

Vaccines at a glance Version 7, May 13, 2021 Turn the page for more in-depth information on each topic Updated information is highlighted		Pfizer	Moderna	AstraZeneca	Janssen (J&J)
Trial efficacy	Overall efficacy rate (clinical trial data)	95.0%	94.1%	59.9%	66.9%
	Efficacy rate against severe disease	>1-14 days after dose 2: 75-100%	14 days after dose 2: 100%	After dose 2: 100%	28 days after dose: 85.4%
	Number of trial participants who developed severe disease	1 vaccine/9 placebo	0 vaccine/30 placebo	0 vaccine/8 placebo	4 weeks after: 5 vaccine/34 placebo
Variants	Against variants without E484K mutation (higher transmission)	Likely similar to overall	Likely similar to overall	Likely similar to overall	Unknown
	Against variants with E484K mutation (higher transmission, increased severity)	Likely reduced	Likely reduced	Likely reduced	Likely reduced
	Variant-specific vaccine development underway	Υ	Υ	Υ	Υ
Туре	Туре	mRNA	mRNA	Viral vector	Viral vector
	Contain live virus?	N	N	N	N
Admin	Number of shots	2	2	2	1
	Minimum interval between shots	21 days	28 days	12 weeks	-
Specific pops	Children	12-18	N	N	N
	Adults > 65	Υ	Υ	Υ	Υ
	Pregnant/breastfeeding	Υ	Υ	Υ	Υ
	Immunocompromised	Υ	Υ	Υ	Υ
Common side effects"	Pain at injection site	Υ	Υ	Υ	Υ
	Fatigue	Υ	Υ	Υ	Υ
	Headache	Υ	Υ	Υ	Υ
	Muscle pain	Υ	Υ	Υ	Υ
	Chills	Υ	Υ	Υ	Υ
	Joint pain	Υ	Υ	Υ	Υ
	Fever	Υ	Υ	Υ	Υ
	Nausea, vomiting or diarrhea	N	N	Υ	Y (nausea)

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Vaccines in depth



Due to the difference in efficacy between vaccines, some are asking if it's possible to get the AZ/Janssen vaccine first, and then a 'booster shot' with an mRNA vaccine at a later date. We don't know yet what the effect of a "mix and match" approach would be. It's not recommended right now, as the effect on safety and efficacy of immune protection is unknown. We'll keep you updated at <u>Vaccine Emerging Evidence (CEP)</u>

Variants

Research is ongoing into the effect of the vaccines against the variants. Janssen's clinical trial was the only one that included an assessment of efficacy against certain variants, and then only against moderate to severe disease. Other studies are testing antibodies taken from vaccine recipients to determine their ability to neutralize synthetic spike proteins. However, neutralization studies may not be an accurate proxy for vaccine efficacy: it is possible for a person with a reduced neutralizing antibody response to be fully immune. We will not know how effective the other vaccines are against the variants until more research is done. For study details and updates, see Emerging Evidence: Vaccines and variants (CEP)

Type

As none of the vaccines contain live virus, reassure patients that they cannot cause COVID-19. For more information about how the vaccines work, see <u>Types of COVID-19</u> <u>Vaccines (CEP)</u>, and for more answers to patient questions about the vaccines, see <u>Ensuring Patient Confidence in Vaccines (CEP)</u>

Ethics

One contributor to low vaccine confidence in BIPOC communities is the historic exclusion of these communities from medical research – or the inclusion without informed consent. It's important that each vaccine trial included consenting participants of diverse racial and ethnic backgrounds. For more resources on understanding vaccine confidence in BIPOC communities, see Ensuring Patient Confidence in Vaccines (CEP)

Admin

The dosage interval for each vaccine is a minimum interval. In order to vaccinate as many people as possible with a first dose, a recommendation from NACI encourages extending the interval to as long as four months between doses. For more information, see <u>Vaccine Administration (CEP)</u>

Specific pops

Health Canada has approved the use of the Pfizer vaccine in children 12-15. Studies on vaccine efficacy in children as young as 6 months are currently underway. See "Do the vaccines work in children?" (CEP)

Pregnant/breastfeeding individuals are encouraged to receive the vaccine. For more information see Emerging Evidence: AstraZeneca and Janssen (Johnson & Johnson)
Safety (CEP)

Immunocompromised can receive the vaccine with informed consent. For more information see Emerging Evidence: Immunocompromised populations

The risk of vaccine-induced blood clots is extremely low: roughly 1/100,000 for AZ, and 1/500,000 for J&J. Out of an abundance of caution, Ontario has ceased offering the AZ vaccine as a first dose. See: Emerging Evidence (CEP)

VEFI

While it is important to be vigilant in monitoring for signs and symptoms of VITT, providers can reassure patients. Widespread awareness of this rare AE makes it possible to intervene early and treat the clots in the rare instance they do develop.

When talking to patients about VITT, it's important to acknowledge the significant risk of blood clots caused by COVID-19 itself. See Emerging Evidence: AstraZeneca and Janssen (Johnson & Johnson) safety (CEP)

Allergies: CSACI identifies the risk for serious allergic reaction for all vaccines as low. For more information, including who should see an allergist before vaccination, see Emerging evidence: Adverse events (CEP)

Side effects Share our patient after-care guide, including how to treat side effects: <u>CEP Aftercare sheet (Pfizer/Moderna and AZ/JJ versions)</u>

**Some patients given the Moderna vaccine may experience delayed localized injection site reactions ~8 days post vaccination including erythema, induration, and tenderness. These typically resolve within 4 to 5 days without the use of antibiotics. See Emerging evidence: Adverse events (CEP)

For more detailed information about side effects for each vaccine, see Pfizer, Moderna, AstraZeneca and Janssen (CEP)



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