 1.5** The Chair welcomed the following invited experts for the meeting today:

**Professor Michael Murphy**

Professor of Transfusion Medicine, University of Oxford

**Dr Nichola Cooper**

Imperial Healthcare College NHS Trust

**Dr Sue Pavord**

Consultant Haematologist at Oxford University Hospitals

**Dr Will Lester**

Consultant Haematologist at University Hospital Birmingham

**Professor Marie Scully**

Consultant Haematologist, University College London Hospitals

According to the Conflict of interest Policy invited experts are permitted to participate in discussions and do not contribute to conclusions and recommendations. At the chair's discretion, Professor Scully, Dr Cooper and Dr Lester was permitted to participate by answering specific questions from the chair, but not raise spontaneous comments or questions.

- 1.6** The Chair welcomed the following Observers for the meeting today:

**Dr Nick Andrews**

Senior Statistician, Public Health England

## NOT FOR PUBLICATION

thrombosis, three of whom were on Oral Contraceptives or Nuvaring) and 7 cases in Germany all in young women (three with potential risk factors for thrombosis, oral contraceptives, unspecified genetic disorder and pre-existing thrombophilia with von Willebrand disease type 1, Factor V Leiden mutation and anticardiolipin antibody).

- 2.4.3** The meeting noted anecdotally that there were likely other similar cases that had not yet been received by the MHRA. Experts agreed there was a need to rapidly gather data on these cases, including previous COVID-19 infection, with clinical input from a panel of clinical experts as the data emerged to keep pace with the dynamic nature of the signal. It would also be helpful to put out a call for reporting via the British Society for Haematology, not only of cases occurring in relation to the vaccine but also those which occur naturally.
- 2.4.4** Experts noted that the co-existence of a prothrombotic state with thrombocytopaenia is rare. Although this is seen to occur rarely with certain conditions, at present it is unclear if a causal association exists with the vaccine. Nevertheless, given the close temporal association and the rare nature of the event, the meeting concluded this should be promptly evaluated further as a signal.
- 2.4.5** To date, thrombosis occurring with thrombocytopenia has not been noted with the Pfizer vaccine from UK Yellow Card reports. The Centres for Disease Control's rapid cycle analysis for events of venous thromboembolism, pulmonary embolism and disseminated intravascular coagulation has not identified a statistically significant increased risk for any of these events for the mRNA vaccines in use in the USA (Pfizer and Moderna).
- 2.4.6** Immune thrombocytopenia can occur with vaccines, for example, it has been noted to be associated with the MMR vaccine at a risk of approximately 1 per 25,000. Further literature analyses of the occurrence of thrombocytopaenia together with thrombosis for any vaccine needs to be undertaken.

**2.5 Conclusion**

- 2.5.1** The Group agreed that there was no evidence of an increased risk of peripheral venous thromboembolism. The group also agreed that the evidence did not support an increased risk of thrombocytopaenia alone.
- 2.5.2** Although the numbers of cases of thrombosis with thrombocytopaenia were small, the Group advised that since this was a very serious condition further information should be rapidly gathered.

**2.6 Advice**

- 2.6.1** The meeting advised that the benefit-risk of the vaccine was still positive overall, although it may vary in different age groups and clinical vulnerability. Further data on the risk of COVID-19 stratified by age needs to be evaluated (not only with respect to mortality, but also hospitalisation) to provide a better assessment of benefit-risk in different age groups.
- 2.6.2** The meeting agreed on the further next steps:
- a. To work with expert haematologists on a proforma to rapidly gather more relevant clinical details on cases of thrombosis with thrombocytopaenia
  - b. To work with a panel of experts to obtain expert review of cases, understand their nature and whether there is a causal association.
  - c. To work with clinical groups including the British Society for Haematology to encourage pro-active reporting of cases to the Yellow Card scheme in as much