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A. National and International Guidance

Department of Health and Social Care (DHSC)

New campaign launched urging pregnant women to Get Boosted Now (2022)

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Pregnant women are being urged to Get Boosted Now in a New Year advertising drive launched on 10th January 2022 New social media and radio assets highlight the risks of catching the virus and benefits of the vaccines to both mothers and their babies Almost all pregnant women who were hospitalised or admitted to intensive care with COVID-19 were unvaccinated Pregnant women who have not yet had their first, second, third or booster dose of a COVID-19 vaccine are being urged to get their jab as soon as possible, as the government launches a new advertising campaign for the new year. The new campaign joins forces with the experts at the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) to highlight the serious risks of catching COVID-19 and the benefits the vaccines bring to protecting both mothers and their babies.

B. Institutional Publications

HSJ

Maternity service safety threatened by staff vacancies and mandatory vaccination, warns trust (2022)

A trust has warned it could be forced to restrict maternity services due to a high midwife vacancy rate, and large numbers unvaccinated among the current staff. Barking, Havering and Redbridge University Hospitals Trust's board heard on Tuesday that the current numbers pose a "significant operational problem" amid efforts to encourage more staff to get both covid jabs before the government's deadline. The board meeting was told that, of the trust's 7,550 staff, approximately 1,300 workers – or 17.4 per cent – do not have a vaccination recorded against them, with the areas of greatest concern being women's and children's health, geriatric services, the emergency departments and some clinical support services. The trust believes a "significant number" of the 1,300 cited will have received a covid vaccination elsewhere, which has not been recorded. However, it also has a 10 per cent vacancy rate in midwifery, which, combined with a potential further loss of staff by April, has raised fears it will mean restricting some services.

Occupational health staff told not to get involved in decisions on mandatory covid vaccination (2022)

Occupational health professionals should avoid employment and management matters related to unvaccinated NHS staff, new guidance has warned. The Faculty of Occupational Medicine guidance, issued 7th January , comes as trusts are considering their options of how to approach patient-facing staff who remain unvaccinated, including their potential redeployment or dismissal. However, HSJ understands some occupational health practitioners are concerned they may become entangled in difficult ethical issues, such as the vaccination status of individual employees, or disciplinary processes. The FOM guidance said: "There is no scope for occupational health practitioners to provide an opinion on medical exemptions, whether to confirm or refute them… "Redeployment, dismissal and other employment consequences of vaccine refusal by a worker, within the scope of the proposed regulations, are entirely employment and management matters, and not an area in which occupational health should be involved." It added: "They should [also] not be involved in giving information to employers about the vaccine status of individual employees without their consent."

The Conversation.com

Faroe Islands superspreader event: why transmission among the triple-vaxxed shouldn't alarm you (2022)

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The rapid spread of Omicron variant in the UK since December has caused concern as it was occurring in a highly vaccinated (and therefore theoretically highly immune) population and raised the question: Was our vaccine protection failing? On the surface, it appeared that the vaccines were not working. But this depends on how vaccine protection is defined. First, does the vaccine protect against infection? There is now ample evidence that shows the vaccines are not very effective at stopping a vaccinated person from getting infected or from spreading infection. This was graphically illustrated by a superspreading event that took place in the Faroe Islands where 21 out of 33 triple-vaccinated healthcare workers who attended a private gathering caught omicron. This was also despite the fact that several had done a PCR or lateral flow test in the 36 hours before the event. Some might take this as proof that vaccines don't work. However, this is not unexpected. Even against the other variants, such as delta, it is known that the vaccines don't provide "sterilising immunity", that is, totally preventing infection. Nobody has claimed that the

COVID vaccines provide sterilising immunity and it may be an unachievable goal. At best, they offer weak protection against infection. Nonetheless, this weak protection m help slow the spread of infection. The vaccines do, however, provide excellent protection of a different kind as so far, the vaccines have proven to be very good at preventing severe disease.

UK Health Security Agency

COVID-19 vaccine weekly surveillance reports (weeks 39 to 1, 2021 to 2022) Data on the real-world effectiveness and impact of the COVID-19 vaccines. (2022)

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The latest surveliiance report shows that By 2 January 2022, the overall vaccine uptake in England for dose 1 was 68.6% and for dose 2 was 63.1%. Overall vaccine uptake in England in people with at least 3 doses was 45.6%. In line with the programme rollout, coverage is highest in the oldest age groups. Based on antibody testing of blood donors, 98.4% of the adult population now have antibodies to COVID-19 from either infection or vaccination compared to 22.7% that have antibodies from infection alone The report also presents data on COVID-19 cases, hospitalisations and deaths by vaccination status.

