

HPRA Safety Update

COVID-19 Vaccines, Overview of National Reporting Experience Publication date: 20 January 2022 (Update #15)

Highlights from this update:

- As of 11 January, a total of 18,108 reports of suspected side effects were notified to the HPRAs. The number of COVID-19 vaccines administered as of that date was reported as 7,665,274. This includes 237,449 administered as a single dose, 3,702,423 as a first dose and 3,612,110 as a second dose. Additionally, 2,371,158 booster doses and 104,292 third doses (for those with a weakened immune system) have been administered.^{1,2}
- Whilst not experienced by everyone, all vaccines have some side effects, the vast majority of which are mild to moderate in nature. These side effects need to be continuously balanced against the benefits of vaccines, given the risk of COVID-19 illness and related complications, and as scientific evidence shows that they reduce deaths and hospitalisations due to COVID-19. Overall, the national reporting experience continues to support the favourable assessment that the benefits of COVID-19 vaccines outweigh the risks. An overview of national reports of suspected side effects received is provided in this safety update on page [6](#).
- On 14 January, the European Medicines Agency (EMA) published [highlights](#) from its monthly safety committee meeting, which included information on COVID-19 vaccines. On 20 January, the EMA published its [COVID-19 vaccines safety update](#). This publication describes safety issues under evaluation, as well as any new safety recommendations. Topics of interest are summarised on page [8](#) of this update.
- The next HPRAs safety update is due for publication on 17 February 2022.

¹Health Service Executive Vaccination Programme overview as of Tuesday 11 January 2021
<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/vaccination-programme-dashboard-as-of-11-january-2022.pdf>

²Government of Ireland GeoHive Vaccinations <https://covid-19.geohive.ie/pages/vaccinations>

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UNDERSTANDING THE DATA PRESENTED WITHIN THIS SAFETY UPDATE

This update includes an overview of reports of *suspected side effects* notified to the HPRA safety monitoring system and is provided as an enhanced transparency measure for members of the public and healthcare professionals. All vaccines have some side effects, the vast majority of which are mild to moderate in nature. These side effects need to be continuously balanced against the expected benefits in preventing COVID-19 illness.

Reports included in the overview are those notified to the HPRA on a voluntary basis by healthcare professionals and members of the public, with reporting of suspected side effects to COVID-19 vaccines (www.hpra.ie/report) encouraged. Any reports of Irish cases received by the HPRA from the company (i.e. the licence holder, to date, BioNTech, Moderna, AstraZeneca, Janssen) responsible for the vaccine are also included within this update. This overview provides an up-to-date summary of national reporting experience.

However, it is important to understand that conclusions on the safety of a vaccine cannot be drawn based on the information provided, given well-established and known limitations in interpreting such data in isolation, examples of which are described below.

Causation

- The HPRA receives reports based on *suspicion* that an adverse experience may be associated with vaccination. This does not mean the vaccine *caused* the adverse experience. As such, these are referred to as '*suspected*' side effects.
- Reports may describe coincidental events, which have occurred post-vaccination, but would have occurred even if vaccination had not taken place (e.g. they may be due to an underlying medical condition, or be signs and symptoms of another illness).
- Each individual report is carefully reviewed, however, the totality of data from all sources (e.g. clinical and epidemiological studies and literature) must be considered as part of ongoing safety monitoring to ensure *evidenced based conclusions* are drawn.

Number/volume

- As the HPRA system is based on voluntary reporting, *not all* suspected side effects will be reported. As such, the number and types of reports notified can vary for a variety of reasons.
- An increased number of reports is expected for COVID-19 vaccines, given public interest as well as HPRA calls encouraging reporting. This is known as *stimulated reporting*.
- A single report may describe more than one suspected side effect in an individual (e.g. headache and nausea reported together), therefore, the number of side effects may exceed the total number of reports received.

Comparisons

- The type and number of reports received for different COVID-19 vaccines are ***not directly comparable*** as, for example, the vaccines have not been used in the vaccination programme for the same length of time, and will have been administered to different numbers of people, with different underlying medical conditions and across different settings.
- Each vaccine is authorised on the basis that its benefits-risk profile has and continues to be favourable.

Changes to data over time

- The description of suspected side effects in this update reflects available information known at the time by the HPRA. These data may undergo changes as more information about individual reports becomes available through follow-up, and as more data are reported and evaluated.
- For these reasons, the information in this report is not sufficient in isolation to draw conclusions on the safety profile of a vaccine. Like all vaccines, some side effects are to be expected, with the vast majority mild or moderate in intensity and resolving within a few days. Vaccines are approved for use on the basis of robust scientific evidence that demonstrates their benefits outweigh any risks.

