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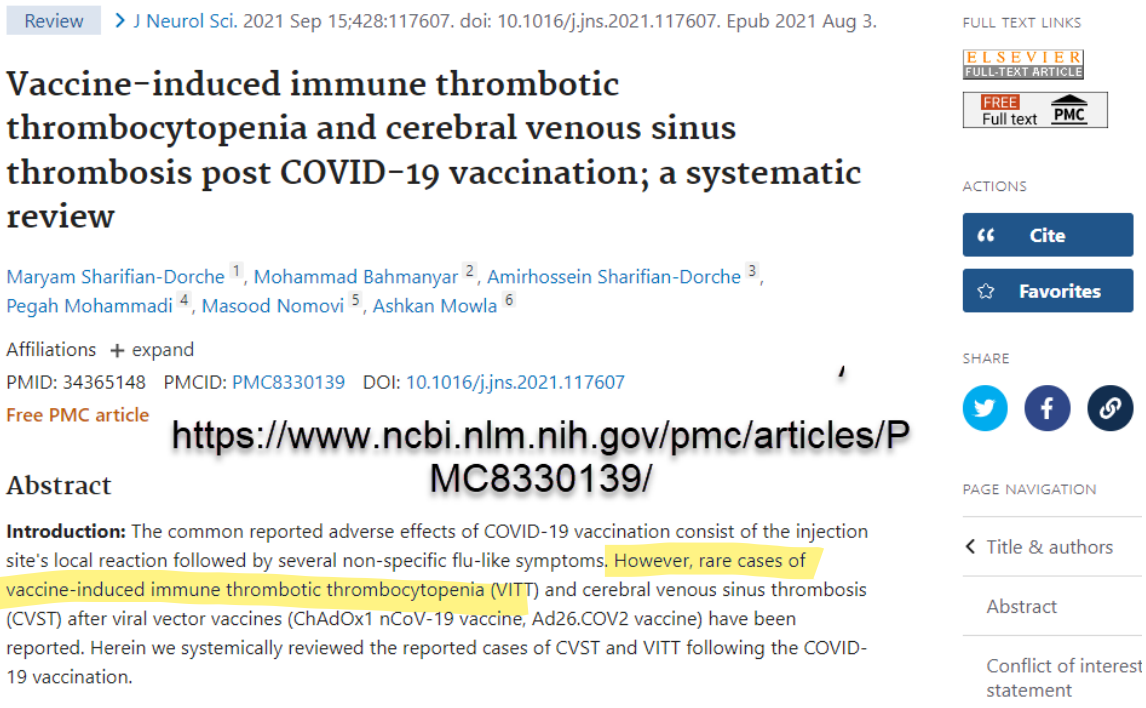

Review > J Neurol Sci. 2021 Sep 15;428:117607. doi: 10.1016/j.jns.2021.117607. Epub 2021 Aug 3.

Vaccine-induced immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis post COVID-19 vaccination; a systematic review

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Affiliations + expand

PMID: 34365148 PMCID: PMC8330139 DOI: 10.1016/j.jns.2021.117607

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8330139/

Abstract

Introduction: The common reported adverse effects of COVID-19 vaccination consist of the injection site's local reaction followed by several non-specific flu-like symptoms. However, rare cases of vaccine-induced immune thrombotic thrombocytopenia (VITT) and cerebral venous sinus thrombosis (CVST) after viral vector vaccines (ChAdOx1 nCoV-19 vaccine, Ad26.COV2 vaccine) have been reported. Herein we systemically reviewed the reported cases of CVST and VITT following the COVID-19 vaccination.

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https://publications.aap.org/pediatrics/article/148/3/e2021052478/179728/Symptomatic-Acute-Myocarditis-in-7-Adolescents?autologincheck=redirected

Volume 148, Issue 3
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Symptomatic Acute Myocarditis in 7 Adolescents After Pfizer-BioNTech COVID-19 Vaccination

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POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

Pediatrics (2021) 148 (3): e2021052478.
https://doi.org/10.1542/peds.2021-052478 **Article history**

