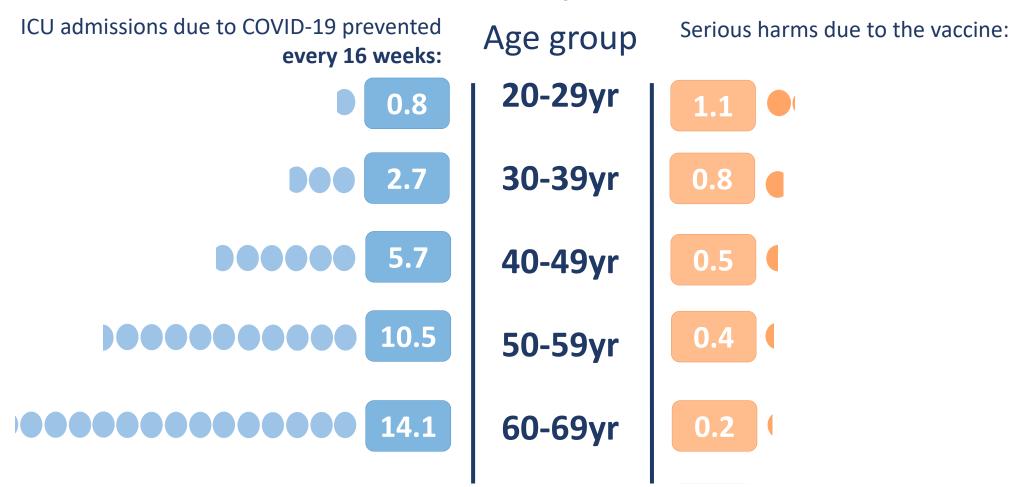
# Communicating the potential benefits and harms of the Astra-Zeneca COVID-19 vaccine

**Potential benefits** 

### For 100,000 people with low exposure risk\*

**Potential harms** 

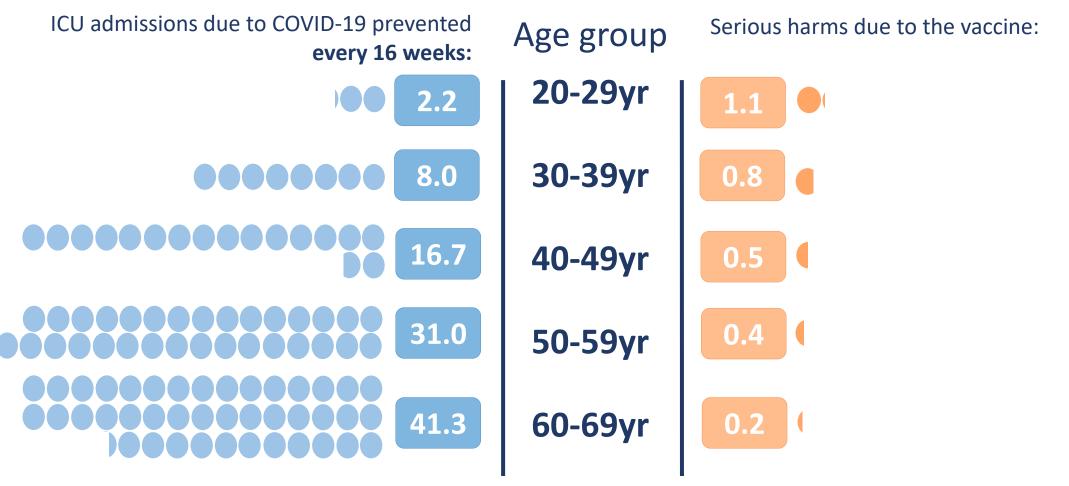


<sup>\*</sup> Based on coronavirus incidence of 2 per 10,000: roughly UK in March

### **Potential benefits**

## For 100,000 people with medium exposure risk\*

### **Potential harms**

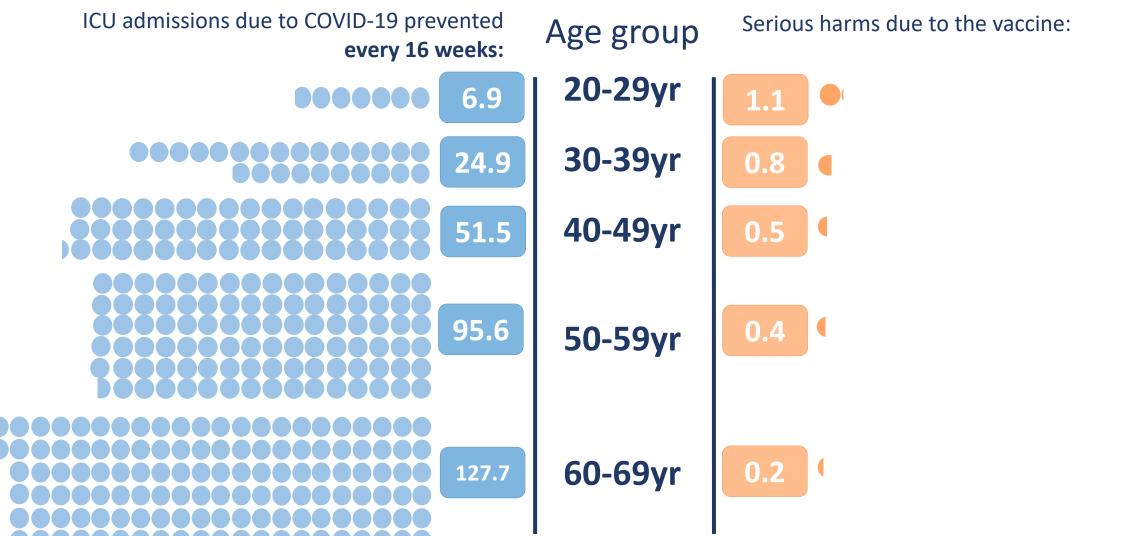


<sup>\*</sup> Based on coronavirus incidence of 6 per 10,000: roughly UK in February

### **Potential benefits**

## For 100,000 people with high exposure risk\*

**Potential harms** 



<sup>\*</sup> Based on coronavirus incidence of 20 per 10,000: roughly UK at peak of second wave

#### Statistical Notes and Data Sources

#### Potential benefits:

- Incidence rates were based on the Covid-19 Infection Survey, ONS, 1 April 2021.
- The proportion of hospitalisations in a cohort was calculated using the estimates of COVID-19 hospitalisation rates associated with the 10-year age cohorts studied. These estimates were taken from Table 1 of the 29 July 2020 report of the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O).
- The proportion of ICU cases to hospitalisations was calculated using the PHE Benefit Estimation for COVID-19 Report from 3 April 2021. The 10-year age cohorts were determined by weighted averages if not directly available.
- A fixed vaccine efficacy of 80% for all age groups for ICU reduction was used.

#### Potential harms:

- Very few cases of severe allergic reaction (anaphylaxis) have been reported for the Astra-Zeneca vaccine in the UK too few to illustrate. This may be because precautions have been taken to protect those likely to suffer such a reaction. The harms illustrated are therefore only the blood clots.
- Numbers of cases of the blood clot reactions provided by MHRA up to March 31st in five-year age-bands. Observed rates smoothed using a Poisson regression on age, with log-link.