Always refer to the product information for information on the established safety profile, including known side effects of a COVID-19 vaccine.

This includes the Package Leaflet (for members of the public) and Summary of Product Characteristics (for healthcare professionals)

Product information for COVID-19 vaccines is accessible [here](#).

AUTHORISED COVID-19 VACCINES

COVID-19 vaccines currently authorised for use in the European Union by the EMA include:

mRNA vaccines:

- Comirnaty® (licence holder: BioNTech Manufacturing GmbH) is authorised for use in individuals aged 5 years and older as a vaccination course consisting of two separate doses, with a third dose recommended for those who are severely immunocompromised. A booster dose may be administered at least 6 months after the second dose in individuals aged 18 years and older. For children aged 5 to 11 years of age, the dose of Comirnaty is lower than that used in people aged 12 and above (10 microgram compared with 30 microgram). For further information on this vaccine click [here](#).
- Spikevax® (*previously COVID-19 Vaccine Moderna®*) (licence holder: Moderna Biotech Spain, S.L.) is authorised for use in individuals aged 12 years and older as a vaccination course consisting of two separate doses, with a third dose recommended for those who are severely immunocompromised. A booster dose may be administered at least 6 months after the second dose, in individuals aged 18 years and older. For further information on this vaccine click [here](#).

Adenoviral vector vaccines:

- Vaxzevria® (licence holder: AstraZeneca AB) is authorised for use in individuals 18 years of age and older as a vaccination course consisting of two separate doses. For further information on this vaccine click [here](#).
- COVID-19 Vaccine Janssen® (license holder: Janssen-Cilag International NV) is authorised for use in individuals aged 18 years and older as a single dose administration. For further information on the vaccine click [here](#).

Recombinant adjuvanted spike protein vaccine:

- Nuvaxovid® (licence holder: Novavax CZ, a.s.) is authorised for use in individuals 18 years of age and older as a vaccination course consisting of two separate doses. For further information on this vaccine click [here](#).

OVERVIEW OF SUSPECTED SIDE EFFECT REPORTS

Number of reports received

As of 11 January, the HPRa received 18,108 reports describing suspected side effects^{3,4} in association with COVID-19 vaccines, as follows:

mRNA vaccines (Comirnaty® and Spikevax®)	11,685
Adenoviral vector vaccines (Vaxzevria® and COVID-19 Vaccine Janssen®)	6,293
Brand unknown/not specified	130

Doses administered by vaccine type, as of 11 January, were reported as follows:¹

- mRNA vaccines: 5,647,178 Comirnaty®, 574,370 Spikevax®.
- Adenoviral vector vaccines: 1,197,265 Vaxzevria®, 237,461 COVID-19 Vaccine Janssen®.

Further information on vaccination, including doses administered, is available from covid-19.geohive.ie.

Regularly reported suspected side effects

The most regularly reported suspected side effects notified to the HPRa include the following:⁵

mRNA vaccines (Comirnaty® and Spikevax®)
10% or more of reports describe side effects such as:
<ul style="list-style-type: none">▪ Fever, pain (non-specific), tiredness▪ Headache▪ Nausea
1% to less than 10% of reports describe side effects such as:
<ul style="list-style-type: none">▪ Abdominal pain, diarrhoea, tingling sensation in mouth, vomiting▪ Dizziness, drowsy, fainting/feeling faint, migraine, numbness/reduced sensations, tingling/pins and needles/tremor▪ Back pain, joint/limb pain, muscle pain/weakness/spasm/stiffness, neck pain▪ Blurred vision▪ Chest discomfort/pain, chills, general discomfort, feeling unwell, feeling hot/cold, flu-like symptoms, lack of energy/feeling weak, swelling including of legs/arms/face, underarm pain▪ Cough, shortness of breath, sore throat▪ Difficulty carrying out daily tasks (such as temporarily unable to attend work, need to stay in bed)▪ Feeling anxious, insomnia/trouble sleeping▪ Increased heart rate/racing heart, increased blood pressure

³A single report may contain more than one suspected side effect for an individual (e.g. rash and hives reported together). Therefore, the total number of suspected side effects will exceed the total number of reports.

⁴In accordance with EU guidance, reports are valid if the minimum reporting criteria are met. These include an identifiable reporter, an identifiable patient, one or more suspected medicine known to have been administered and one or more suspected adverse reaction.