C. Original Research

1. **ACUTE MACULAR NEURORETINOPATHY AFTER COVID-19 VACCINATION.**
   Zaheer Naima Retinal cases & brief reports 2022;16(1):9-11.

   PURPOSETo report a case of acute macular neuroretinopathy after the vaccination for coronavirus disease 2019.METHODSA 22-year-old White woman presented with symptoms of paracentral scotomas within a week of receiving coronavirus disease 2019 vaccination. Complete evaluation was performing using multimodal imaging techniques.RESULTSSpectral domain optical coherence tomography and near-infrared imaging showed characteristic features of acute macular neuroretinopathy.CONCLUSION/DISCUSSIONTo the best of our knowledge this is the first reported case of acute macular neuroretinopathy after coronavirus disease 2019 vaccination. Optical coherence tomography angiography did not reveal any signal attenuation, and multifocal electroretinogram and central visual fields were normal indicating that near-infrared imaging and spectral domain optical coherence tomography remain the gold standard in diagnosing this condition especially in smaller lesions.

2. **Bell's palsy following vaccination with mRNA (BNT162b2) and inactivated (CoronaVac) SARS-CoV-2 vaccines: a case series and nested case-control study.**
   Wan Eric Yuk Fai The Lancet. Infectious diseases 2022;22(1):64-72.

   BACKGROUNDBell's palsy is a rare adverse event reported in clinical trials of COVID-19 vaccines. However, to our knowledge no population-based study has assessed the association between the inactivated SARS-CoV-2 vaccines and Bell's palsy. The aim of this study was to evaluate the risk of Bell's palsy after BNT162b2 and CoronaVac vaccination.METHODSIn this case series and nested case-control study done in Hong Kong, we assessed the risk of Bell's palsy within 42 days following vaccination with BNT162b2 (Fosun-BioNTech [equivalent to Pfizer-BioNTech]) or CoronaVac (from Sinovac Biotech, Hong Kong) using data from voluntary surveillance reporting with the Hospital Authority, the COVID-19 Vaccine Adverse Event Online Reporting system for all health-care professionals, and the Hospital Authority's territory-wide electronic health records from the Clinical Data Analysis and Reporting System. We described reported cases of Bell's

palsy among vaccine recipients (aged 18-110 years for CoronaVac and aged 16-110 years for BNT162b2). We compared the estimated age-standardised incidence of clinically confirmed cases among individuals who had received the CoronaVac or BNT162b2 vaccination (up to 42 days before presentation) with the background incidence in the population. A nested case-control study was also done using conditional logistic regression to estimate the odds ratio (OR) for risk of Bell's palsy and vaccination. Cases and controls were matched (1:4) by age, sex, admission setting, and admission date.FINDINGSBetween February 23 and May 4, 2021, 451 939 individuals received the first dose of CoronaVac and 537 205 individuals received the first dose of BNT162b2. 28 clinically confirmed cases of Bell's palsy were reported following CoronaVac and 16 cases were reported following BNT162b2. The age-standardised incidence of clinically confirmed Bell's palsy was 66·9 cases per 100 000 person-years (95% CI 37·2 to 96·6) following CoronaVac vaccination and 42·8 per 100 000 person-years (19·4 to 66·1) for BNT162b2 vaccination. The age-standardised difference for the incidence compared with the background population was 41·5 (95% CI 11·7 to 71·4) for CoronaVac and 17·0 (-6·6 to 40·6) for BNT162b2, equivalent to an additional 4·8 cases per 100 000 people vaccinated for CoronaVac and 2·0 cases per 100 000 people vaccinated for BNT162b2. In the nested case-control analysis, 298 cases were matched to 1181 controls, and the adjusted ORs were 2·385 (95% CI 1·415 to 4·022) for CoronaVac and 1·755 (0·886 to 3·477) for BNT162b2.INTERPRETATIONOur findings suggest an overall increased risk of Bell's palsy after CoronaVac vaccination. However, the beneficial and protective effects of the inactivated COVID-19 vaccine far outweigh the risk of this generally self-limiting adverse event. Additional studies are needed in other regions to confirm our findings.FUNDINGThe Food and Health Bureau of the Government of the Hong Kong Special Administrative Region, China.TRANSLATIONFor the Chinese translation of the abstract see Supplementary Materials section.

