

AstraZeneca jab not linked to clotting: co-developer

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The director of the Oxford Vaccine Group on Monday said there was no link between the jab it developed with AstraZeneca and blood clotting, after several countries suspended its use.

Andrew Pollard said there was "very reassuring evidence that there is no increase in a blood clot phenomenon here in the UK, where most of the doses in Europe been given so far".

"It's absolutely critical that we don't have a problem of not vaccinating people and have the balance of a huge risk, a known risk of COVID, against what appears so far from the data that we've got from the regulators—no signal of a problem," he told BBC radio.

Ireland and the Netherlands on Sunday became the latest countries to suspend their use of the Oxford/AstraZeneca [vaccine](#) out of precaution.

Denmark, Norway and Iceland have also paused their rollout of the jab.

AstraZeneca said on Sunday there was no evidence of increased [blood clots](#) from the jab after outcomes from 17 million doses were analysed.

The pharmaceutical company said the 15 incidences of deep vein thrombosis (DVT) and 22 events of pulmonary embolism reported among those given the vaccine was "much lower than would be expected to occur naturally in a general population".

"The nature of the pandemic has led to increased attention in individual cases and we are going beyond the standard practices for safety monitoring of licensed medicines in reporting vaccine events, to ensure [public safety](#)," chief medical officer Ann Taylor said.

"In terms of quality, there are also no confirmed issues related to any batch of our vaccine used across Europe, or the rest of the world."

The World Health Organization and the European Medicines Agency have both said there is no evidence the use of the jab should be suspended.

Ireland said it had "temporarily deferred" use of the vaccine on the advice of its advisory panel following the move by Norway.

The Dutch health ministry also said it was suspending the rollout as a precaution.

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