⁵Terms listed as frequently reported are presented according to standard coding classification system (MedDRA) adopted for use in the EU, and grouped by system organ class (SOC) and listed alphabetically. It should be noted that regular reporting of a side effect is not the same as the incidence of occurrence.

- Injection site redness, pain, itchiness, swelling, rash, difficulty moving injected arm
- Lack of appetite
- Menstrual disturbances
- Painful/swollen lymph nodes
- Skin red/red rash, sweating, general rash, itching, itchy rash, hives
- Tinnitus (ringing in the ears), vertigo-like symptoms

Adenoviral vector vaccines (Vaxzevria® and COVID-19 Vaccine Janssen®)

10% or more of reports describe side effects such as:

- Chills, fever, tiredness
- Dizziness, headache
- Joint pain, muscle pain, other pain (non-specific)
- Nausea

1% to less than 10% of reports received describe side effects such as:

- Abdominal discomfort/pain, diarrhoea, vomiting
- Back pain, bone pain, limb pain, muscle spasms/weakness/stiffness, neck pain
- Chest discomfort/pain, general discomfort, feeling unwell/ill, feeling hot/cold, flu-like symptoms, lack of energy/weakness, swelling including of legs/arms
- Cough, shortness of breath, sore throat, nose bleed
- Difficulty carrying out daily tasks (such as temporarily unable to attend work, need to stay in bed)
- Drowsy, fainting, headache, migraine, numbness/reduced sensations, tingling/pins and needles, tremor
- Ear pain, tinnitus (ringing in the ears), vertigo-like symptoms
- Eye pain, vision blurred
- Hives, skin red/red rash, general rash, sweating/cold sweat, itching, itchy rash
- Increased heart rate/racing heart, increased blood pressure
- Injection site pain, redness, swelling, bruising, difficulty moving injected arm
- Insomnia/trouble sleeping
- Lack of appetite
- Menstrual disturbances
- Swollen lymph nodes

The majority of regularly reported suspected side effects are consistent with the types of events typically observed following vaccination, including those described in the [product information](#) for the individual vaccines, and are mild to moderate in nature.

In reports evaluated which include information on outcome, approximately 40% of suspected side effects had resolved or were resolving at the time of reporting. For others, the suspected side effects had not yet resolved, or the outcome was reported as unknown, when initially reported. Information on reports with a fatal outcome is provided on page [13](#).

A full breakdown of all suspected side effects described in reports is provided on page [14](#). Further information on how reports received by the HPRA are processed, including how safety signals are evaluated, is given on page [18](#).

The most recent EMA safety committee meeting highlights are available [here](#).

TOPICS OF INTEREST, INCLUDING EMA RECOMMENDATIONS

In this section, topics of interest, including any new recommendations from EMA's safety committee, are described. The information provided should be considered together with the approved product information which describes the established safety profile, including known side effects of a COVID-19 vaccine. This includes the Package Leaflet (for members of the public) and Summary of Product Characteristics (for healthcare professionals).

Product information for each authorised vaccine is available from the HPRA website [here](#).

Topics of interest included in this safety update are as follows:

mRNA vaccines (Comirnaty® and Spikevax®)

- [Booster or third dose](#)
- [Vaccination of children and adolescents \(5 to 17 years of age\)](#)
- [Paraesthesia](#)
- [Myocarditis and pericarditis](#)

Adenoviral vector vaccines (Vaxzevria® and COVID-19 Vaccine Janssen®)

- [Thrombosis with thrombocytopenia syndrome \(TTS\)](#)
- [Transverse myelitis](#)

Common topics

- [Allergic type reactions \(also known as hypersensitivity\)](#)
- [Deaths following vaccination](#)

mRNA vaccines (Comirnaty® and Spikevax®)

Reports following a booster or third dose

- As the national vaccination programme continues, the HPRA are closely monitoring reports of suspected side effects received following a third dose (for people with a weakened immune system) or a booster dose.
- As of 11 January, the HPRA received 672 reports of suspected side effects following either a third or booster dose, the vast majority of which were associated with Comirnaty® or Spikevax®. As of that date, 104,292 third doses¹ and 2,371,158 booster doses² had been administered as part of the national vaccination programme.
- Overall, the reports received are consistent with the types of reports received after the primary vaccination course with the majority mild to moderate in nature. The most regularly reported include chills, headache, fever, nausea, pain, swollen lymph nodes and tiredness.

