UWHealth

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Dear Community Partners

We are pleased to announce that the AstraZeneca COVID-19 Vaccine Trial is poised to resume in the coming days. We feel compelled to let you know about why the trial pause occurred and the pertinent findings. We promised transparency and thus are providing the information that we know to date. We must also add that following an extensive and exhaustive review of the case that led to the trial pause, we feel confident that this vaccine trial is moving forward safely. For those enrolled in the trial, we will continue to be vigilant in following your progress to ensure the vaccine's efficacy and your safety. Oxford and AstraZeneca have since combined forces and their vaccine is one and the same. The trial is now referred to as the Oxford Vaccine Trial.

What is a trial pause? All clinical protocols are designed to have "stopping criteria" if certain safety events occur that would require a pause in recruitment or dosing. This was the case for the Oxford study. This pause should be considered as evidence that the safety protection system put in place to ensure safety of participants is working. Normally, healthy people fall ill for a multitude of reasons, and therefore illnesses such as this when testing many thousands of subjects are to be expected.

What triggered the trial pause? A single participant in the Oxford trial was found to have developed neurologic symptoms (numbness in feet) after a second injection. The participant was hospitalized for observation and the symptoms completely resolved. Every participant in the trial (over 20,000 world-wide) is followed very closely and thus, in this case the symptoms were discovered very early. This single event (one out of 20,000 participants) was unusual enough to pause the trial in every country.

What happens during the pause? During the pause, independent regulatory committees review data from the study. Regulators in each individual country then determine when trials can restart, and they do this in their own time frame. Companies provide the information to the regulators to enable them to make this determination. Many countries, including the United Kingdom where the illness occurred, restarted the trial following their own independent safety assessments. The US employs the strictest safety oversight in the world and out of an abundance of caution, asked for information on all 20,000 participants for review by the Food and Drug Administration (FDA) and an independent safety commission made up of experts in the field who were not involved with the trial, the Data Safety Monitoring Board (DSMB).

After a review of all of that information, it was determined that a total of 3 trial participants had similar symptoms. One participant (who received AZD1222) was found to have pre-existing multiple sclerosis which had not been diagnosed before. Multiple sclerosis can cause these symptoms; however, it is unknown whether the vaccine contributed to these symptoms. The second participant (the one who triggered the pause), who also received AZD1222, did not have any significant past medical history but developed the symptoms described above. An evaluation

of this participant's condition, including efforts to identify its cause, is ongoing. A third participant, who received the control vaccine instead of AZD1222, also developed neurologic symptoms. The control vaccine was an approved vaccine to prevent people from getting infected with a kind of bacteria called meningococcus. The trial in the US does not employ this control vaccine. An investigation into the exact cause of this condition is ongoing for this patient. It is not known whether either AZD1222 or the control vaccine being studied caused these events.

What have the FDA and the DSMB decided? As part of their review, the US FDA has reviewed all safety data from trials globally and concluded it was safe to resume the trial. AstraZeneca does not have any evidence from the very few cases so far that there is any increased risk for older or underserved populations. Potential risks are included in the revised informed consent form.

What are the racial and ethnic disparities in COVID 19? Compared to the White population in the US, non-Hispanic Black or African American individuals have a 2.6x higher incidence of overall cases, a 4.7x higher chance of being hospitalized, and a 2.1x higher chance of dying from COVID-19. Hispanic or Latinx individuals have a 2.8x higher incidence of cases, 4.6x higher hospitalization rate, and a 1.1x higher incidence of death. COVID-19 affects Native Americans approximately 2.8x more often than non-Hispanic White and those affected are usually much younger than the general population. Clearly, COVID-19 disproportionately affects BIPOC people and that is one of the many reasons we remain committed to this study and finding a vaccine that can be safe and protect all people. We are pleased that the trial will be resuming in the coming days and just wanted to send you an update to keep our word on transparency.

Thank you for taking the time to read this letter and please reach out with any questions or concerns. We are in this together, and together we will defeat this.

Warmly,

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