### **ORIGINAL ARTICLE**

# Analysis of COVID-19 vaccine type and adverse effects following complete vaccination

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### **ABSTRACT**

**Backgrounds:** Immunization is one of the most successful and cost-effective health interventions to prevent infectious diseases. The launch of the COVID-19 vaccine rollout in December 2020 was a landmark for overcoming this pandemic crisis. It is therefore very important to get most of the population vaccinated as definitive cure still does not exist and people must take all required doses on time as required to reach full immunity. To find the association between COVID-19 vaccine type and adverse effects following complete vaccination.

**Material and Methods:** This Cross-sectional study was conducted in Sharif Medical and Dental College, Lahore over a period of one year from January 2022 to January 2023 on a total of 100 individuals. All participants irrespective of their age and gender were included in the study. Participants with any other systemic illness or those on medication for other illnesses were excluded from the study. Data was collected using a pre-validated questionnaire

**Results:** The association between the type of vaccine and post-vaccination symptom were significant for fever (p=0.018) and cough (p=0.015).

**Conclusion:** Fever and cough were most prevalent among individuals who received Sinovac. Most of the symptoms were more prevalent in Sinovac recipients as compared to Sinopharm. Post-vaccination COVID-19 infection was also more prevalent in those who received Sinovac.

Keywords: COVID-19 infection, COVID-19 vaccination, Side effects

### BACKGROUND

COVID 19 or mostly known as Corona virus pandemic was first detected in Wuhang, China in December 2019 and later spread to more than 150 countries, leaving people economically and socially devastated. WHO declared it a pandemic in January 2020. COVID-19 caused by SARS-CoV-2 is the deadliest communicable healthcare outbreak of the 21st century effecting 500 million people leaving 6.2 million dead as of April 17,2022.

Immunization is one of the most successful and costeffective health interventions to prevent infectious diseases.<sup>2</sup> The launch of the COVID-19 vaccine rollout in December 2020 was a landmark for overcoming this pandemic crisis. All Covid19 vaccines are approved by

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WHO after clinical trials and are proven to be effective and safe.<sup>3</sup> It is therefore very important to get most of the population vaccinated as definitive cure still does not exist and people must take all required doses on time as required to reach full immunity.<sup>4</sup>

Pakistan has a population of 184,404,791 out of which 136,187,729 (73.9%) have received their first dose of vaccine and 124,721,404 (67.6%) second dose. Currently available vaccines in Pakistan are Pfizer, Moderna, Astra Zeneca, Sinovac and Sinopharm, and Sputnik<sup>5</sup>. Any available vaccine can be used as a booster dose<sup>6</sup>. Following inoculation with the Sinopharm or Sinovac vaccines, individuals may experience a spectrum of side effects, ranging from mild to moderate in intensity<sup>7</sup>. These symptoms typically manifest within a few hours to days after vaccination and subside spontaneously within a short duration.<sup>8</sup> Now, turning to Sinopharm and its associated adverse reactions, let's provide some details about the Sinopharm BIBP COVID-19 vaccine, also known as BBIBP-CorV.9 This vaccine, developed by Sinopharm Beijing Institute of Biological Products, is one of two whole inactivated virus COVID-19 vaccines produced by Sinopharm.<sup>9</sup> It is important to emphasize the features of the Sinovac vaccination as we move our attention to it and its negative effects after delivery10. Sinovac Biotech, a

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Chinese business, created CoronaVac, also known as the Sinovac COVID-19 vaccine, which is a full inactivated virus COVID-19 vaccine. Sinovac is not required to be frozen, in contrast to many other vaccinations, and it can be stored at 2 to 8 degrees Celsius (35.6 to 46.4 degrees Fahrenheit). <sup>12</sup>

Some people have side effects from the vaccine, which are normal signs that their body is building protection. These side effects may affect their ability to do daily activities, but they go away in a few days. Some people have no side effects, and allergic reactions are rare.<sup>7</sup> Major complaints from COVID-19 Vaccine are a combination of pain, redness or swelling (where the shot was given) fever, fatigue, headache, muscle pain, chills, joint pain, nausea, vomiting, swollen lymph nodes, feeling unwell.<sup>5</sup> Most of the symptoms can likely be attributed simply to exuberant production of a cytokine that plays a vital role in potentiating early stages of the immune response, namely, type I interferon (IFN-I).5 The aim of this study was to find the association between covid-19 vaccine type and adverse effects following complete vaccination.