Vaccination of children and adolescents (5 to 17 years of age)

- As the national vaccination programme continues, the HPRAs are closely monitoring reports of suspected side effects received in children (aged 5 to 11 years) and adolescents (aged 12 to 17 years).
- As of 11 January, the HPRAs received 269 reports of suspected side effects following vaccination with Comirnaty® in this age category, seven of which related to a child, with the remainder relating to an adolescent. As of that date, 659,000 doses had been administered to children and adolescents (5 to 17 years) as part of the national vaccination programme.¹
- Overall, the reports received are consistent with the types of reports received for adults, with most being mild to moderate in nature. Of the reports received which include information on outcome, many of the suspected side effects had resolved or were resolving at the time of reporting. A breakdown of all suspected side effects by type is available on page [17](#).

Reports of paraesthesia

- Paraesthesia is an unusual feeling in the skin, such as tingling/pins and needles or a crawling feeling, which may occur anywhere on the body but most commonly affects the hands, arms, legs or feet. Symptoms are usually mild to moderate in nature and generally resolve within a short period of time.
- The EMA's safety committee have recently recommended that product information for Spikevax® be updated to include paraesthesia as a potential side effect. Based on the reviewed data, it has been estimated that the risk is "rare", meaning that up to one in 1,000 vaccinated people may be affected. Further information on this update is available [here](#). The EMA previously recommended a similar update for Comirnaty®, further information on which is available [here](#).
- As of 11 January, the HPRAs received 703 reports of paraesthesia, the vast majority of which occurred in adults. Of these, 104 occurred following vaccination with Spikevax® and the remaining 599 following Comirnaty®.

Reports of myocarditis and pericarditis

- Myocarditis and pericarditis are inflammatory conditions of the heart and are very rare side effects of [Comirnaty®](#) and [Spikevax®](#). Myocarditis and pericarditis can also occur for other reasons, such as due to an immune disorder or following a viral infection, such as COVID-19.
- The EMA's safety committee previously reviewed data on the risk of myocarditis/pericarditis following vaccination and determined that the risk for both of these conditions is overall "very rare" (meaning that up to one in 10,000 vaccinated people may be affected), with the risk highest in younger males.
- Data from studies conducted in France and the Nordic region provide an estimate of the number of cases of myocarditis in vaccinated younger males following the second dose, compared to unvaccinated persons of the same age and gender (i.e. background events), as follows:

- For Comirnaty®, the French study showed that in a period of seven days after the second dose, there were about 0.26 extra cases of myocarditis in 12 to 29 year old males per 10,000 compared to unvaccinated persons. In the Nordic study, in a period of 28 days after the second dose there were 0.57 extra cases of myocarditis in 16 to 24 year old males per 10,000, compared to unvaccinated persons.
- For Spikevax®, the French study showed that in a period of seven days after the second dose there were about 1.3 extra cases of myocarditis in 12 to 29 year old males per 10,000 compared to unvaccinated persons. In the Nordic study, in a period of 28 days after the second dose there were around 1.9 extra cases of myocarditis in 16 to 24 year old males per 10,000, compared to unvaccinated persons.

Further information on the EMA's review is available [here](#).

- It is advised that whilst the risk of myocarditis and pericarditis following vaccination is very rare, those vaccinated (or their parents/caregivers) should seek immediate medical attention if symptoms indicative of myocarditis or pericarditis occur. The symptoms can vary but may include chest pain, breathlessness and/or a forceful heartbeat that may be irregular (palpitations). Myocarditis and pericarditis can develop within just a few days after vaccination, with the majority of cases occurring within 14 days and more often after the second vaccination as compared to the first. The risk after a third or booster dose is being carefully monitored. Available data suggest that the course of myocarditis and pericarditis following vaccination is not different from myocarditis or pericarditis in general.
- For Comirnaty® and Spikevax®, as of 11 January, the HPRA received a total of 109 reports describing suspected side effects of myocarditis (42 reports), pericarditis (46 reports) or a combination of both (21 reports). Of these, 93 occurred following vaccination with Comirnaty® and 16 following Spikevax®. In relation to dose, 41 cases occurred after the first dose, 53 after the second dose, and 11 after a booster or third dose (information on dose was not reported in a small number⁶ of cases). Most cases occurred within 14 days of vaccination, with 73 reported in males and 36 reported in females. The median age of cases was 38 (range 12 to 81). In five cases, the report concerned an adolescent (i.e. aged 12 to 17 years).
- Reports received by the HPRA describe symptoms such as chest pain/discomfort, palpitations, dizziness, irregular heartbeat and shortness of breath. In a number of cases, possible alternative explanations (other than vaccination) for the individual developing the condition were described, or the diagnosis was provisional and not yet finalised at the time of reporting. In the majority of the cases, the individuals were still recovering or had ongoing symptoms at the time of initial reporting.
- All reports of myocarditis and pericarditis notified to the HPRA are carefully reviewed. However, it can be expected that medical events due to various causes will continue to occur, including following vaccination, but which are not all necessarily caused by the vaccine.

