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Side Effects of COVID Vaccination among the Residents of Shimla

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Abstract

Objective; To study the side effects of COVID-19 vaccines among the patients visiting health centre at Shimla.

Methods: Patients visiting the health centre were enquired about the side effects of COVID-19 vaccine experienced by them.

Results: 38% felt no side effects, neither after 1^{st} dose, nor after 2^{nd} dose. 2% reported improvement in overall health. 18% reported side effects after 2^{nd} dose. 43% experienced side effects after 1^{st} dose.

38% felt no side effects.33% had fever. 8% had body pain, 6% had pain in the arm, 5% had weakness and fatigue.2% had joint pains. 1% each had pain in legs, hypertension, giddiness, stiffness in body and diarrhoea. 1% had clotting. 1% each experienced increase in appetite and improvement in body pains after the vaccination.

Conclusions; *Majority of the patients had either no side effects or only mild side effects and some had reported in improvement in overall heath.*

Practical implications: This study demonstrated that benefits of vaccination greatly outweigh the risks.

Introduction

Corona Virus Disease-2019 also known as COVID-19 was first identified in Wuhan, China in Dec. 2019. In Jan. 2020 World Health Organization declared it as pandemic. It took many lives world over. Many new variants of concern emerged in different countries. Incubation period was 7-24 days. Symptoms varied from fever to influenza like illness with loss of sense of smell and taste. Later on patients also reported gastrointestinal symptoms, extreme weakness etc. Patients were kept in isolation for a period of 14 days to prevent spread of infection. Many patients recovered after 14 days with symptomatic treatment and residual weakness but lots of patient became serious and required oxygen and ventilators. Health personnel were more at risk. Patients with co-mrbities like chronic kidney disease, diabetes and hypertension suffered most. Some had serious consequences like stroke. Anti

virals like Remdesivir and Flavipiravir were used, but with no specific treatment and high rate of morbidity and mortality need for vaccination was need of the hour. Many vaccines were developed from mRNA Pfizer -BioNTech to adenovirus based Astra- Zenacea Covisheild. inactivated Covaxin, Sputnik V, (1) Two doses were given Initially, later on precaution dose was added for population. susceptible Major issues in motivating the people to get vaccinated were concerns about safety and side effects of vaccines. Therefore this survey was conducted to study the actual side effects experienced by the recipients of the COVID-19 vaccines and will help us understand the nature of the adverse effects of these vaccines.

Result Table 1

Materials and Methods Research Design

Quantitative research approach, a cross sectional study was conducted in which data was gathered from the patients visiting the health centre at Shimla, India.

Study Period

January 2022 to May 2022

Method of data analysis

Data analysis was conducted using statistical techniques, including percentages. Descriptive statistical techniques were used to analyze and present issues, such as socio-demographic characteristics of the respondents, perception and experiences regarding the side effects of COVID-19 vaccine, their vaccination history, among other things.(11)

1	Gender	Males	-61%
		Females	39%
2	Education	Undergraduate	56%
		Graduate	24%
		Postgraduate	20%
3	Age	60+	6%
	-	45-59	48%
		18-44	46%
4	Co-morbidities	Hypertension	28%
		Diabetes	11%
		Hypothyroidism	7%
		Arthritis	6%
		Asthma	3%
5	Vaccine	Covisheild	92%
		Covaxin	7%
		Sputnik	1%

Table 1. presents data pertaining to socio demographic characteristics of the respondents. It is shown that 61% of respondents are males and 39% are females. Educational status reveals that most of them 56% are undergraduate, 24% are graduate and 20% are post graduate. Most of the patients were in age group of 45 -59 years (48%), followed by 18 -44 years(46%) and only 6% are in age group of above 60 years. Regarding co-

morbidities 28% were suffering from hypertension, 11% from diabetes, 7% from hypothyroidism , 6% from arthritis and 3% from asthma. 92% were vaccinated with covisheild, 7% with covaxin and 1% with sputnik.