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Trials of coronavirus disease 2019 (COVID-19) vaccination included limited numbers of children, so they may not have detected rare but important adverse events in this population. We report 7 cases of acute myocarditis or myopericarditis in healthy male adolescents who presented with chest pain all within 4 days after the second dose of Pfizer-BioNTech COVID-19 vaccination. Five patients had fever around the time of presentation. Acute COVID-19 was ruled out in all 7 cases on the basis of negative severe acute respiratory syndrome coronavirus 2 real-time reverse transcription polymerase chain reaction test results of specimens obtained by using nasopharyngeal swabs. None of the patients met criteria for multisystem inflammatory syndrome in children. Six of the 7 patients had negative severe acute respiratory syndrome coronavirus 2 nucleocapsid antibody assay results, suggesting no previous infection. All patients had an elevated troponin. Cardiac MRI revealed late gadolinium enhancement characteristic of myocarditis. All 7 patients resolved their symptoms rapidly. Three patients were treated with nonsteroidal antiinflammatory drugs only, and 4 received intravenous immunoglobulin and corticosteroids. In this report, we provide a summary of each adolescent's clinical course and evaluation. No causal

https://pubmed.ncbi.nlm.nih.gov/34921562/

J Clin Pharmacol. 2022 Mar;62(3):291-303. doi: 10.1002/jcph.2017. Epub 2022 Feb 10.

Neurological Immune-Related Adverse Events After COVID-19 Vaccination: A Systematic Review

Ameena Shafiq [1], Mohammad A Salameh [1], Ibrahim Laswi [1], Ibrahim Mohammed [1], Omar Mhaimeed [1], Nada Mhaimeed [1], Narjis Mhaimeed [1], Pradipta Paul [1], Malik Mushannen [1], Abdallah Elshafeey [1], Ahmed Fares [1], Sean Holroyd [1], Dalia Zakaria [1]

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PMID: 34921562 DOI: 10.1002/jcph.2017

Abstract

The coronavirus disease 2019 (COVID-19) pandemic has affected millions of individuals worldwide. The global scientific effort to design an effective vaccine against this virus has led to the development of several vaccine candidates. The expedited rollout of these vaccines has created some public distrust regarding the safety of these new vaccines. This review compiles clinical data from reports of diagnosed immune-related neurological events that have occurred after COVID-19 vaccine administration with the exception of those secondary to hematological abnormalities. A systematic literature search was performed, using several databases, to identify reports of postvaccination adverse neurological events. The search resulted in 18 studies that met our criteria. These studies included 61 patients who had received COVID-19 vaccines and experienced at least 1 neurological adverse effect. The most common neurological event was facial nerve palsy (50% of all events). Other less frequently reported events included the reactivation of herpes zoster, Guillain-Barre syndrome, other demyelinating diseases, and neuropathy. The underlying mechanism was hypothesized to be related to vaccine-induced type 1 interferon production leading to decreased tolerance of the myelin sheath antigens. Other hypotheses include vaccine-induced transient lymphopenia and immune dysregulation. Most of the reported events were time limited and resolved spontaneously. Given the rarity of reported neurological events compared to the total number of vaccines administered, and the similarity in the incidence of events between COVID-19 vaccines and other more common vaccines, there is little evidence to support a causal relationship between COVID-19 vaccines and adverse neurological events.

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N Engl J Med. 2022 Mar 31;386(13):1207-1220. doi: 10.1056/NEJMoa2118691. Epub 2022 Feb 16.

Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection

Victoria Hall [1], Sarah Foulkes [1], Ferdinando Insalata [1], Peter Kirwan [1], Ayoub Saei [1], Ana Atti [1], Edgar Wellington [1], Jameel Khawam [1], Katie Munro [1], Michelle Cole [1], Caio Tranquillini [1], Andrew Taylor-Kerr [1], Nipunadi Hettiarachchi [1], Davina Calbraith [1], Noshin Sajedi [1], Iain Milligan [1], Yrene Themistocleous [1], Diane Corrigan [1], Lisa Cromey [1], Lesley Price [1], Sally Stewart [1], Elen de Lacy [1], Chris Norman [1], Ezra Linley [1], Ashley D Otter [1], Amanda Semper [1], Jacqueline Hewson [1], Silvia D'Arcangelo [1], Meera Chand [1], Colin S Brown [1], Tim Brooks [1], Jasmin Islam [1], Andre Charlett [1], Susan Hopkins [1], SIREN Study Group

Collaborators, Affiliations + expand

PMID: 35172051 PMCID: PMC8908850 DOI: 10.1056/NEJMoa2118691

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Conclusions: Two doses of BNT162b2 vaccine were associated with high short-term protection against SARS-CoV-2 infection; this protection waned considerably after 6 months. Infection-acquired immunity boosted with vaccination remained high more than 1 year after infection. (Funded by the U.K. Health Security Agency and others; ISRCTN Registry number, ISRCTN11041050.).