⁶ When the relevant number is less than five, it is described as a small number to avoid any potential, inadvertent identification of the individuals concerned.

Adenoviral vector vaccines (Vaxzevria® and COVID-19 Vaccine Janssen®)

Reports of thrombosis with thrombocytopenia syndrome (TTS)

- Thrombosis with thrombocytopenia syndrome (TTS) is a very rare side effect associated with Vaxzevria® and COVID-19 Vaccine Janssen®. The syndrome involves an unusual combination of thrombosis (blood clots) together with thrombocytopenia (very low platelet levels).
- Vaccine recipients are reminded to seek immediate medical attention if they experience any of the following signs and symptoms: shortness of breath, chest pain, leg swelling, leg pain, persistent abdominal pain post vaccination, severe or persistent headaches, blurred vision, confusion, seizures (fits) or bruising beyond the site of vaccination after a few days.
- Healthcare professionals are reminded that individuals diagnosed with thrombocytopenia within three weeks after vaccination should be actively investigated for signs of thrombosis. Similarly, individuals who present with thrombosis within three weeks of vaccination should be evaluated for thrombocytopenia. Healthcare professionals should be alert to the signs and symptoms of TTS and consult applicable guidance and/or appropriate specialists to diagnose and treat this condition. A second dose of Vaxzevria® is contraindicated in any person who experienced TTS following their first dose. Advice to healthcare professionals previously issued on this topic is available from the HPRA website [here](#).
- As of 11 January, the HPRA has received 10 reports that are suspected cases of TTS, and which mostly describe the unusual combination of blood clotting in combination with low platelets. In relation to these suspected TTS cases, symptoms occurred between 1-5 weeks of vaccination with a first dose of Vaxzevria® or single dose of COVID-19 Vaccine Janssen®. The types of symptoms reported include shortness of breath, severe and/or persistent headache, unusual skin bruising, abdominal pain, leg pain and leg swelling. Cases occurred in both males and females, with a median age of 36 (age range, 21 to 63 years). In a small number, blood clots occurred in unusual locations, including in the brain (cerebral venous sinus thrombosis, CVST) and liver (hepatic and portal veins). Based on information currently available, the individuals are either discharged or recovering in hospital after receiving specialist medical care.
- The EMA's safety committee have recently recommended that product information for Vaxzevria® be further updated to state that the majority of cases of TTS observed have occurred following the first (rather than the second) dose. Further information on this update is available [here](#).

Reports of transverse myelitis

- Transverse myelitis is a rare disorder caused by inflammation to the spinal cord, which interrupts communication between nerve cells in the spinal cord and the rest of the body, and can result in altered sensations. The underlying cause is often unknown but may be related to an immune system disorder or an infection.

- Following a [review](#) of very rare reports, the EMA's safety committee has recently recommended that the product information for Vaxzevria® be updated to include transverse myelitis as a potential side effect. This follows a previous similar recommendation for COVID-19 Vaccine Janssen® (further information is available [here](#)). The EMA concluded that a causal relationship between these vaccines and transverse myelitis was at least a reasonable possibility, however, the frequency (how often this event occurs) following vaccination is as of yet unknown. The EMA reviewed 38 suspected cases of transverse myelitis that occurred worldwide, 25 of which were following Vaxzevria® and 13 of which were following COVID-19 Vaccine Janssen®, relative to the 1,391 billion Vaxzevria® doses and 33,584,049 COVID-19 Vaccine Janssen® doses administered.
- Vaccine recipients are reminded to seek immediate medical attention if they experience any signs and symptoms of transverse myelitis, such as weakness in the arms or legs, sensory symptoms (such as tingling, numbness, pain or loss of pain sensation) or problems with bladder and bowel function.
- Healthcare professionals are reminded to be alert to the signs and symptoms of transverse myelitis in vaccine recipients, to allow for early diagnosis and supportive care.
- As of 11 January, the HPRA has received a small number⁶ of reports of transverse myelitis following vaccination with either Vaxzevria® or COVID-19 Vaccine Janssen®.