### MATERIAL AND METHODS

A cross-sectional study was conducted in Sharif Medical and Dental College, Lahore over a period of one year from January 2022 to January 2023. The sample size was calculated to be 100, keeping a precision of 5%, confidence level 95% and prevalence of adverse effects after receiving COVID 19 vaccination to be 7% <sup>13</sup> using an online sample size calculator Scalex Sp 1.0.01.14 Sampling technique used was convenient sampling. All participants irrespective of their age and gender were included in the study. Participants with any other systemic illness or those on medication for other illnesses were excluded from the study. Data was collected after obtaining ethical clearance from ethical committee of Sharif Medical Research Centre (No. SMDC/SMRC/270-22). Informed consent was taken from the participants before data collection. Data was

collected using a pre-validated questionnaire with a Cronbach alpha value of 0.7.15 It was divided into section 1 which included demographic characteristics (3-items) and section 2 COVID 19 vaccine side effects (30-items) with binary responses. Recorded data was coded and entered using SPSS statistical package version 23. p value  $\leq 0.05$  was taken as significant. Fisher exact test was used to find the association between development of infection post vaccine and the type of vaccine. Chi square test was used to find the statistical association of the type of vaccination used with side effects of vaccination i.e tiredness and fatigue, decreased sleep quality, fever, headache, haziness and lack of vision, pain at injection site, dizziness, sleepiness and dry throat. Fisher exact test was used to find the association between the type of vaccination and the post vaccine side effects i.e, joint pain, swollen ankles, muscle pain, nausea, abdominal pain, diarrhea, vomiting, bruises, bleeding gums, chills, irritation, body sweats, numbing and tingling sensation, clogged nose, runny nose, dyspnea, chest pain, irregular heartbeat, altered blood pressure and cough.

### RESULTS

The study was conducted on 100 individuals with a mean age of 24.81±2.109 years with 25% males and 75% females. It was seen that 79% individuals were never infected with COVID before vaccination while 21% were infected. The types of vaccinations received have been shown in Table-I.

It was reported that majority of the individuals (92%) did not get infected with COVID after receiving the vaccination while only 8% were infected. Table-II shows that there was a non-significant association between type of COVID vaccination and frequency of infection after receiving these vaccines. It was seen that majority of individuals who developed COVID 19 infection were the ones receiving Sinovac.

Table-III shows that the association between type of vaccine and the side effects like fever, and cough were significantly associated with each other.

Table 1: Type of vaccination received by individuals

Frequency
2
47
2
46
3

Table-II: Association between type of COVID vaccines and probability of COVID 19 infection after receiving the vaccine (n=100).

Type covid vaccine received	COVID 1			
	Yes n (%)	No n (%)	Total n (%)	p value
PFIZER BioNTech	0 (0%)	2 (100%)	2 (100%)	
Sinopharm	3(6.4%)	44 (93.6%)	47(100%)	0.710
Moderna	0 (0%)	2(100%)	2(100%)	0.718
Sinovac	5 (10.9%)	41 (89.1%)	46(100%)	
Cansino	0(0%)	3(100%)	3(100%)	

Table-III: Shows that the association between type of vaccine and the side effects like fever, and cough were significantly associated with each other.

