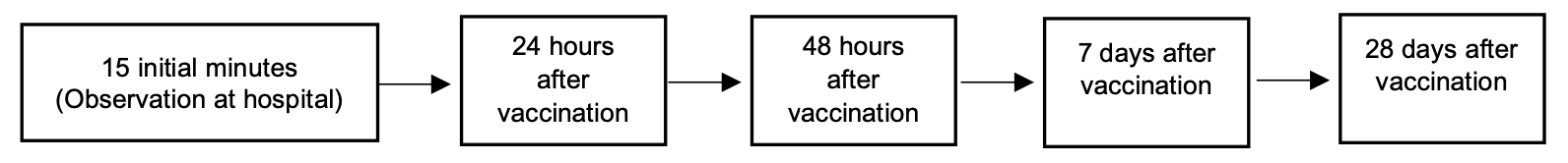
**Supplementary Data 1.** Research Data Monitoring Timeline

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**Supplementary Data 2.** Overall AEFI of BNT162b2 (*Pfizer*) and Sinovac Vaccines

**Supplementary Data 3.** Questionnaire sheet

This is a questionnaire for monitoring local and systemic adverse reactions after COVID-19 vaccination. To understand the adverse reactions after receiving the COVID-19 vaccine, we are going to collect and use personal information for monitoring all respondets as follows. All information will be anonymized and fully encrypted before analysis.

# PERSONAL DATA

1. Name : ❏
2. Date of birth : ❏ dd/mm/yy
3. Gender : ❏ Female

❏ Male

1. Weight & Height : ❏ kg/ cm
2. Blood type : ❏ A

❏ B

❏ AB

❏ O

1. Employment /job : ❏ Healthcare worker (Doctor, Nurse, Pharmacists, etc.)

❏ Civil servant

❏ Student

❏ Private worker

❏ Unemployed

❏ Others

# VACCINATION DATA

|  |  |  |
| --- | --- | --- |
| 1. Type of vaccine dose 1 : | ❏ | Astrazeneca |
|  | ❏ | Sinopharm |
|  | ❏ | Moderna |
|  | ❏ | Novavax |
|  | ❏ | Pfizer |
|  | ❏  ❏ | Sinovac  etc |
| 2. Type of vaccine dose 2 : | ❏ | Astrazeneca |
|  | ❏ | Sinopharm |
|  | ❏ | Moderna |
|  | ❏  ❏ | Novavax  Pfizer |
|  | ❏ | Sinovac |
|  | ❏ | etc |
|  | ❏ | Not yet vaccinated 2nd dose |
| 3.Type of vaccine dose 3 | ❏ | Astrazeneca |
|  | ❏ | Sinopharm |
|  | ❏  ❏ | Moderna  Novavax |
|  | ❏ | Pfizer |
|  | ❏ | Sinovac |
|  | ❏ | etc |
|  | ❏ | Not yet vaccinated 3rd dose |
| 4. Type of vaccine dose 4 | ❏  ❏ | Astrazeneca  Sinopharm |
|  | ❏ | Moderna |
|  | ❏ | Novavax |
|  | ❏ | Pfizer |
|  | ❏ | Sinovac |
|  | ❏  ❏ | etc  Not yet vaccinated 4th dose |
| 5. Date of last vaccination | ❏ | dd/mm/yy |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**HISTORY OF COVID-19**

|  |  |  |
| --- | --- | --- |
| 1 Covid-19 infection following dose 1 of : | ❏ | No |
| immunization | ❏ | Yes |
| 2 Covid-19 infection following dose 2 of : immunization | ❏ | No |
|  | ❏ | Yes |
| 3 Covid-19 infection following dose 3 of : | ❏ | No |

immunization

❏ Yes

# MEDICAL CONDITION

|  |  |  |
| --- | --- | --- |
| 1 Comorbidity | ❏ | No |
|  | ❏ | Yes |
| 2 History of allergy : | ❏ | No |
|  | ❏  ❏ | Food allergy  Drug allergy |
| 3 Hospitalization in the last 3 months : | ❏ | No |
|  | ❏ | Yes |
| 4 History of medication in the last 6 months : | ❏ | No |
|  | ❏ | Yes |