1	NIL	38%
2	Fever	33%
3	Body pain	8%
4	Pain in the arm	6%
5	Weakness and fatigue	5%
6	Joint pains	2%
7	Pain in legs	1%
8	Increase in appetite	1%
9	Hypertension	1%
10	Giddiness	1%
11	Clotting	1%
12	Improvement in body pain	1%
13	Stiffness in body	1%
14	Diarrhoea	1%

Table 2

Data presented in table 2 reveals that majority of the participants (38%) experienced no side effects after the vaccination, rather 1% reported improvement in body pain and 1% had increase in appetite. 33% experienced fever followed by 8% who experienced body pains, 6% had pain in the arm, 5% suffered from weakness and fatigue, 2% complained joint pains, 1% had pain in legs,1% reported hypertension after the vaccination, 1% had giddiness, 1% suffered from clotting disorder, 1% complained stiffness in body and 1% had diarrhoea.

Table 3

Side effects	Percentage
After 1 st dose	43%
After 2 nd dose	18%

Discussion

COVID -19 has become one of the major causes of death globally. Vaccination would no doubt help to maintain public health and safety. Vaccine reactogenicity represents various local and systemic manifestations because of inflammatory response to vaccination.⁽²⁵⁾ Therefore it is likely that most individuals would exhibit vaccine reaction post COVID 19 vaccination. Survey shows that 62% of the participants experienced some adverse reaction due to COVID - 19 vaccination. Most common adverse effects

experienced by the participants were fever, body pain, pain in the arm, weakness and fatigue, joint pains, pain in legs, hypertension, giddiness, clotting, stiffness in body and diarrhoea.

43% experienced side effects after the 1^{st} dose and only 18 % experienced after 2^{nd} dose.

In our study only 2% required treatment at hospital for adverse effects after vaccination. Most adverse effects were not severe and self-limiting.

In conclusion adverse effects of vaccines developed mostly within 2-3 days of vaccination and about 95% are mild requiring no or home based treatment.

This public knowledge of nature of side effects would instill confidance and overcome vaccine hesitancy among people and enhance vaccine coverage which is the need of the hour

References

- Subhashini Ganeshan, Latifa Mohammad Baynouna Al Ketbi,Nawal AL kaabi . Vaccine side effects following COVID 19 vaccination among the residents of UAE-An Observational Study. Front. Public Health, 06 May 2022. | https://doi.org/10.3389/fpubh.2022.876336
- Krammer F. SARS-CoV-2 vaccines in development. Nature. (2020) 586:516–27. doi: 10.1038/s41586-020-2798-3 PubMed Abstract | CrossRef Full Text | Google Scholar
- Andreadakis Z, Kumar A, Román RG, Tollefsen S, Saville M, Mayhew S. The COVID-19 vaccine development landscape. Nat Rev Drug Discov. (2020) 19:305–6. doi: 10.1038/d41573-020-00073-5 PubMed Abstract | CrossRef Full Text | Google Scholar
- 4. Khaleej Times. UAE Vaccine for Coronavirus: Sinopharm's Jab Approved. Available at: https://www.khaleejtimes.com/coronavirus -pandemic/uae-vaccine-for-coronavirus-

2024

sinopharms-jab-approved (December 9, 2020). Google Scholar

- 5. Khaleej Times. UAE COVID Vaccination Rate Increases: Tops World in One Category. Available at: https://www.khaleejtimes.com/coronavirus -pandemic/uae-COVID-vaccination-rateincreases-tops-world-in-one-category Google Scholar
- 6. National Emergency Crisis Disasters Management Authority (NCEMA). UAE Coronavirus (COVID-19) Updates. Available at: https://COVID19.ncema.gov.ae/en (accessed on November 24, 2021). Google Scholar
- Our World in Data. Coronavirus (COVID-19) Vaccinations. Available online at: https://ourworldindata.org/COVIDvaccinations#what-share-of-thepopulation-has-received-at-least-one-doseof-the-COVID-19-vaccine (accessed November 24, 2021).
- Xia S, Duan K, Zhang Y, Zhao D, Zhang H, Xie Z, et al. Effect of an inactivated vaccine against SARS-CoV-2 on safety and immunogenicity outcomes: interim analysis of 2 randomized clinical trials. JAMA. (2020) 324:951–60. doi: 10.1001/jama.2020.15543 PubMed Abstract | CrossRef Full Text | Google Scholar
- Mulligan MJ, Lyke KE, Kitchin N, et al. Phase I/II study of COVID-19 RNA vaccine BNT162b1 in adults. Nature. (2020) 586:589–93. doi: 10.1038/s41586-020-2639-4 PubMed Abstract | CrossRef Full Text | Google Scholar
- Folegatti PM, Ewer KJ, Aley PK, et al. Safety and immunogenicity of the ChAdOx1 nCoV-19 vaccine against SARS-CoV-2: a preliminary report of a phase 1/2, single-blind, randomised controlled trial. Lancet. (2020) 396:467–