associated with each other.	_	Type of v	vaccination received		
Potential side effects		Sinopharm n(%)	Sinovac n(%)	Total	p value
Tiredness and fatigue	Yes	26 (55.3%)	31(67.4%)	57(61.3%)	0.232
	No	21(44.7%)	15(32.6%)	36(38.7%)	
Decreased sleep quality	Yes	8(17%)	10(21.7%)	18(19.4%)	0.565
	No	<b>39</b> (83%)	36(78.3%)	75(80.6%)	0.505
Fever	Yes	5(10.6%)	14(30.4%)	19(20.4%)	0.018*
	No	42(89.4%)	32(69.6%)	74(79.6%)	0.018
Headache	Yes	16(34%)	16(34.8%)	32(34.4%)	0.940
	No	31(66%)	30(65.2%)	61(65.6%)	
Haziness and lack of vision	Yes	7(14.9%)	5(10.9%)	12(12.9%)	0.563
	No	40(85.1%)	41(89.1%)	81(87.1%)	
Pain and swelling in injection site	Yes	28(59.6%)	22(47.8%)	50(53.8%)	
- ··	No	19(40.4%)	24(52.2%)	43(46.2%)	11/36
Joint pain	Yes	1(2.1%)	6(13%)	7(7.5%)	0.059
p	No	46(97.9%)	40(87%)	86(92.5%)	0.00)
Swollen ankles	Yes	1(2.1%)	1(2.2%)	2(2.2%)	
Dironon annies	No	46(97.9%)	45(97.8%)	91(97.8%)	1.000
Muscle pain	Yes	14(29.8%)	11(23.9%)	25(26.9%)	
wuscie pain	No	33(70.2%)	35(76.1%)	68(73.1%)	117/3
Nausea	Yes	3(6.4%)	4(8.7%)	7(7.5%)	0.714
ivausea		, ,	` /	, ,	0.714
A 1. January 1 area	No	44(93.6%)	42(91.3%)	86(92.5%)	
Abdominal pain	Yes	1(2.1%)	3(6.5%)	4(4.3%)	0.361
D' 1	No	46(97.9%)	43(93.5%)	89(95.7%)	1 000
Diarrhea	Yes	3 (6.4%)	2(4.3%)	5(5.4%)	1.000
	No	44(93.6%)	44(95.7%)	88(94.6%)	4 000
Vomiting	Yes	1(2.1%)	0(0%)	1(1.1%)	1.000
	No	46(97.9%)	45(100%)	91(98.9%)	
Bruises	Yes	1(2.1%)	1(2.2%)	2(2.2%)	1.000
	No	46(97.9%)	45(97.8%)	91(97.8%)	1.000
Bleeding gums	Yes	1(2.1%)	1(2.2%)	2(2.2%)	1.000
	No	46(97.9%)	45(97.8%)	91(97.8%)	1.000
Chills	Yes	4(8.5%)	1(2.2%)	5(5.4%)	0.361
	No	43(91.5%)	45(97.8%)	88(94.6%)	0.301
Irritation	Yes	3(6.4%)	1(2.2%)	4(4.3%)	0.617
	No	44(93.6%)	45(97.8%)	89(95.7%)	0.617
Body sweats	Yes	2(4.3%)	0(0%)	2(2.2%)	0.405
•	No	44(95.7%)	46(100%)	90(97.8%)	0.495
Numbing and tingling sensation	Yes	1(2.1%)	3(6.5%)	4(4.3%)	0.255
	No	46(97.9%)	43(93.5%)	89(95.7%)	0.361
Dizzy	Yes	8(17%)	7(15.2%)	15(16.1%)	
J	No	39(83%)	39(84.8%)	78(83.9%)	0.813
Clogged nose	Yes	3(6.4%)	2(4.3%)	5(5.4%)	
Clopped Hope	No	44(93.6%)	44(95.7%)	88(94.6%)	1.000
Runny nose	Yes	2(4.3%)	11(2.2%)	3(3.2%)	
Runny nusc	No	45(95.7%)	45(97.8%)	90(96.8%)	1.000
Dyennos	Yes	43(93.7%) 0(0%)	(2.2%)		
Dyspnea				1(1.1%)	0.495
	No	47(100%)	45(97.8%)	92(98.9%)	

Chest pain	Yes	2(4.3%)	3(6.7%)	5(5.5%)	0.677
-	No	44(95.7%)	42(93.3%)	86(94.5%)	0.677
Sleepiness	Yes	12(25.5%)	19(41.3%)	31(33.3%)	0.107
	No	435(74.5%)	27(58.7%)	62(66.7%)	0.107
Irregular heartbeat	Yes	(8.5%)	5(10.9%)	9(9.7%)	0.740
	No	43(91.5%)	41(89.1%)	84(90.3%)	
Altered blood pressure	Yes	5(10.6%)	2(4.3%)	7(7.5%)	0.435
	No	42(89.4%)	44(95.7%)	86(92.5%)	
Dry throat	Yes	5(10.6%)	7(15.2%)	12(12.9%)	0.510
	No	42(89.4%)	39(84.8%)	81(87.1%)	0.510
Cough	Yes	1(2.1%)	8(17.4%)	9(9.7%)	0.015*
	No	46(97.9%)	38(82.6%)	84(90.3%)	

### DISCUSSION

In the global fight against the COVID-19 pandemic, vaccination has emerged as a critical tool in controlling the spread of the virus and reducing the severity of illness. Among the various vaccines available, those developed by Sinopharm and Sinovac have played significant roles, particularly in countries where they are widely administered. However, like any medical intervention, these vaccines can induce a range of post-vaccination symptoms. In this discussion, we delve into the common symptoms experienced by individuals post-Sinopharm and Sinovac vaccinations.