COVID-19 vaccines - Common topics

Reports of allergic type reactions (also known as hypersensitivity)

- Allergic type reactions are known side effects of both mRNA and adenoviral vector vaccines. The HPRA has received a number of such reports, mainly describing symptoms such as itchiness, hives and rash. In some cases, medical treatment and/or clinical observation of the individual was needed.
- The HPRA continues to monitor reports of anaphylaxis, which is a serious allergic reaction. All reports suggestive of anaphylaxis (e.g. sudden onset of symptoms such as low blood pressure, collapse, rapid heart rate, shortness of breath, swelling of lips/throat and itchy skin) are carefully reviewed. Cases are classified by the HPRA as anaphylaxis using a well-established set of clinical and laboratory criteria however, some reports do not contain sufficient detail for classification purposes.⁷ Of the cases reviewed, 13 reports following an mRNA vaccine and a small number⁶ of reports following an adenoviral vector vaccine are currently classified as anaphylaxis. In some

⁷Reports classified using Brighton Collaboration case definition for anaphylaxis <https://brightoncollaboration.us/category/pubstools/case-definitions/>. Some reports contain limited information and therefore it is not possible to classify according to the Brighton Collaboration case definition. In these case, the HPRA follows up with the reporter for the missing information.

cases the individual concerned had recovered at the time of reporting and the remaining cases are being followed-up for further information.

- Anaphylaxis is a known side effect, and information on managing this risk is described in the product information. As for all vaccines, COVID-19 vaccines should be administered under close supervision with appropriate medical treatment available in case of such a reaction. Those vaccinated should discuss any signs/symptoms of allergic reaction that they are concerned about with a healthcare professional.

Reports of deaths following COVID-19 vaccination

- A total of 101 reports have been received describing an individual who was known to have been vaccinated and subsequently passed away. Of these, 89 were reported with an mRNA vaccine, eight with adenoviral vector vaccines and the remaining four were reported with brand unknown/not specified. The majority of reports (approximately 75%) with a fatal outcome describe an individual aged 75 years and over, with the median age of the individuals being 81 years. Of those, 53 deaths occurred in males and 47 in females, with the sex not provided in one report. For a number of reports, the cause of death was unconfirmed at the time of reporting, with post mortem results awaited.
- Reports describing a death are carefully reviewed. However, it can be expected that fatalities due to progression of underlying disease or natural causes will continue to occur, including following vaccination. This does not mean that the vaccine caused the deaths.

BREAKDOWN OF SUSPECTED SIDE EFFECTS BY CATEGORY

A full breakdown of all suspected side effects described in reports received by the HPRA is provided below by vaccine type (i.e. mRNA and adenoviral vector vaccines) and by category (i.e. the related body system). Whilst the vast majority of reports notified to the HPRA describe expected events (i.e. known side effects of a vaccine or vaccination process), reports can also be received for events that are unexpected and/or are considered serious, as they required medical care or intervention. Such reports may describe events not caused by the vaccine and may have occurred coincidentally. However, all reports are carefully reviewed and if there is cause to do so, a further analysis is carried out to determine if a vaccine may have had a contributory role. If it is determined that a vaccine is a contributory factor, the public and healthcare professionals will be informed and the relevant product information will be updated.

Please read the following explanatory note in relation to understanding the data presented in the suspected side effect tables:

- A single report describes at least one suspected side effect for a vaccinated individual. Reports often describe several suspected side effects for an individual, which may include more than one category, or more than one in a specific category. For example, a single report that describes chills, fatigue and nausea in an individual, includes three suspected side effects, two in general symptoms (chills and fatigue) and one in gastrointestinal (nausea). As such, there are more suspected side effects in each category and overall, as compared to the number of reports received.
- The breakdown summary includes all suspected side effects as they are reported to the HPRA. This includes cases for which a diagnosis is reported as provisional, or for which there is more than one possible diagnosis at the time of reporting. In other cases, a diagnosis may not be available, and only signs and symptoms or laboratory test results are given. Reports are also received from members of the public, and the HPRA follows up to medically confirm these reports, where consent is provided and more information is required. For each report, all events are 'coded'⁸ as suspected side effects in the national pharmacovigilance database using the exact information (verbatim) given in the report. The HPRA follows up with the reporter to collect any further information which may be relevant to the assessment of the case.
- The description of suspected side effects in this update, including the number and category, reflect available information known at the time by the HPRA. These data may undergo changes as more information about individual reports becomes available through follow-up, and as reports are further evaluated.
- Please refer to the section 'Understanding the data presented within this safety update' on page [3](#) with regard to further interpretation guidance. Background information on the evaluation of suspected side effect reports is available on page [18](#).