78. doi: 10.1016/S0140-6736(20)31604-4 PubMed Abstract | CrossRef Full Text | Google Scholar

- 11. Logunov DY, Dolzhikova IV, Zubkova OV, Tukhvatullin AI, Shcheblyakov DV, et al. Safety and immunogenicity of an rAd26 and rAd5 vector-based heterologous prime-boost COVID-19 vaccine in two formulations: two open, non-randomised phase 1/2 studies from Russia. Lancet. (2020) 396:887–97. doi: 10.1016/S0140-6736(20)31866-3 PubMed Abstract | CrossRef Full Text | Google Scholar
- 12. Chapin-Bardales J, Gee J, Myers T. Reactogenicity following receipt of mRNA-based COVID-19 vaccines. JAMA. (2021) 325:2201–2. doi: 10.1001/jama.2021.5374 PubMed Abstract | CrossRef Full Text | Google Scholar
- 13. Mahallawi WH. Mumena WA. Reactogenicity and Immunogenicity of the AstraZeneca Pfizer and COVID-19 Immunol. Vaccines. Front (2021)12:794642. doi: 10.3389/fimmu.2021.794642 PubMed Abstract | CrossRef Full Text | Google Scholar
- 14. Saita M, Yan Y, Ito K, Sasano H, Seyama K, Naito T. Reactogenicity following two doses of the BNT162b2 mRNA COVID-19 vaccine: real-world evidence from healthcare workers in Japan. J Infect Chemother. (2022) 28:116–9. doi: 10.1016/j.jiac.2021.09.009 PubMed Abstract | CrossRef Full Text | Google Scholar
- 15. Warren GW, Lofstedt R. COVID-19 vaccine rollout risk communication strategies in Europe: a rapid response. J Risk Res. (2021) 0:1–11. doi: 10.1080/13669877.2020.1870533 CrossRef Full Text | Google Scholar
- 16. Neumann-Böhme S, Varghese NE, Sabat I, Barros PP, Brouwer W, van Exel J, et al.

Once we have it, will we use it? A European survey on willingness to be vaccinated against COVID-19. Eur J Health Econ. (2020) 21:977–82. doi: 10.1007/s10198-020-01208-6

- 17. Pogue K, Jensen JL, Stancil CK, Ferguson DG, Hughes SJ, Mello EJ, et al. Influences on attitudes regarding potential COVID-19 vaccination in the United States. Vaccines. (2020) 8:582. doi: 10.3390/vaccines8040582 PubMed Abstract | CrossRef Full Text | Google Scholar
- Dror AA, Eisenbach N, Taiber S, Morozov NG, Mizrachi M, Zigron A, et al. Vaccine hesitancy: the next challenge in the fight against COVID-19. Eur J Epidemiol. (2020) 35:775–9. doi: 10.1007/s10654-020-00671-y PubMed Abstract | CrossRef Full Text | Google Scholar
- 19. Riad A, Abdulqader H, Morgado M, Domnori S, Koščík M, Mendes JJ, et al. IADS-SCORE. Global prevalence and drivers of dental students' COVID-19 vaccine hesitancy. Vaccines. (2021) 9:566. doi: 10.3390/vaccines9060566 PubMed Abstract | CrossRef Full Text | Google Scholar
- 20. Ahamed F, Ganesan S, James A, Zaher WA. Understanding perception and acceptance of Sinopharm vaccine and vaccination against COVID-19 in the UAE. BMC public health. (2021) 21:1-11. doi: 10.1186/s12889-021-11620-z PubMed Abstract | CrossRef Full Text | Google Scholar
- 21. Riad A, Schünemann H, Attia S, Peričić TP, Žuljević MF, Jürisson M, et al. COVID-19 Vaccines Safety Tracking (CoVaST): protocol of a multi-center prospective cohort study for active surveillance of COVID-19 vaccines' side effects. Int J Environ Res Public Health. (2021) 18:7859. doi:

10.3390/ijerph18157859 PubMed Abstract | CrossRef Full Text | Google Scholar

- 22. Riad A, Sagiroglu D, Üstün B, Pokorná A, Klugarová J, Attia S, et al. Prevalence and risk factors of CoronaVac side effects: an independent cross-sectional study among healthcare workers in Turkey. J Clin Med. (2021) 10:2629. doi: 10.3390/jcm10122629 PubMed Abstract | CrossRef Full Text | Google Scholar
- 23. Wang J, Tong Y, Li D, Li J, Li Y. The impact of age difference on the efficacy and safety of COVID-19 vaccines: a systematic review and meta-analysis. Fro
- 24. Khaleej Times. UAE COVID Vaccination Doses Cross 4 million. Available at: https://www.khaleejtimes.com/coronavirus -pandemic/uae-COVID-vaccination-dosescross-4-million (February 5, 2021). Google Scholar
- 25. Hervé C, Laupèze B, Del Giudice G, Didierlaurent AM, Da Silva FT. The how's and what's of vaccine reactogenicity. NPJ Vaccines. (2019) 4:1–1. doi: 10.1038/s41541-019-0132-6 PubMed Abstract | CrossRef Full Text | Google Scholar
- 26. El-Shitany NA, Harakeh S, Badr-Eldin SM, Bagher AM, Eid B, Almukadi H, et al. Minor to moderate side effects of Pfizer-BioNTech COVID-19 vaccine among Saudi residents: a retrospective cross-sectional study. Int J Gen Med. (2021) 14:1389. doi: 10.2147/IJGM.S310497 PubMed Abstract | CrossRef Full Text | Google Scholar
- 27. Menni C, Klaser K, May A, Polidori L, Capdevila J, Louca P, et al. Vaccine sideeffects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study. Lancet Infect Dis. (2021). doi: 10.1016/S1473-

3099(21)00224-3 PubMed Abstract | CrossRef Full Text | Google Scholar

- 28. Saeed BQ, Al-Shahrabi R, Alhaj SS, Alkokhardi ZM, Adrees AO. Side effects and perceptions following Sinopharm COVID-19 vaccination. Int J Infect Dis. (2021) 111:219–26. doi: 10.1016/j.ijid.2021.08.013 PubMed Abstract | CrossRef Full Text | Google Scholar
- 29. Zhang MX, Zhang TT, Shi GF, Cheng FM, Zheng YM, Tung TH, et al. Safety of an inactivated SARS-CoV-2 vaccine among healthcare workers in China. Exp Rev Vaccines. (2021) 14:1–8. doi: 10.1080/14760584.2021.1925112 PubMed Abstract | CrossRef Full Text | Google Scholar
- 30. Jayadevan R, Shenoy RS, Anithadevi TS. Survey of symptoms following COVID-19 vaccination in India. medRxiv. (2021). doi: 10.1101/2021.02.08.21251366 PubMed Abstract | CrossRef Full Text | Google Scholar
- 31. Saadat S, Rikhtegaran-Tehrani Z, Logue J, Newman M, Frieman MB, Harris AD, et al. Single dose vaccination in healthcare workers previously infected with SARS-CoV-2. medRxiv. (2021) published online Feb 1. (preprint). doi: 10.1101/2021.01.30.21250843 PubMed Abstract | CrossRef Full Text | Google Scholar
- 32. Krammer F, Srivastava K, Simon V. Robust spike antibody responses and increased reactogenicity in seropositive individuals after a single dose of SARS-CoV-2 mRNA vaccine. medRxiv. (2021) published online Feb 1. (preprint). doi: 10.1101/2021.01.29.21250653 CrossRef Full Text | Google Scholar
- 33. Pardi N, Hogan MJ, Porter FW, WeissmanD. mRNA vaccines—a new era in vaccinology. Nat Rev Drug Discov. (2018)

17:261–79. doi: 10.1038/nrd.2017.243 PubMed Abstract | CrossRef Full Text | Google Scholar

- 34. Hatmal MM, Al-Hatamleh MA, Olaimat Alhaj-Qasem DM, AN. Hatmal M, Olaimat TM, et al. Effects and perceptions following COVID-19 vaccination in Jordan: a randomized, cross-sectional study implementing machine learning for predicting severity of side effects. Vaccines. (2021)9:556. doi: 10.3390/vaccines9060556 PubMed Abstract | CrossRef Full Text | Google Scholar
- 35. Beatty AL, Peyser ND, Butcher XE, Cocohoba JM, Lin F, Olgin JE, et al. Analysis of COVID-19 Vaccine Type and Adverse Effects Following Vaccination. JAMA Network Open. (2021) 4:e2140364. doi:

10.1001/jamanetworkopen.2021.40364