# AEFIS AND THE SEVERITY LEVELS

|  |  |  |
| --- | --- | --- |
| 1 Pain at injection site : | ❏ | Absent |
|  | ❏ | Does not interfere with activity |
|  | ❏ | Interferes with activity or repeated use of non- narcotic pain reliever >24hrs |
|  | ❏ | Prevents daily Activity or repeated Use of narcotic pain Reliever |
|  | ❏ | Emergency room visit or hospitalization |
| 2 Tenderness/ Soreness : | ❏ | Absent |
|  | ❏ | Mild discomfort to touch |
|  | ❏ | Discomfort with movement |
|  | ❏ | Significant discomfort at rest |
|  | ❏ | Emergency room (ER) visit or hospitalization |
| 3 Redness/ Erythema : | ❏ | Absent |
|  | ❏ | 2.5-5cm |
|  | ❏ | 5.1-10cm |
|  | ❏ | >10 cm |
|  | ❏ | Necrosis or exfoliative dermatitis |
| 4 Swelling/ induration : | ❏ | Absent |
|  | ❏ | 2.5-5cm and does not interfere with daily activity |
|  | ❏ | 5.1-10cm or interferes with daily activity |
|  | ❏ | >10 cm prevents daily activity |
|  | ❏ | Necrosis |
| 5 Pruritus associated with injection : | ❏ | Absence of any Pruritus |
|  | ❏  ❏ | Itching localized to injection site and relieved spontaneously or With<48 hours treatment Itching beyond injection site not generalized or localized itching  Requiring >48 hours treatment |
|  | ❏  ❏ | Itching causing inability to perform usual social & functional activities  NA |
| 6 Pain in the limb : | ❏ | Absent |
|  | ❏ | Does not interfere with activity |
|  | ❏  ❏  ❏ | Repeated use of nonnarcotic pain reliever >24 hours or interferes with daily activity  Any use of narcotic pain reliever or prevents daily activity  Emergency room (ER) visit or hospitalization |
| 7 Fever : | ❏ | <380C (<100.40F) |
|  | ❏ | 38.0-38.40C(100.4101.10F) |
|  | ❏ | 38.5-38.90 C (101.2- 102.00F) |
|  | ❏ | 39.0-400C (102.1-1040F) |

❏ > 400C (>1040F)

1. Nausea/ Vomiting : ❏ Absent

❏ No interference with daily activity or 1-2 episodes/24 hours

❏ Some interference with daily activity or > 2 episodes/24 hours

❏ Prevents daily activity, requires outpatient IV hydration

❏ Emergency room (ER) visit or hospitalization for hypotensive shock

1. Headache : ❏ Absent

❏ No interference with daily activity

❏ Some interference with daily activity or Repeated use of nonnarcotic pain reliever

❏ Significant, prevents daily Activity or repeated Use of narcotic pain Reliever

❏ Emergency room (ER) visit or hospitalization

1. Fatigue : ❏ Absent

❏ No interference with daily activity

❏ Some interference with daily activity

❏ Significant, prevents daily activity

❏ Emergency room (ER) visit or hospitalization

1. Myalgia : ❏ Absent

❏ No interference with daily activity

❏ Some interference with daily activity

❏ Significant, prevents daily activity

❏ Emergency room (ER) visit or hospitalization

1. Acute Allergic Reaction : ❏ Absent

❏ No interference with daily activity

❏ Some interference with daily activity

❏ Prevents daily activity

❏ Emergency room (ER) visit or hospitalization

1. Rash : ❏ Rash Absent

❏ Rashes covering <10% BSA with or without symptoms (pruritus, burning, tightness)

❏ Rashes covering 10-30 %BSA (Body Surface Area) with or without symptoms (pruritus, burning, tightness), Interferes with daily activity

❏ Rashes covering >30 %BSA with or without symptoms (pruritus, burning, tightness), prevents With daily activity

❏ NA

1. Joint pain : ❏ Absent

❏ Does not interfere with daily activity

❏ Repeated use of nonnarcotic pain reliever > 24 hours or interferes with daily activity

