COVID-19

CONSOLIDATED REGIONAL AND GLOBAL INFORMATION ON ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) AGAINST COVID-19 AND OTHER UPDATES

Twentieth report

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CONTENTS

ARGENTINA

- As of 30 June 2021, 20,543,325 doses of COVID-19 vaccines of Sputnik V (8,988,642 doses), AstraZeneca/Covishield (7,360,027 doses), and Sinopharm (4,194,656 doses) had been administered. A total of 48,345 adverse events following immunization (AEFI) were reported, a rate of 235.3 per 100,000 doses of vaccines administered.
- Of total AEFI reported, 41,178 were for Sputnik V (458.1 per 100,000 doses administered), 5,301 were for AstraZeneca/Covishield (72.0 per 100,000 doses administered), and 1,866 were for Sinopharm (44.4 per 100,000 doses administered).
- In total, 1.07% of the events reported were considered serious (cases requiring hospitalization). The rate of serious AEFI reported for the Sputnik V vaccine was 0.87 per 100,000 doses administered; for AstraZeneca/Covishield, 0.58 per 100,000 doses administered; and for Sinopharm, 0.33 per 100,000 doses administered.
- Most of the reported events consisted of fever, headache, myalgia, and arthralgia.
- Among the serious events, there were two cases of immune thrombocytopenia, two of Guillain-Barré Syndrome, and one of pericarditis, associated with the Sputnik V vaccine, while there were three reported cases of thrombosis with thrombocytopenia syndrome (TTS) associated with the AstraZeneca/Covishield vaccine. Nine cases of anaphylaxis were reported with the Sputnik V vaccine, two with the AstraZeneca/Covishield vaccine, and two with the Sinopharm vaccine.

Link: https://www.argentina.gob.ar/coronavirus/vacuna/equipos-salud/informes-seguridad

CANADA

- As of 9 July 2021, 41,526,682 doses of the Pfizer-BioNTech, Moderna, and AstraZeneca/Covishield (manufactured by the Serum Institute of India) COVID-19 vaccines had been administered.
- A total of 9,615 individual reports of one or more adverse events (0.023% of doses administered) were reported. Of these, 2,222 were considered serious events (0.005% of doses administered).
- Of total reports, there were 3,908 non-serious and 1,459 serious events associated with the Pfizer-BioNTech vaccine, 2,576 non-serious and 280 serious events associated with the Moderna vaccine, and 889 non-serious and 390 serious events associated with the AstraZeneca/Covishield vaccine.

- There were 25,930 reports of AEFI (including 9,615 reports of one or more adverse events), of which the majority were for non-serious events, such as injection-site reactions, paresthesia, itching, hives, headache, hypoesthesia, and nausea. There were 108 reported cases of anaphylaxis (90 for the Pfizer-BioNTech vaccine and 18 for the Moderna vaccine).
- As of 9 July, 59 cases of thrombosis with thrombocytopenia syndrome (TTS) had been reported, of which 55 were for individuals who had been vaccinated with the AstraZeneca/Covishield vaccine, three who had received the Pfizer-BioNTech vaccine, and one who had received the Moderna vaccine. For reported cases associated with the AstraZeneca/Covishield vaccine, onset of symptoms was between one and 34 days after vaccination. Of these cases, 22 were women (ages 44 to 88), 32 were men (ages 34 to 73), and in one case the sex of the individual was not specified.
- There were 134 reports of post-vaccination deaths. Following a medical review, it was determined that 56 of these deaths were not linked to administration of the COVID-19 vaccine, 31 are still under investigation, six (cases of TTS) were considered to be potentially attributable to vaccination, and 41 could not be classified due to insufficient information.
- As of 9 July, 163 cases of myocarditis/pericarditis had been reported, of which 111 were individuals who had received the Pfizer-BioNTech vaccine, 40 who had received the Moderna vaccine, 11 who had received the AstraZeneca/Covishield vaccine, and one for whom the vaccination was not specified. Of cases associated with the Pfizer-BioNTech vaccine, 52 were women (between ages 15 and 86) and 59 were men (ages 15 to 82). Of these reported events, 67 occurred after receiving the first dose of the vaccine, 26 after the receiving the second dose, and in 18 cases there was no indication whether the occurrence followed the first or second dose. Onset of symptoms was between 5 hours and 92 days after vaccination. No clear association between myocarditis/pericarditis and COVID-19 vaccines has yet been established, though such an association has not been ruled out.
- As of 9 July, one case of capillary leak syndrome had been reported following administration of the first dose of the AstraZeneca/Covishield vaccine. In addition, there were 43 reported cases of Guillain-Barré Syndrome (GBS), of which 25 occurred following administration of the AstraZeneca/Covishield vaccine, 14 after receiving the Pfizer-BioNTech vaccine, and 4 after administration of the Moderna vaccine.