⁸ Medical Dictionary for Regulatory Activities (MedDRA) <https://www.meddra.org/>

Of the 18,108 reports notified to the HPRA as of 11 January, approximately 75% have now been submitted to EMA's Eudravigilance database, and as such, additional anonymised information on these reports, is publicly available through the following link www.adrreports.eu. See page 18 for further details.

Suspected side effects to mRNA vaccines

A breakdown of suspected side effects described in the 11,685 reports notified to the HPRA is provided below by category. Each report describes at least one suspected side effect for a vaccinated individual. Reports often describe several suspected side effects for an individual, including more than one in a specific category. As such, there are more suspected side effects in each category and overall, as compared to the number of reports received.

Category	Suspected side effects
General symptoms and local reactions <i>e.g. chills, fatigue, 'flu-like' feeling, fever, injection site pain or swelling</i>	13707
Nervous system <i>e.g. dizziness, headache, lack of energy, pins & needles, fainting or feeling faint</i>	7605
Muscles, tissue, bones or joints <i>e.g. general muscular pain or weakness</i>	5250
Gastrointestinal <i>e.g. nausea, vomiting, diarrhoea</i>	3790
Skin <i>e.g. rash, itchy rash</i>	2966
Reproductive system, obstetrics or gynaecology related <i>e.g. menstrual disturbance</i>	1869
Respiratory <i>e.g. cough, shortness of breath</i>	1616
Behavioural, emotional and mental health <i>e.g. insomnia, trouble sleeping</i>	1283
Social circumstances <i>e.g. need to rest in bed or take a break from normal daily activities</i>	1010
Cardiac (heart) related <i>e.g. palpitations</i>	1003
Blood and lymphatic system <i>e.g. swollen glands</i>	937
Eye <i>e.g. eye pain, vision blurred</i>	847
Procedural issues and complications <i>e.g. injection site bruising</i>	782
Abnormal clinical or laboratory result (i.e. where information is provided on results of relevant tests) <i>e.g. high temperature (via thermometer), increased heart rate or blood pressure (via BP monitor)</i>	763
Infection <i>e.g. local or general such as influenza or cold sore</i>	606
Blood vessel related (i.e. veins/arteries) <i>e.g. pale complexion</i>	569
Ear related <i>e.g. earache, tinnitus</i>	508
Metabolism and nutrition disorders <i>e.g. decreased appetite</i>	357
Immune system related <i>e.g. hypersensitivity, allergic reaction</i>	173
Kidney related <i>e.g. change in frequency of urination</i>	105
Endocrine (hormone) <i>e.g. thyroid function change</i>	27
Liver related <i>e.g. jaundice, inflammation</i>	25
Cysts and polyps <i>e.g. benign skin growth</i>	12

Suspected side effects to adenoviral vector vaccines

A breakdown of suspected side effects described in the 6,293 reports notified to the HPRa is provided below by category. Each report describes at least one suspected side effect for a vaccinated individual. Reports often describe several suspected side effects for an individual, including more than one in a specific category. As such, there are more suspected side effects in each category and overall, as compared to the number of reports received.

Category	Suspected side effects
General symptoms and local reactions <i>e.g. chills, fatigue, 'flu-like' feeling, fever, injection site pain or swelling</i>	10,826
Nervous system <i>e.g. dizziness, headache, lack of energy, pins & needles, fainting or feeling faint</i>	5680
Muscles, tissue, bones or joints <i>e.g. general muscular pain or weakness</i>	3938
Gastrointestinal <i>e.g. nausea, vomiting, diarrhoea</i>	2981
Skin <i>e.g. rash, itchy rash</i>	1688
Respiratory <i>e.g. cough, shortness of breath</i>	917
Behavioural, emotional and mental health <i>e.g. insomnia, trouble sleeping</i>	831
Social circumstances <i>e.g. need to rest in bed or take a break from normal daily activities</i>	666
Reproductive system, obstetrics or gynaecology related <i>e.g. menstruation disturbance</i>	499
Eye <i>e.g. eye pain, vision blurred</i>	490
Metabolism and nutrition disorders <i>e.g. decreased appetite</i>	469
Blood vessel related (i.e. veins/arteries) <i>e.g. pale complexion</i>	442
Abnormal clinical or laboratory result (i.e. where information is provided on results of relevant tests) <i>e.g. high temperature (via thermometer), increased heart rate or blood pressure (via BP monitor)</i>	419
Cardiac (heart) related <i>e.g. palpitations</i>	385
Procedural issue or complications <i>e.g. injection site bruising</i>	367
Ear related <i>e.g. earache, tinnitus</i>	362
Infection <i>e.g. local or general such as influenza or cold sore</i>	261
Blood and lymphatic system <i>e.g. swollen glands</i>	186
Kidney related <i>e.g. increased frequency of urination</i>	70
Immune system related <i>e.g. hypersensitivity, allergic reactions</i>	61
Liver related <i>e.g. jaundice</i>	11
Endocrine (hormone) <i>e.g. thyroid function change</i>	10
Cysts and polyps <i>e.g. various</i>	6