According to our study 55.3% of individuals vaccinated with Sinopharm reported experiencing tiredness and fatigue, while 59.6% reported pain and swelling at the injection site. Other symptoms included muscle pain in 29.8% of participants, fever in 10.6%, and headaches in 34% of participants. The association between type of vaccine and post-vaccine symptom of fever was found to be significant in our study (p=0.018). A separate study focusing on Sinopharm recipients in Pakistan reported results comparable to our study where most people reported with pain at the injection site after first dose, noted by 61.3% of respondents.<sup>19</sup> This study reported a lower percentage of individuals who developed lethargy in (40.6%), myalgia or body pain in 23.9% and headaches in 21% <sup>19</sup> as compared to our study but a higher number of individuals with low-grade fever (22.4%)<sup>19</sup> as compared to our study. Al Kaabi et.al reported that a lower percentage Sinopharm recipients experienced post vaccination symptoms as compared to our study. It was reported that 42% of experienced pain at the vaccination site, 5.1% experienced tenderness, 9.6% reported headaches, and 12.2% experienced fatigue.<sup>20</sup> Additionally, 1.1% reported fever, cough, and allergies.<sup>20</sup> The association between type of vaccine and post-vaccine symptom of cough was found to be significant in our study (p=0.015). Our study reported cough to be a side effect in 2.1% Sinopharm recipients. Other symptoms included lethargy in 9.2% of participants, while 4.07% reported with back pain, abdominal pain, and diarrhea in 0.74% of individuals.<sup>20</sup> El Gendy et.al reported very conflicting results as compared to our study where all the post-vaccine symptoms were found to be less frequent.<sup>21</sup> Some participants reported pain, redness, or swelling at the injection site (12.5%), while 45% experienced fatigue and lethargy.<sup>21</sup> Headaches were reported by 10% of participants, with smaller proportions experiencing runny noses (7.5%), sore throats, allergies, and rashes (5% each).<sup>21</sup> Muscle pain was reported by 12.5% of participants, while dizziness and fever were noted in 2.5%.<sup>21</sup>

According to our study a large number of volunteers received the Sinovac vaccination; of them, 67.4% reported feeling exhausted and worn out, and 47.8% felt discomfort and swelling at the injection site. Fever and headache were reported as additional symptoms in 30.4% and 34.8% of the subjects, respectively. According to a study done in Indonesia, the most common side effects after receiving Sinovac vaccination was injection-related itchy pain, which affected up to 54.6% of participants<sup>22</sup> which is comparable but higher as compared to our study. It was also reported that a much lower percentage of individuals reported feeling fatigued and exhausted (46.9%)<sup>22</sup> as compared to our study. A comparable study conducted in Turkey found that 44.6% of subjects experienced injection site pain<sup>23</sup> after being vaccinated by Sinovac which is comparable to our study. A much lower percentage of individuals reported that they experienced fever (2.2%), and headache  $(4.3\%)^{23}$  as compared to our study. On the other hand, 3.3% of participants reported experiencing nausea. Other associated symptoms people presented with were sleepiness, itching, excessive sweating and weakness.<sup>23</sup>

# **CONCLUSION**

Among individuals who received Sinopharm vaccine pain at the injection site was the most prevalent side effect followed by tiredness and headache respectively. The individuals who received Sinovac reported tiredness and fatigue as the most prevalent post-vaccination followed by pain at injection site and then headache respectively. Fever and cough were the two post vaccination symptoms significant associations with vaccination type both of which were more prevalent in individuals who received Sinovac.