3. **Clinical and histopathological spectrum of delayed adverse cutaneous reactions following COVID-19 vaccination.**
Larson Valerie Journal of cutaneous pathology 2022;49(1):34-41.

BACKGROUNDAs more people become vaccinated against the SARS-CoV-2 virus, reports of delayed cutaneous hypersensitivity reactions are beginning to emerge.METHODSIn this IRB-approved retrospective case series, biopsy specimens of potential cutaneous adverse reactions from the Pfizer-BioNTech or Moderna mRNA vaccine were identified and reviewed. Clinical information was obtained through the requisition form, referring clinician, or medical chart review.RESULTSTwelve cases were included. Histopathological features from two injection-site reactions showed a mixed-cell infiltrate with eosinophils and a spongiotic dermatitis with eosinophils. Three biopsy specimens came from generalized eruptions that showed interface changes consistent with an exanthematous drug reaction. Three biopsy specimens revealed a predominantly spongiotic pattern, consistent with eczematous dermatitis. Small-vessel vascular injury was seen in two specimens, which were diagnosed as urticarial vasculitis and leukocytoclastic vasculitis, respectively. There were two cases of new-onset bullous pemphigoid supported by histopathological examination and direct immunofluorescence studies. Eosinophils were seen in 10 cases.CONCLUSIONSDermatopathologists should be aware of potential cutaneous adverse reactions to mRNA-based COVID-19 vaccines. Histopathological patterns include mixed-cell infiltrates, epidermal spongiosis, and interface changes. Eosinophils are a common finding but are not always present. Direct immunofluorescence studies may be helpful for immune-mediated cutaneous presentations such as vasculitis or bullous pemphigoid.

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4. **Covid-19 vaccination compliance and associated factors among medical students during an early phase of vaccination rollout-a survey from Israel**
Katz M. Vaccines 2022;10(1):No page numbers.

COVID-19 is "a once-in-a-century" pandemic, bringing with it unparalleled health, social, and economic ramifications. As part of the world's efforts to restrain the pandemic, vaccine development has been expedited. This population-representative survey in Israel aimed to investigate whether the knowledge, attitudes, and vaccination status of medical students affect their intention to recommend COVID-19 vaccination (as well as reasons for refusal and acceptance of the vaccine). The questionnaire was anonymous, via Google Forms app in December 2021. One-hundred and four medical students completed the survey. Overwhelmingly, (91.3%) COVID-19 vaccination status and intention to receive the vaccine were positively associated with intention to recommend. Twentyfive percent of the students replied that they lacked knowledge regarding the vaccine. A statistically significant association was found between experiencing quarantine and the intention to be vaccinated ($p = 0.034$). There was a significant positive relationship between the number of symptoms from previous vaccines and the fear of COVID-19 ($rs = 0.272$, $p < 0.01$). Prior vaccination did not have an effect on COVID-19 vaccine hesitancy. This first study evaluating COVID-19 vaccine hesitancy among Israeli medical students highlighted the need for medical programs to emphasize the benefits of COVID-19 vaccination in the protection of healthcare workers and patient safety. Education, awareness campaigns, and regulation of vaccine trials could further decrease COVID-19 vaccine hesitancy and increase vaccine rates among medical students.
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5. **Determinants of Obtaining COVID-19 Vaccination among Health Care Workers with Access to Free COVID-19 Vaccination: A Cross-Sectional Study**
Elkhayat M.R. Vaccines 2022;10(1):No page numbers.

Introduction: Despite global efforts to contain the illness, COVID-19 continues to have severe health, life, and economic repercussions; thus, maintaining vaccine development is mandatory. Different directions concerning COVID-19 vaccines have emerged as a result of the vaccine's unpredictability.
Aim(s): To study the determinants of the attitudes of healthcare workers (HCWs) to receiving or refusing to receive the vaccine.
Method(s): The current study adopted an interviewed questionnaire between June and August 2021. A total of 341 HCWs currently working at Assiut University hospitals offered to receive the vaccine were included.
Result(s): Only half of the HCWs (42%) accepted the COVID-19 vaccine. The most common reason that motivated the HCWs was being more susceptible than others to infection (71.8%). On other hand, the common reasons for refusing included: previously contracted the virus (64.8%); did not have time (58.8%); warned by a doctor not to take it (53.8%). Nearly one-third of nonaccepting HCWs depended on television, the Internet, and friends who refused the vaccine for information ($p < 0.05$). In the final multivariate regression model, there were six significant predictors: sex, job category, chronic disease, being vaccinated for influenza, and using Assiut University hospital staff and the Ministry of Health as sources of information ($p < 0.05$).
Conclusion(s): Misinformation and negative conceptions are still barriers against achieving the desired rate of vaccination, especially for vulnerable groups such as HCWs.
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6. **Duration of Protection against Mild and Severe Disease by Covid-19 Vaccines**
Andrews. N et al New England Journal of Medicine 2022;:1-11.

