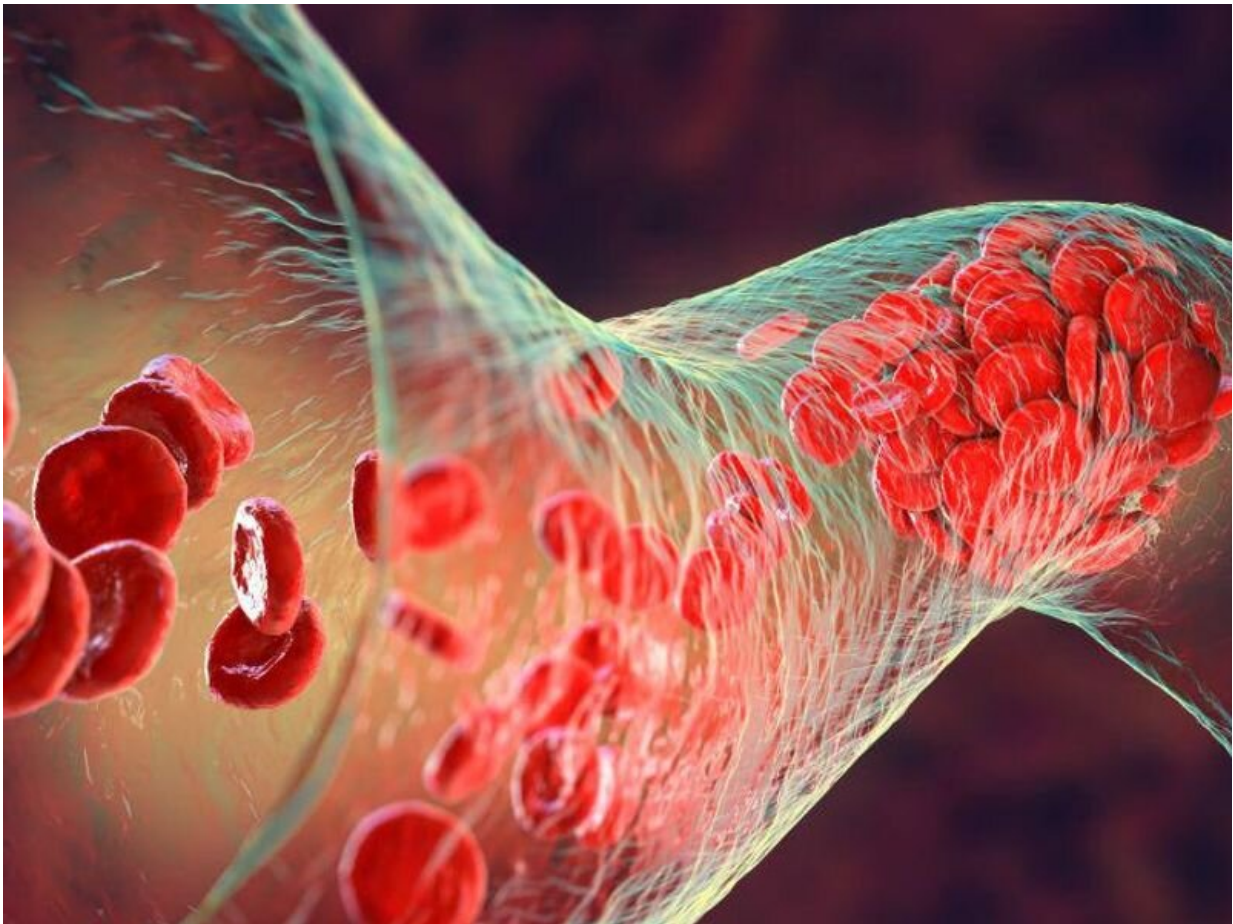


Relative risk for CVT up after AZD1222 COVID-19 vaccine

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The relative rates of hospital contacts for coagulation disorder and

cerebrovascular disease are increased after AZD1222 COVID-19 vaccination, particularly for thrombocytopenia and cerebral venous thrombosis, according to a study published online June 14 in *JAMA Network Open*.

Jacob Dag Berild, M.D., from the Norwegian Institute of Public Health in Oslo, and colleagues examined the association between AZD1222, BNT162b2, and mRNA-1273 vaccines and subsequent thromboembolic and thrombocytopenic events in a self-controlled case series using individual-level data from national registries in Norway, Finland, and Denmark. The relative rate (RR) of hospital contacts for [coronary artery disease](#), coagulation disorders, or cerebrovascular disease were examined in a 28-day period after vaccination versus a control period prior to vaccination.

The researchers identified 265,339 hospital contacts: 44, 21, and 35 percent for coronary artery disease, coagulation disorders, and cerebrovascular disease, respectively. The relative rate of coronary artery disease was increased in the 28-day period following mRNA-1273 vaccination, but not following AZD1222 or BNT162b2 vaccination. The relative rate of coagulation disorders was increased following all three vaccines. In addition, the rate of [cerebrovascular disease](#) was increased following all three vaccines. For individual diseases, two notably high rate ratios were observed: 12.04 and 4.29 for cerebral venous thromboembolism and [thrombocytopenia](#), respectively, following AZD1222 vaccination.

"Although increased rates of several thromboembolic and thrombocytopenic outcomes after BNT162b2 and mRNA-1273 vaccination were observed, these increases were smaller than those observed after AZD1222," the authors write.

One author disclosed financial ties to the [pharmaceutical industry](#).

More information: [Abstract/Full Text](#)

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