### RECOMMENDATION

Vaccines can lower susceptibility in both diseased and uninfected people. This study, which focuses on the effectiveness of various vaccination types, will undoubtedly be useful to the medical community and the general public. People will be able to discover which vaccine is least likely to result in post-vaccination side effects. This study will aid in the choice of vaccines and the regulation of those with more severe adverse effects. As per our study due to the scarcity of individuals who received other vaccines, we had to limit our analysis to Sinopharm and Sinovac vaccines and it was found that most of the symptoms were more prevalent in Sinovac recipients as compared to Sinopharm. Post-vaccination COVID 19 infection was also more prevalent in those who received Sinovac.

## LIMITATION

Due to scarcity of sample who received Pfizer, Moderna and Cansino, the analysis had to be limited to Sinopharm and Sinovac. A multicenter study with a larger sample size would have helped unravel more findings.

# **CONFLICT OF INTEREST**

None

# GRANT SUPPORT & FINANCIAL DISCLOSURE

Declared none

### **AUTHOR CONTRIBUTION**

**Sarah Mansoor:** Conceptualization of study manuscript writing, data collection, data analysis, data interpretation, revision

Muhammad Hashim Nawaz: Manuscript drafting, data collection, data analysis

**Hira Butt:** Conceptualization of study manuscript writing, data collection, data analysis, data interpretation, revision

**Ayesha Chheena:** Concept and design, data interpretations, critical review

Amina Zahid, Maham Nasir: Manuscript drafting, concept and design, data collection,

### REFERENCES

- Kim Y, Bae S, Chang HH, Kim SW. Characteristics of long COVID and the impact of COVID-19 vaccination on long COVID 2 years following COVID-19 infection: Prospective cohort study. Sci Rep. 2024; 14(1): 854.
   DOI: <a href="https://doi.org/10.1038/s41598-023-50024-4">https://doi.org/10.1038/s41598-023-50024-4</a>
- Wang J, Jing R, Lai X, Zhang H, Lyu Y, Knoll MD, et al. Acceptance of COVID-19 vaccination during the COVID-19 pandemic in China. Vaccines. 2020; 8(3): 482. DOI: https://doi.org/10.3390/vaccines8030482
- 3. Le TT, Andreadakis Z, Kumar A, Román RG, Tollefsen S, Saville M, *et al.* The COVID-19 vaccine development landscape. Nat Rev Drug Discov. 2020; 19(5): 305-6. DOI: https://doi.org/10.1038/d41573-020-00073-5
- 4. Bick A, Blandin A, Mertens K. Work from home before and after the COVID-19 outbreak. AEJ: Macroeconomics. 2023; 15(4): 1-39.
- Bennett BW, Phillips LS, Gazmararian JA. The Association of vaccination for common adult infectious diseases and uptake of COVID-19 vaccines among 5,006,851 veterans, 20 December 2020–31 October 2021. Vaccines. 2024; 12(2): 145. DOI: https://doi.org/10.3390/vaccines12020145
- 6. Shekhar R, Garg I, Pal S, Kottewar S, Sheikh AB. COVID-19 vaccine booster: To boost or not to boost. Infect Dis Rep. 2021; 13(4): 924-9.
  - DOI: https://doi.org/10.3390/idr13040084
- 7. Alhazmi A, Alamer E, Daws D, Hakami M, Darraj M, Abdelwahab S, *et al.* Evaluation of side effects associated with COVID-19 vaccines in Saudi Arabia. Vaccines. 2021; 9(6): 674.
  - DOI: https://doi.org/10.3390/vaccines9060674
- Abdollahi A, Naseh I, Kalroozi F, Kazemi-Galougahi MH, Nezamzadeh M, Billandi SS, et al. Comparison of side effects of COVID-19 vaccines: Sinopharm, astraZeneca, sputnik V, and covaxin in women in terms of menstruation disturbances, hirsutism, and metrorrhagia: a descriptiveanalytical cross-sectional study. Int J Fertil Steril. 2022; 16(3): 237.
  - DOI: https://doi.org/10.22074/ijfs.2022.544706.1236
- 9. Mohebbi A, Eterafi M, Fouladi N, Golizadeh M, Panahizadeh R, Habibzadeh S, *et al.* Adverse effects reported and insights following Sinopharm COVID-19 vaccination. Curr Microbiol. 2023; 80(12): 377.
  - DOI: https://doi.org/10.1007/s00284-023-03432-8
- Halim M, Halim A, Tjhin Y. COVID-19 vaccination efficacy and safety literature review. J Clin Med Res. 2021; 3(1): 1-0. DOI: https://doi.org/10.4103%2Fijmr.IJMR 474 21