BACKGROUND Vaccines against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (Covid-19), have been used since December 2020 in the United Kingdom. Real-world data have shown the vaccines to be highly effective against Covid-19 and related severe disease and death. Vaccine effectiveness may wane over time since the receipt of the second dose of the ChAdOx1-S (ChAdOx1 nCoV-19) and BNT162b2 vaccines. METHODS We used a test-negative case–control design to estimate vaccine effectiveness against symptomatic Covid-19 and related hospitalization and death in England. Effectiveness of the ChAdOx1-S and BNT162b2 vaccines was assessed according to participant age and status with regard to coexisting conditions and over time since receipt of the second vaccine dose to investigate waning of effectiveness separately for the B.1.1.7 (alpha) and B.1.617.2 (delta) variants. RESULTS Vaccine effectiveness against symptomatic Covid-19 with the delta variant peaked in the early weeks after receipt of the second dose and then decreased by 20 weeks to 44.3% (95% confidence interval [CI], 43.2 to 45.4) with the ChAdOx1-S vaccine and to 66.3% (95% CI, 65.7 to 66.9) with the BNT162b2 vaccine. Waning of vaccine effectiveness was greater in persons 65 years of age or older than in those 40 to 64 years of age. At 20 weeks or more after vaccination, vaccine effectiveness decreased less against both hospitalization, to 80.0% (95% CI, 76.8 to 82.7) with the ChAdOx1-S vaccine and 91.7% (95% CI, 90.2 to 93.0) with the BNT162b2 vaccine, and death, to 84.8% (95% CI, 76.2 to 90.3) and 91.9% (95% CI, 88.5 to 94.3), respectively. Greater waning in vaccine effectiveness against hospitalization was observed in persons 65 years of age or older in a clinically extremely vulnerable group and in persons 40 to 64 years of age with underlying medical conditions than in healthy adults. CONCLUSIONS We observed limited waning in vaccine effectiveness against Covid-19–related hospitalization and death at 20 weeks or more after vaccination with two doses of the ChAdOx1-S or BNT162b2 vaccine. Waning was greater in older adults and in those in a clinical risk group.

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7. **Linking the behavioral immune system to COVID-19 vaccination intention: The mediating role of the need for cognitive closure and vaccine hesitancy**
Solak Çağlar Personality and Individual Differences 2022;185:No page numbers.

Vaccination has become one of the most effective ways of controlling the spread of COVID-19. Consequently, revealing the evolutionary and cognitive antecedents of COVID-19 vaccine hesitancy and vaccination intention has become crucial. Drawing on the theory of behavioral immune system (BIS), we investigate whether perceived vulnerability to disease (PVD) is associated with vaccination intentions through the need for cognitive closure (NCC) and vaccine hesitancy. The data was collected from 525 adults from Turkey. The structural equation modeling results indicate that of the two dimensions of PVD, germ aversion predicts COVID-19 vaccination intention through sequential mediation of NCC and vaccine hesitancy. Perceived infectability, on the other hand, is directly and positively related to vaccination intention. By showing the mediating role of NCC, our results offer an insight as to why germ aversion translates into vaccine hesitancy, and low vaccination intention. We discuss the potential benefits of considering the roles of BIS and NCC in campaigns and policies targeted at increasing COVID-19 vaccine uptake and suggest implications for such practices. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

8. **Parsonage-Turner Syndrome Following COVID-19 Vaccination: MR Neurography.**
Queler Sophie C. Radiology 2022;302(1):84-87.

Vaccination is one of the several known triggers of Parsonage-Turner syndrome (PTS). This case series describes two individuals with clinical presentations of PTS whose symptoms began 13 hours and 18 days following receipt of the Pfizer-BioNTech BNT162b2 and Moderna mRNA-1273 COVID-19 vaccine, respectively. The diagnosis of PTS was confirmed by using both electrodiagnostic testing and 3.0-T MR neurography. Although research is needed to understand the association between PTS and COVID-19 vaccination, MR neurography may be used to help confirm suspected cases of PTS as COVID-19 vaccines continue to be distributed worldwide.