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https://pubmed.ncbi.nlm.nih.gov/34492394/

Facial nerve palsy following the administration of COVID-19 mRNA vaccines: analysis of a self-reporting database

Kenichiro Sato [1], Tatsuo Mano [2], Yoshiki Niimi [3], Tatsushi Toda [2], Atsushi Iwata [4], Takeshi Iwatsubo [5]

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PMID: 34492394 PMCID: PMC8418051 DOI: 10.1016/j.ijid.2021.08.071

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Abstract

Objectives: Facial nerve palsy (or Bell's palsy) has occasionally been reported following the administration of coronavirus disease 2019 (COVID-19) mRNA vaccines (BNT162b2 and mRNA-1273). Our study investigated such cases using a large self-reporting database from the USA (Vaccine Adverse Event Reporting System [VAERS]).

Methods: A disproportionality analysis, adjusted for age and sex, was conducted for VAERS reports from individuals who were vaccinated at the age of 18 years or over, between January 2010 and April 2021.

Results: The analysis revealed that the adverse events following immunization (AEFI) of facial nerve palsy, after administration of COVID-19 mRNA vaccines, was significantly highly reported, both for BNT162b2 (reporting odds ratio [ROR] 1.84; 95% confidence interval [CI] 1.65-2.06) and mRNA-1273 (ROR 1.54; 95% CI 1.39-1.70). These levels were comparable to that following influenza vaccination reported before the COVID-19 pandemic (ROR 2.04; 95% CI 1.76-2.36).

Conclusions: Our pharmacovigilance study results suggest that the incidence of facial nerve palsy as a non-serious AEFI may be lower than, or equivalent to, that for influenza vaccines. This information might be of value in the context of promoting worldwide vaccination, but needs to be validated in future observational studies.

Keywords: Bell's palsy; COVID-19; VAERS; facial nerve palsy; mRNA vaccine; pharmacovigilance

https://pubmed.ncbi.nlm.nih.gov/34444795/

COVID-19 Vaccines in Children with Cow's Milk and Food Allergies

Lucia Liotti [1], Annamaria Bianchi [2], Paolo Bottau [3], Silvia Caimmi [4], Giuseppe Crisafulli [5], Fabrizio Franceschini [1], Francesca Mori [6], Claudia Paglialunga [7], Francesca Saretta [8], Carlo Caffarelli [9]

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PMID: 34444795 PMCID: PMC8401713 DOI: 10.3390/nu13082637

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Abstract

The COVID-19 pandemic is the most challenging global health crisis of our times. Vaccination against COVID-19 plays a key role to control the current pandemic situation. The risk of allergic reactions to new COVID-19 vaccines is low. However, there is a debate on the safety in allergic patients following post marketing findings by different agencies. Our aim is to understand from current experiences whether children with cow's milk or food allergy are at higher risk than a general population for allergic reactions to COVID-19 vaccines. Current data indicate that patients with a history of allergy to cow's milk or other foods, even if severe, should receive COVID-19 vaccine in a setting with availability of treatments for anaphylactic reactions and under medical supervision. Recipients should be discharged after a protracted observation period of 30 min if no reaction developed.

Keywords: COVID-19; SARS-CoV-2; anaphylaxis; cow's milk allergy; food allergy; vaccine.

https://pubmed.ncbi.nlm.nih.gov/34763949/

COVID-19 vaccine - Long term immune decline and breakthrough infections

Johad Khoury [1], Ronza Najjar-Debbiny [2], Ayman Hanna [3], Adel Jabbour [4], Yara Abu Ahmad [3], Amer Saffuri [3], Majdole Abu-Sinni [5], Rashed Shkeiri [5], Ameer Elemy [6], Fahed Hakim [7]

Affiliations + expand

PMID: 34763949 PMCID: PMC8556595 DOI: 10.1016/j.vaccine.2021.10.038

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Abstract

Background: Since the introduction of BNT162b2 mRNA COVID-19 vaccine by Pfizer in late 2020, efficacy and immunogenicity waning of COVID-19 vaccines was reported, and decision making regarding a booster remains a top priority worldwide, a decision that should be made based on breakthrough infection rate and antibody titer decline overtime.