Source: https://health-infobase.canada.ca/covid-19/vaccine-safety/

UNITED STATES

- Between 14 December 2020 and 19 July 2021 more than 338 million doses of COVID-19 vaccines were administered in the United States.

- Reported cases of thrombosis with thrombocytopenia syndrome (TTS) following administration of the Janssen COVID-19 vaccine, manufactured by Johnson & Johnson (J&J), have been rare. As of 19 July, more than 13 million doses of the J&J/Janssen COVID-19 vaccine had been administered in the United States. The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) identified 39 confirmed reports of people who received the J&J/Janssen COVID-19 vaccine and had subsequently been diagnosed with TTS. According to the CDC and the FDA, women under the age of 50, in particular, should be informed of the risk of rare blood clots, accompanied by low platelet levels, following administration of this vaccine. However, analysis shows that the benefits of the vaccine outweigh its known and potential risks.
- As of 19 July, two confirmed cases of TTS had been reported to the Vaccine Adverse Event Reporting System (VAERS) for the Moderna mRNA vaccine, with more than 324 million doses of mRNA vaccines having been administered. Data currently available show no increased risk of this event following administration of COVID-19 mRNA vaccines.
- After the administration of 12.8 million doses of the J&J/Janssen vaccine, there have been approximately 100 preliminary reports of Guillain-Barré Syndrome. These events have occurred most often around two weeks after vaccination, the majority in men, many of whom were 50 years old or older.
- Reported cases of myocarditis and pericarditis following vaccination are rare. As of 19 July, the VAERS had received 1,148 reports of myocarditis and pericarditis in people age 30 and younger who had received a COVID-19 vaccination. Most of the reported cases have involved people who received an mRNA vaccine (Pfizer-BioNTech or Moderna), predominantly male adolescents and young adults. Through follow-ups, including a review of medical records, the CDC and the FDA confirmed 674 reports of myocarditis or pericarditis.
- As of 19 July, VAERS had received 6,079 reported deaths of vaccinated individuals; however, an analysis failed to establish a link between these deaths and vaccination. Nevertheless, recent reports have indicated that there may be a causal relation between the J&J/Janssen COVID-19 vaccine and TTS deaths. The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) are continuing to investigate reports of these adverse reactions, including deaths, that have been reported to VAERS.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

WHO SAGE Roadmap for Prioritizing Use of COVID-19 Vaccines in the Context of Limited Supply

On 16 July 2021, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) published an updated Roadmap for Prioritizing Use of COVID-19 Vaccines in the Context of Limited Supply, offering an approach to inform planning and subsequent recommendations based on epidemiologic setting and vaccine delivery scenarios.

This document is available at: https://www.who.int/publications/i/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply

Brazil's National Health Surveillance Agency Authorizes Clinical Trial for AstraZeneca's Modified Vaccine

On 14 July 2021, Brazil's National Health Surveillance Agency (ANVISA) reported that it had authorized a clinical trial of AstraZeneca's COVID-19 vaccine candidate, identified as AZD2816, developed with the same technology as the AZD1222 vaccine, designated as ChAdOx1 nCoV-19.

The AZD2816 vaccine candidate is a new version of the currently available ChAdOx1 nCoV-19 vaccine, which has been modified to also provide immunity against the new emerging strain of the Beta variant (B.1.351) of SARS-CoV-2, first identified in South Africa.

The phase II/III, partially double-blind, randomized, multinational, controlled study will be conducted in adults 18 years of age and older to determine the safety and immunogenicity of the AZD2816 vaccine candidate, when administered as a third dose in individuals who previously received two doses of the ChAdOx1 nCoV-19 vaccine or two doses of an mRNA COVID-19 vaccine; as a 2-dose primary homologous vaccine for unvaccinated individuals; and as the second dose of a 2-dose primary heterologous vaccination regimen, with ChAdOx1 nCoV-19 as the first dose and the candidate vaccine as the second dose.

Source: https://www.gov.br/anvisa/pt-br/assuntos/noticias-anvisa/2021/anvisa-aprova-mais-duas-pesquisas-clinicas-de-vacinas-contra-covid-19-1

CLARIFICATIONS/CONCLUSIONS ON THE EVENTS PRESENTED IN PREVIOUS COMMUNICATIONS

Guidance for clinical case management of thrombosis with thrombocytopenia syndrome related to administration of COVID-19 vaccines

On July 19, 2021, WHO published the document Guidance for clinical case management of thrombosis with thrombocytopenia syndrome (TTS) following vaccination to prevent coronavirus disease (COVID-19), with the aim of disseminating information related to cases of TTS following administration of non-replicating adenovirus vector-based COVID-19 vaccines (the AstraZeneca ChAdOx-1 vaccine and the J&J/Janssen Ad26 COV2-S vaccine), and to help healthcare providers in assessing and managing potential TTS cases.
This document is available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-TTS-2021.1