9. **Pharmacists-physicians collaborative intervention to reduce vaccine hesitancy and resistance: A randomized controlled trial**
Abdel-Qader D.H. Vaccine: X 2022;10:No page numbers.

Purpose: Given their negative influence on community health, vaccine hesitancy and resistance are emerging challenges that require healthcare intervention. Therefore, this study aimed to assess the impact of physician-pharmacist collaborative health coaching on rates of hesitancy and resistance for a COVID-19 vaccine.
Method(s): After an initial assessment of rates of hesitancy and resistance for a COVID-19 vaccine was conducted, hesitant and resistant participants were approached, recruited, and randomized into an active and control group. Pharmacists-physicians collaborative coaching intervention was delivered to active group subjects over two months through Facebook live sessions. The outcome measures were assessed in both groups before coaching, directly after coaching, and a month after coaching.
Result(s): The proportions of hesitancy and resistance for a COVID-19 vaccine among subjects in the active group were significantly reduced from 64.3% and 35.7% before coaching to 20.1% and 7.8% directly after coaching, respectively. These proportions were further reduced to 11.1% and 3.3% a month after coaching, respectively. Furthermore, the mean scores for knowledge on, and attitude towards COVID-19 vaccine were significantly increased from 4.6 +/- 1.8 and 4.1 +/- 1.7 before coaching to 7.5 +/- 3.1 and 8.9 +/- 3.8 directly after coaching, respectively. However, the change in mean score of beliefs about COVID-19 vaccines among active group subjects was not significant.
Conclusion(s): High rates of hesitancy and resistance for a COVID-19 vaccine were found in Jordan. These rates can be significantly reduced through online pharmacists-physicians collaborative coaching, which can also improve knowledge of and attitude towards COVID-19 vaccines.
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10. **Review and evolution of guidelines for diagnosis of COVID-19 vaccine induced thrombotic thrombocytopenia (VITT).**
Favaloro Emmanuel J. Clinical chemistry and laboratory medicine 2022;60(1):7-17.

Coronavirus disease 2019 (COVID-19) is a life-threatening infectious disease caused by Severe acute respiratory syndrome Coronavirus-2 (SARS-CoV-2). In response to the still ongoing pandemic outbreak, a number of COVID-19 vaccines have been quickly developed and deployed. Although minor adverse events, either local (e.g., soreness, itch, redness) or systematic (fever, malaise, headache, etc.), are not uncommon following any COVID-19 vaccination, one rare vaccine-associated event can cause fatal consequences due to development of antibodies against platelet factor 4 (PF4), which trigger platelet activation, aggregation, and possible resultant thrombosis, often at unusual vascular sites. Termed thrombosis with thrombocytopenia syndrome (TTS) by reporting government agencies, the term vaccine-induced (immune) thrombotic thrombocytopenia (VITT) is more widely adopted by workers in the field. In response to increasing reports of VITT, several expert groups have formulated guidelines for diagnosis and/or management of VITT. Herein, we review some key guidelines related to diagnosis of VITT, and also provide some commentary on their development and evolution.

11. **The relationship between fear of COVID-19 and intention to get vaccinated. The serial mediation roles of existential anxiety and conspiracy beliefs**
Scrima Fabrizio Personality and Individual Differences 2022;184:No page numbers.

Today, we witness the progress toward global COVID-19 vaccinations organized by countries worldwide. Experts say a mass vaccination plan is the only effective antidote against the spread of SARS-COV-2. However, a part of the world population refuses vaccination. The present study aimed to understand the impact of some individual variables on the intention to get vaccinated. Through a serial mediation model, we tested the influence of fear of COVID-19 on the intention to get vaccinated and the serial mediating effect of existential anxiety and conspiracy beliefs. Via a cross-sectional design this research was conducted with the participation of 223 French adults (Female: 69.5%; Male: 30.5%; M age = 30.26, SD = 13.24; range: 18–75 years) who responded to an online survey. The results showed a positive relationship between fear of COVID-19 and intention to get vaccinated; however, when this fear was associated with high levels of existential anxiety through conspiracy beliefs, the intention to get vaccinated decreased. Our findings were in line with Terror Management Health Model, which states that, in facing health threats, humans may strive to reduce their own perceived vulnerability not only by engaging in healthy behaviors but also denying or avoiding death anxiety, as anti-vaxxers do. (PsycInfo Database Record (c) 2022 APA, all rights reserved) (Source: journal abstract)

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