Methods: We conducted a 5-month longitudinal prospective study involving vaccinated healthcare personnel, who were tested monthly for antibody titer, and sampled biweekly and on clinical indication for SARS-COV-2 polymerase chain reaction (PCR), to determine antibody decline and breakthrough infection.

Results: 100 participants were recruited to the study. Antibody titer reached the climate after one month of the second dose of the vaccine, and declined rapidly thereafter: the median antibody levels were 895; 22,266; 9,682; 2,554 and 1,401 AU/ml in the day of the second dose, and in one month interval thereafter, respectively. In other words, four months after vaccination, the mean antibody level was 6% of the peak levels. During the study period, 4 breakthrough infections were diagnosed, 2 of which were asymptomatic, and the remaining two were mild cases; sharp elevation of antibody titer was seen after infection.

Conclusion: Antibody titer drops rapidly one month after the second dose of the vaccine. All infections within the study period were mild or asymptomatic, after which titer elevations were seen.

Keywords: Antibody; Booster; COVID; Immunogenicity; Vaccine.

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https://pubmed.ncbi.nlm.nih.gov/35077038/

Case Reports > Isr Med Assoc J. 2022 Jan;24(1):9-10.

Coincidental Onset of Ocular Myasthenia Gravis Following ChAdOx1 n-CoV-19 Vaccine against Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Giuliana Galassi [1], Vittorio Rispoli [1], Erika Iori [1], Alessandra Ariatti [1], Alessandro Marchioni [2]

Affiliations + expand

PMID: 35077038

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Abstract

The Oxford-AstraZeneca vaccine ChAdOx1 (AZD1222, Vaxzevria) is playing a crucial role in counteracting the coronavirus disease-2019 (COVID-19) pandemic [1]. Since March 2021, reports of unexpected thrombotic events associated with thrombocytopenia and vaccination have been published [2]. To the best of our knowledge there is only one report about vaccination-associated myasthenia gravis (MG) occurring after a second dose of BNT162b2 (Pfizer-BioNTech).

https://pubmed.ncbi.nlm.nih.gov/34750810/

Review > Acta Neurol Scand. 2022 Jan;145(1):5-9. doi: 10.1111/ane.13550. Epub 2021 Nov 8.

Neurological side effects of SARS-CoV-2 vaccinations

Josef Finsterer [1]

Affiliations + expand

PMID: 34750810 PMCID: PMC8653194 DOI: 10.1111/ane.13550

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Abstract

SARS-CoV-2 and adverse reactions to SARS-CoV-2 vaccinations show a tropism for neuronal structures and tissues. This narrative review was conducted to collect and discuss published data about neurological side effects of SARS-CoV-2 vaccines in order to discover type, frequency, treatment, and outcome of these side effects. The most frequent neurological side effects of SARS-CoV-2 vaccines are headache, Guillain-Barre syndrome (GBS), venous sinus thrombosis (VST), and transverse myelitis. Other neurological side effects occur in a much lower frequency. Neurological side effects occur with any of the approved vaccines but VST particularly occurs after vaccination with vector-based vaccines. Treatment of these side effects is not at variance from similar conditions due to other causes. The worst outcome of these side effects is associated with VST, why it should not be missed and treated appropriately in due time. In conclusion, safety concerns against SARS-CoV-2 vaccines are backed by an increasing number of studies reporting neurological side effects. The most frequent of them are headache, GBS, VST, and transverse myelitis. Healthcare professionals, particularly neurologists involved in the management of patients having undergone SARS-CoV-2 vaccinations, should be aware of these side effects and should stay vigilant to recognize them early and treat them adequately.

Keywords: COVID-19; SARS-CoV-2; adverse reaction; neuropathy; side effect; vaccination.

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https://pubmed.ncbi.nlm.nih.gov/34293217/

› Eur J Neurol. 2021 Nov;28(11):3656-3662. doi: 10.1111/ene.15029. Epub 2021 Aug 4.