Warning about possible risk of Guillain-Barré Syndrome with viral vector COVID-19 vaccines

- U.S. Food and Drug Administration (FDA) and the Janssen COVID-19 vaccine

On 13 July 2021, the U.S. Food and Drug Administration (FDA) announced an update to Janssen's COVID-19 vaccine fact sheets to include a warning that the vaccine could cause a possible increased risk of Guillain-Barré Syndrome (GBS), though at present the data are not sufficient to establish a causal link. The FDA indicated that there have been 100 preliminary reports of GBS following vaccination with the Janssen vaccine, with approximately 12.5 million doses having been administered. Of these reported cases, 95 were serious and required hospitalization. There was one reported death. Each year in the United States, an estimated 3,000 to 6,000 people develop GBS. GBS has also been observed at an increased rate associated with certain vaccines, including certain seasonal influenza vaccines and a vaccine to prevent shingles. No similar signal has been identified with the Moderna and Pfizer-BioNTech COVID-19 vaccines.
The FDA has also evaluated the available information for the Janssen COVID-19 Vaccine and continues to find that the benefits clearly outweigh the known and potential risks. It notes that vaccine recipients should seek medical attention right away if they develop any of the following symptoms after receiving the Janssen COVID-19 vaccine: weakness or tingling sensations, especially in the legs or arms that worsens and spreads to other parts of the body; difficulty walking; difficulty with facial movements, including speaking, chewing or swallowing; double vision or inability to move the eyes; or difficulty with bladder control or bowel function.
Source: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021

- The European Medicines Agency (EMA) and AstraZeneca's Vaxzevria COVID-19 vaccine

On 19 July 2021, the European Medicines Agency (EMA) published updated information on AstraZeneca's Vaxzevria COVID-19 vaccine, which, in the section on warnings and special precautions for use, includes the following:

Neurological events: Guillain-Barré Syndrome (GBS) has been reported very rarely following vaccination with Vaxzevria. Healthcare professionals should be alert to GBS signs and symptoms to ensure correct diagnosis, in order to initiate adequate supportive care and treatment, and to rule out other causes.

Source: https://www.ema.europa.eu/en/documents/product-information/vaxzevria-previously-covid-19-vaccine-astrazeneca-epar-product-information_en.pdf

Recommendation of WHO/EUL on risk management plan and pharmacovigilance plan for Sinovac COVID-19 vaccine

The WHO/EUL recommendations for Sinovac's COVID-19 vaccine, published on 28 June 2021, comment on the clinical aspects relating primarily to the risk management plan and the pharmacovigilance plan for this vaccine, which are summarized below.

Risk Management Plan:

- Important identified risks:

  Include anaphylaxis and a warning that a minimum observation period of 15 minutes after vaccination is recommended, given the risk of potentially life-threatening anaphylactic/anaphylactoid reactions.

- Important potential risks:
  - The manufacturer considered the risk of vaccination-associated enhanced disease (VAED), including vaccine-associated enhanced respiratory disease (VAERD). WHO notes that there is a theoretical concern that vaccination against SARS-CoV-2 may be associated with enhanced severity of COVID-19 episodes which would manifest as VAED and can be potentially serious, life-threatening, or fatal, and that require early detection, careful monitoring, and timely medical intervention.
  - Programmatic errors: WHO noted that it may be necessary to minimize this situation in advance under real use conditions. This will be monitored via routine pharmacovigilance activities and will be presented in each PBRER/PSUR.
- Missing information: WHO requested the inclusion of information on the following:
  - Use during pregnancy and while breastfeeding.
  - Use in immunocompromised patients, including HIV. This population was excluded from the clinical trials.
  - Use in people 60 years of age or older, without limiting it to individuals with chronic diseases, since insufficient data are available on safety and efficacy in this group.
  - Use in patients with comorbidities, e.g., chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders.
  - Interaction with other vaccines, as well as interchangeability or sequential use with other vaccines.
  - Use in the pediatric populations ≤18 years of age.
  - Use in patients with autoimmune or inflammatory disorders. There is a theoretical concern that the vaccine may exacerbate their underlying disease.
  - Long-term safety: Additional activities will be needed to obtain such information.

- Evaluation of the impact of the emergence of variants on vaccine efficacy/effectiveness and safety.

Pharmacovigilance plan:

- The conditions established to ensure proper traceability and monitoring of the cold chain should be specified.
- Follow-up of adverse events of interest should take into account neurological disorders, reactogenicity following vaccination, and all serious adverse events.
- The applicant is requested to monitor and evaluate the impact of these emerging SARS-CoV2 variants (such as alpha, beta, gamma, and delta, and others that may appear in the future) on the effectiveness of the Sinovac COVID-19 vaccine.

Source: https://extranet.who.int/pqweb/sites/default/files/documents/SINOVAC_TAG_PEG_REPORT_EUL-Final28june2021.pdf