Suspected side effects in children and adolescents (aged 5 to 17 years) following vaccination with an mRNA Vaccine

A breakdown of suspected side effects described in the 269 reports notified to the HPRC concerning children (aged 5 to 11 years) and adolescents (aged 12 to 17 years) and children following vaccination with an mRNA vaccine is provided below by category. Each report describes at least one suspected side effect for a vaccinated individual. Reports often describe several suspected side effects for an individual, including more than one in a specific category. As such, there are more suspected side effects in each category and overall, as compared to the number of reports received.

Category	Suspected side effects
General symptoms and local reactions <i>e.g. tiredness, weakness, chest pain, feeling hot</i>	257
Nervous system <i>e.g. dizziness, headache, fainting or feeling faint</i>	189
Gastrointestinal <i>e.g. nausea, vomiting, abdominal pain</i>	112
Skin <i>e.g. rash, sweating</i>	79
Muscles, tissue, bones or joints <i>e.g. limb, muscle, joint pain</i>	73
Respiratory <i>e.g. shortness of breath, nose bleed</i>	61
Behavioural, emotional and mental health <i>e.g. trouble sleeping</i>	35
Cardiac (heart) related <i>e.g. palpitations/racing heart</i>	31
Eye <i>e.g. vision blurred</i>	29
Social circumstances <i>e.g. need to rest in bed or take a break from normal daily activities</i>	28
Reproductive system, obstetrics or gynaecology related <i>e.g. menstruation disturbance</i>	28
Blood vessel related (i.e. veins/arteries) <i>e.g. pale complexion</i>	22
Abnormal clinical or laboratory result (i.e. where information is provided on results of relevant tests) <i>e.g. changes in heart rate</i>	20
Infection <i>e.g. chest infection</i>	19
Blood and lymphatic system <i>e.g. swollen glands</i>	15
Procedural issue or complications <i>e.g. injection site bruising</i>	14
Ear related <i>e.g. earache, tinnitus</i>	13
Metabolism and nutrition disorders <i>e.g. decreased appetite</i>	13
Immune system related <i>e.g. hypersensitivity, allergic reactions</i>	5
Kidney related	<5

BACKGROUND INFORMATION ON THE EVALUATION OF SUSPECTED SIDE EFFECT REPORTS

As for all medicines and vaccines, suspected side effect reports in association with COVID-19 vaccines submitted to the HPRA are recorded and stored on the HPRA's national adverse reactions database. They are subsequently submitted (with any personal identifiers and contact details removed) to the EudraVigilance database operated and managed by the European Medicines Agency (EMA). EudraVigilance provides for the transfer of reports from national regulatory agencies such as the HPRA and marketing authorisation holders to the EMA. This supports early detection and monitoring of possible safety signals in relation to reported side effects.

The EMA also make available anonymised information on all reports, based on global safety experience, publically available through the following link www.adrreports.eu. The EMA also publish regular safety updates for COVID-19 vaccines, as well as highlights from meetings of the EMA's safety committee (Pharmacovigilance Risk Assessment Committee), which describe safety issues under review, as well as recommendations to revise product information. These are available via www.ema.europa.eu.

Information from side effect reports, together with additional safety data (e.g. from the scientific literature, cumulative safety data analysis, epidemiological studies etc.) are assessed on an on-going basis, in conjunction with our EU counterparts to consider their impact on the known safety profile of the COVID-19 vaccines and any need for regulatory changes to support safe and appropriate use.

Partially anonymised details of reports are also shared with other bodies also involved in safety monitoring of medicines, in accordance with the legislative provisions, including GDPR (please see the HPRA privacy statement [here](#)). These bodies include the World Health Organisation (WHO) and as appropriate, the company(ies) that hold the licence(s) for the medicine(s) concerned (i.e. marketing authorisation holders or 'MAHs'). Sharing of this information ensures that the information is available to all parties responsible for the ongoing safety monitoring of medicines.

Further information to support interpretation of the data provided in this update is available [here](#).