Post-SARS-CoV-2-vaccination cerebral venous sinus thrombosis: an analysis of cases notified to the European Medicines Agency

Katarzyna Krzywicka [1], Mirjam R Heldner [2], Mayte Sánchez van Kammen [1], Thijs van Haaps [3], Sini Hiltunen [4], Suzanne M Silvis [5], Marcel Levi [3 6], Johanna A Kremer Hovinga [7], Katarina Jood [8 9], Erik Lindgren [8 9], Turgut Tatlisumak [8 9], Jukka Putaala [4], Diana Aguiar de Sousa [10], Saskia Middeldorp [11], Marcel Arnold [2], Jonathan M Coutinho [1], José M Ferro [10]

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PMID: 34293217 PMCID: PMC8444640 DOI: 10.1111/ene.15029

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https://pubmed.ncbi.nlm.nih.gov/34704408/

› Zhejiang Da Xue Xue Bao Yi Xue Ban. 2021 Aug 25;50(4):524-528. doi: 10.3724/zdxbyxb-2021-0156.

New-onset and relapsing glomerular diseases related to COVID-19 vaccination

Fei Liu [1], Chunyue Feng [1], Jianhua Mao [1], Haidong Fu [1]

Affiliations + expand

PMID: 34704408 PMCID: PMC8714480 DOI: 10.3724/zdxbyxb-2021-0156

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Abstract

COVID-19 vaccine, as one of the critical measures to control the pandemic, has been administered in nearly all countries. However, the new-onset and relapsing glomerular diseases associated with COVID-19 vaccination have become a new concern. Both mRNA vaccine and inactivated vaccine may cause new-onset and relapsing glomerular diseases; these diseases would occur after the first dose vaccination or the second dose. New-onset glomerular disease is mainly minimal change glomerulopathy, which is mostly sensitive to steroid, while relapsing cases have good prognosis, and some cases can be spontaneously remitted. The pathogenesis of these vaccine-associated diseases is possibly due to the humoral and cellular immune responses. In this article, we provide a general review of the new-onset and relapsing glomerular diseases related to COVID-19 vaccination, and make suggestions for patients with kidney diseases to receive COVID-19 vaccination.

Keywords: Adverse reaction; Coronavirus disease 2019; Glomerulopathy; New-onset; Relapsing; Review; Vaccines.

https://pubmed.ncbi.nlm.nih.gov/34826968/

Review > Indian J Ophthalmol. 2021 Dec;69(12):3398-3420. doi: 10.4103/ijo.IJO_2824_21.

After the Storm: Ophthalmic Manifestations of COVID-19 Vaccines

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Affiliations + expand

PMID: 34826968 PMCID: PMC8837328 DOI: 10.4103/ijo.IJO_2824_21

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Abstract

Several COVID-19 vaccines have been developed and approved for use around the world from December 2020, to combat the pandemic caused by the novel SARS-CoV-2 virus. Several ophthalmic manifestations of the COVID-19 vaccines have been reported by ophthalmologists. This review was undertaken to recognize, encourage active reporting and determine the pathogenesis and time of appearance for better awareness and understanding of the ophthalmic manifestations of COVID-19 vaccines. A literature search was performed for publications on the ophthalmic manifestations of COVID-19 vaccines between January 1, 2021 and November 7, 2021. 23 case reports, 17 letters to editors, 3 ophthalmic images, 4 brief communications, 4 retrospective cohort studies and 2 case control studies were included. Posterior segment, including the uvea, choroid and retinal vasculature, was most commonly affected and the reported clinical features developed at a median of four days from the time of vaccination. The possible mechanisms include molecular mimicry of the vaccine components with host ocular tissues, antigen-specific cell and antibody-mediated hypersensitivity reactions to viral antigens and adjuvants present in the vaccines. The causal relationship of the ocular signs and symptoms and COVID-19 vaccines has not been established and requires long-term and large multicentre data. Most of the reported manifestations are mild, transient and adequately treated when diagnosed and managed early. The benefits of COVID-19 vaccination outweighs the reported rare adverse events and should not be a deterrent to vaccination.

Keywords: COVID-19; COVID-19 vaccine; Corneal graft rejection; SARS-CoV-2; inactivated vaccine;