❏ Any use of narcotic pain reliever or prevents daily activity

❏ Emergency room (ER) visit or hospitalization

1. Any other Systemic AE’s : ❏ Absent

❏ Does not interfere with daily activity

❏ Interferes with daily activity

❏ Prevents daily activity

❏ Emergency room (ER) visit or hospitalization

1. Has any medication/therapy been given or taken to reduce the side effects of existing vaccinations?

: ❏

**Supplementary Data 4.** Grading Scales for Local Adverse Events and Systemic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Event Name | None | Mild | Moderate | Severe | Potentially life threatening |
| 1 | Pain at injection site | Absent | Does not interfere with activity | Interferes with activity or repeated use of non- narcotic pain reliever  >24hrs | Prevents daily Activity or repeated Use of narcotic pain Reliever | Emergency room visit or hospitalization |
| 2 | Tenderness/ Soreness | Absent | Mild discomfort to touch | Discomfort with movement | Significant discomfort at rest | Emergency room (ER) visit or hospitalization |
| 3 | Redness/ Erythema | Absent | 2.5-5cm | 5.1-10cm | >10 cm | Necrosis or exfoliative dermatitis |
| 4 | Swelling/ induration | Absent | 2.5-5cm and does not interfere with daily activity | 5.1-10cm or interferes with daily activity | >10 cm prevents daily activity | Necrosis |
| 5 | Pruritus associated with injection | Absence of any Pruritus | Itching localized to injection site and relieved spontaneously or With<48 hours treatment | Itching beyond injection site not generalized or localized itching Requiring  >48 hours treatment | Itching causing inability to perform usual social & functional activities | NA |
| 6 | Pain in the limb | Absent | Does not interfere with activity | Repeated use of nonnarcotic pain reliever  >24 hours or interferes with daily activity | Any use of narcotic pain reliever or prevents daily activity | Emergency room (ER) visit or hospitalization |
| 7 | Fever | <380C (<100.40F) | 38.0-  38.40C(100.4101.10F) | 38.5-38.90 C  (101.2- 102.00F) | 39.0-400C (102.1- 1040F) | > 400C (>1040F) |
| 8 | Nausea/ Vomiting | Absent | No interference with daily activity or 1-2 episodes/24 hours | Some interference with daily activity or > 2  episodes/24 hours | Prevents daily activity, requires outpatient IV  hydration | Emergency room (ER) visit or hospitalization for hypotensive shock |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9 | Headache | Absent | No interference with daily activity | Some interference with daily activity or Repeated use of nonnarcotic pain reliever | Significant, prevents daily Activity or repeated Use of narcotic pain Reliever | Emergency room (ER) visit or hospitalization |
| 10 | Fatigue | Absent | No interference with daily activity | Some interference with daily activity | Significant, prevents daily activity | Emergency room (ER) visit or hospitalization |
| 11 | Myalgia | Absent | No interference with daily activity | Some interference with daily activity | Significant, prevents daily activity | Emergency room (ER) visit or hospitalization |
| 12 | Acute Allergic Reaction | Absent | No interference with daily activity | Some interference with daily activity | Prevents daily activity | Emergency room (ER) visit or hospitalization |
| 13 | Rash | Rash Absent | Rashes covering  <10% BSA with or without symptoms (pruritus, burning, tightness) | Rashes covering 10-  30 %BSA  (Body Surface Area) with or without symptoms (pruritus, burning, tightness), Interferes with daily  activity | Rashes covering  >30 %BSA  with or without symptoms (pruritus, burning, tightness), prevents With daily activity | NA |
| 14 | Joint pain | Absent | Does not interfere with daily activity | Repeated use of nonnarcotic pain reliever  > 24 hours or interferes with daily activity | Any use of narcotic pain reliever or prevents daily activity | Emergency room (ER) visit or hospitalization |
| 15 | Any other Systemic AE’s | Absent | Does not interfere with daily activity | Interferes with daily activity | Prevents daily activity | Emergency room (ER) visit or hospitalization |

**Supplementary Data 5.** Therapeutic use in participants with AEFIs

**Supplementary Data 6.** Details information of therapy used by participants