- Zhao H, Li Y, Wang Z. Adverse event of Sinovac coronavirus vaccine: Deafness. Vaccine. 2022; 40(3): 521-3.
   DOI: <a href="https://doi.org/10.1016/j.vaccine.2021.11.091">https://doi.org/10.1016/j.vaccine.2021.11.091</a>
- Khani E, Khiali S, Entezari-Maleki T. Potential COVID-19 therapeutic agents and vaccines: An evidence-based review. J Clin Pharmacol. 2021; 61(4):429-60.
   DOI: https://doi.org/10.1002/jcph.1822
- Qureshi A, Sulaiman SSA, Rehman W, Mehmood A, Idrees S, Kumar N. Prevalence of post-vaccine side effects among COVID-19 immunized community of Southern Pakistan. Plos One. 2023; 18(5): e0285736.
   DOI: <a href="https://doi.org/10.1371/journal.pone.0285736">https://doi.org/10.1371/journal.pone.0285736</a>
- 14. Daniel WW, Cross CL. Determination of sample size for estimating proportions. Biostatistics A foundation for analysis in the health sciences. 1999; 8: 189-90.
- Hatmal MM, Al-Hatamleh MA, Olaimat AN, Hatmal M, Alhaj-Qasem DM, Olaimat TM, et al. Side 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(6): 556.
   DOI: <a href="https://doi.org/10.3390/vaccines9060556">https://doi.org/10.3390/vaccines9060556</a>
- Remmel A. COVID vaccines and safety: What the research says. Nature. 2021; 590(7847): 538-40.
   DOI: <a href="https://doi.org/10.1038/d41586-021-00290-x">https://doi.org/10.1038/d41586-021-00290-x</a>
- Anvari E, Talepoor AG, Vakili ME, Karimi N, Ataollahi M, Najafi G, et al. Comparison of the antibody responses following vaccination with Astra Zeneca and Sinopharm. Iran J Immunol. 2022; 19(3): 321.
   DOI: <a href="https://doi.org/10.22034/iji.2022.94298.2300">https://doi.org/10.22034/iji.2022.94298.2300</a>

- Syed SSM, Ranjha AA, Ghazanfer S, Sultan HO, Sattar A, Miran SM, Hussain M. Prevalence and predictors for adverse effects of Sinopharm and Sinovac COVID-19 Vaccines. Professional Med J. 2024. 2022; 29(11): 1701-7. DOI: https://doi.org/10.29309/TPMJ/2022.29.11.7116
- 19. Haider T, Abidi S, Fatima M, *et al.* (April 26, 2023) The Prevalence of side effects of Sinopharm COVID-19 vaccine: An experience from Pakistan. Cureus. 2023 Apr 26; 15(4): e38180. DOI: <a href="https://doi.org/10.7759/cureus.38180">https://doi.org/10.7759/cureus.38180</a>
- Al Kaabi N, Oulhaj A, Ganesan S, Al Hosani FI, Najim O, Ibrahim H, et al. Effectiveness of BBIBP-CorV vaccine against severe outcomes of COVID-19 in Abu Dhabi, United Arab Emirates. Nat Commun. 2022; 13(1): 3215.
   DOI: https://doi.org/10.1038/s41467-022-30835-1
- Elgendy MO, El-Gendy AO, Alzarea AI, Mahmoud S, Alqahtani SS, Fahmy AM, et al. SARS-CoV-2 post vaccinated adverse effects and efficacy in the Egyptian Population. Vaccines. 2021; 10(1): 18.
   DOI: https://doi.org/10.3390/vaccines10010018
- Nurzak AN, Iqbal M, Yunus A, Wahyuni DF. The evaluation of adverse effects of Sinovac® COVID-19 vaccine after receiving the first dose—maros health center. J Pharm Negat Results. 2022: 13(1): 78-83.
  - DOI: https://doi.org/10.47750/pnr.2022.13.S01.10
- Yilmaz S, Çetin P, Khorshid L, Bayraktar D. Comparison of adverse effects of BioNTech mRNA and Sinovac vaccines in adults in Turkey. İKÇÜSBFD. 2023; 8(2): 395-400.