

# Vaccines against Covid-19

### HEALTH FACTS NOW

Covid19 vaccines are here to save the day as high rates of SarsCov2 infection around the world continue to exceed hospital capacities. Access to vaccines is essential to prevent severe symptoms from a Covid19 infection in case of exposure to the virus. Fortunately, several vaccines have received emergency use authorization. Now that vaccines are available- many of us have questions. Are the vaccines safe? Are they effective? How do they work in our bodies?

What is a vaccine? A vaccine is a pharmacological preparation that generates protection from illness through an the production of antibodies. The vaccine stimulates the immune system by exposing it to elements of the virus that help prepare it to fight infection. A vaccine generates active immunity in a similar way to how the body develops protection when it is infected by a pathogen. Vaccines against SARs-Cov-2, specifically, can be classified by their mechanism of action, which is the way they work to stimulate your immune system [1].

The process for how vaccines provide immune memory, could be compared to a detective identifying a suspect from his/her face in a photo. In this analogy, the detective represents the immune system, the photo would be the vaccine, and the suspect would be the pathogenic agent, or in our case the virus SARs-COV-2. The immune system creates a memory of the antigen as the detective recognizes the suspect's face. For the coronavirus, the antigen is the Spike protein, which is located on the surface of the virus. [2]

There are two main ways coronavirus vaccines present the antigen to the immune system. Based on the mechanism in which the vaccines present the antigen, they can be classified as mRNA and Viral Vector Vaccines.

The **mRNA Vaccines** give instructions to our cells to produce a harmless portion of the "Spike protein". Once the protein is created, the cell disposes of the instructions. The immune system is then capable of recognizing the Spike protein as foreign; to neutralize the virus the immune system produces antibodies and activates lymphocytes. [3]

In our analogy, the detective Immune System receives a negative photo of the spike protein. The detective has to develop the photo as the body codifies the protein. -The detective uses tools such as antibodies and lymphocytes against the antigen to find and inactivate the virus. This process decreases the risk of an infection developing into a severe clinical case. The next group of vaccines includes those based on **viral vectors**. Johnson & Johnson, Sputnik V, and AstraZeneca vaccines belong to this group. In this case, a harmless virus exposes the body to the Spike protein which induces an immune response without causing the illness Covid19. [4]

In our analogy, it is as if the detective orders a photo of the suspect through a delivery service. The viral vector would be the delivery man. With the photo in hand, the detective Immune System finds the suspect, in other words, neutralizes the virus.





## HEALTH FACTS NOW

Both mRNA and Viral Vector vaccines have the same purpose; to present the antigen to the immune system creating memory against SAR-Cov-2.

The process of generating immune memory requires some time after completing full vaccination. **The estimated time to develop maximum immunity is approximately 21 days**, therefore it is important to remember that we are not fully protected until then.

Vaccines are studied to show their safety and effectiveness. Effectiveness tries to measure the reduction in the risk of contracting the infection by comparing those who were vaccinated to those who received a placebo.

Nevertheless, more important than effectiveness are the patientoriented outcomes. Taking into account that each person has a given risk of infection severity, we can understand that vaccination, in general, manages to reduce the most severe risks for the individual. With this method rather than estimating the risk of transmitting or carrying the virus, we estimate how vaccines can defend the patient individually. This is represented by the prevention of severe cases in those receiving the vaccines.

The COVID19 vaccines approved by the Food and Drug Administration have shown 100% efficacy in preventing hospitalization and death from the infection [5].

All in all, the five vaccines against SAR-Cov-2 we've discussed today work in two mechanisms.

The mRNA vaccines work by providing a copy of the instructions of viral spike protein to the body in order to recognize coronavirus viral particles. The viral vector vaccines use a harmless adenovirus to carry the Spike protein of SAR-Cov-2 into the body that the Immune system uses to track and neutralize the virus. Both methods expose the body to a part of the virus to prepare the immune system in case of an infection.

The effectiveness to prevent any symptoms of the infection varies between vaccines, but the potential of decreasing the viral propagation is very promising for all of the ones mentioned. The maximum immunity from the vaccines is achieved 17 to 21 days after completing the vaccination process. It is not yet known how long this immunity will last.





Vaccines have been shown to be safe and provide substantial protection against COVID-19. With this in mind, **the more people that achieve immunity through a vaccine, the closer we will be to overcome this terrible pandemic.** Although the moment in which we can obtain our vaccine is beyond our control, the responsibility to take care of our health, as well as that of our loved ones, is in our hands. Our recommendation is to maintain care and prevent infection before, during, and after the vaccination process. Taking into account that those immunized can still carry and transmit the virus, it is essential to prevent contagion through physical distancing, hand washing, wearing masks, among others.

VACCINE	BNT162b2 mRNA Pfizer	mRNA-1273 Moderna	AZD1222 AstraZeneca	Gam-COVID-Vac Sputnik V	Ad26.COV2.S Johnson & Johnson
IMMUNITY MECHANISM	mRNA	mRNA	Vector	Vector	Vector
PHASE	3	3	3	3	3
EFFECTIVENESS	95%	94,5	90%	95%	72% USA 64% South Africa 61% Latinamerica
NUMBER OF DOSES	2 (3 weeks between doses)	2 (4 weeks between doses)	2	2 (3 weeks between doses)	1
ANY SYSTEMIC SYMPTOMS (% WITH ALL DOSE APPLIED)	People between 16 to 55 30% Moderare 3% Severe Older than 55 17% Moderate 2% Severe	People between 56 a 70 50% Moderate 10% Severe Mayores de 70 30% Moderado 10% Severe	People between 18 a 95 17% Moderate 33% Severe	People between 18 a 80 40% Moderate 3% Severe	People between 18 a 55 40% Moderate 20% Severe Older than 65 15% Moderate 4% Severe

#### HEALTH FACTS NOW



### HEALTH FACTS NOW

#### **BIBLIOGRAPHY**

[1] WORLD HEALTH ORGANIZATION (2021). "Vaccines" in Topics of Health. Available at: https://www.who.int/topics/vaccines/es/ (Accessed: 26 april 2021).

[2] THE COLLEGE OF PHYSICIANS OF PHILADELPHIA (2018). Different types of vaccines. Available at: https://www.historyofvaccines.org/es/contenido/articulos/diferentes-tipos-de-vacunas (Accessed: 26 april 2021).

[3] [4]WORLD HEALTH ORGANIZATION (2021). "The different types of COVID-19 vaccines" in Newsroom. Available at: https://www.who.int/news-room/feature-stories/detail/the-race-for-a-covid-19-vaccine-explained (Accessed: 26 april 2021).

[5] CENTERS FOR DISEASE CONTROL AND PREVENTION (2018). Ensuring the Safety of Vaccines in the United States. Available at: https://www.cdc.gov/vaccines/hcp/conversations/ensuring-safe-vaccines.html (Accessed: 26 april 2021).

Fernando P. Polack, M.D., Stephen J. Thomas, M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Edson D. Moreira, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., Satrajit Roychoudhury, Ph.D., Kenneth Koury, Ph.D., Ping Li, Ph.D., Warren V. Kalina, Ph.D., David Cooper, Ph.D., Robert W. Frenck, Jr., M.D., Laura L. Hammitt, M.D., Özlem Türeci, M.D., Haylene Nell, M.D., Axel Schaefer, M.D., Serhat Ünal, M.D., Dina B. Tresnan, D.V.M., Ph.D., Susan Mather, M.D., Philip R. Dormitzer, M.D., Ph.D., Uğur Şahin, M.D., Kathrin U. Jansen, Ph.D.,and William C. Gruber, M.D (2020). "Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine - Original Article", The new England Journal of Medicine. Massachusetts Medical Society, pp 1-13. DOI:10.1056/NEJMoa2034577

E.J. Anderson, N.G. Rouphael, A.T. Widge, L.A. Jackson, P.C. Roberts, M. Makhene, J.D. Chappell, M.R. Denison, L.J. Stevens, A.J. Pruijssers, A.B. McDermott, B. Flach, B.C. Lin, N.A. Doria-Rose, S. O'Dell, S.D. Schmidt, K.S. Corbett, P.A. Swanson II, M. Padilla, K.M. Neuzil, H. Bennett, B. Leav, M. Makowski, J. Albert, K. Cross, V.V. Edara, K. Floyd, M.S. Suthar, D.R. Martinez, R. Baric, W. Buchanan, C.J. Luke, V.K. Phadke, C.A. Rostad, J.E. Ledgerwood, B.S. Graham, and J.H. Beigel (2020). "Safety and Immunogenicity of SARS-CoV-2 mRNA-1273 Vaccine in Older Adults - Original Article", The new england journal of medicine. Massachusetts Medical Society, pp 1-11. DOI: 10.1056/NEJMoa2028436

#### AstraZeneca

L.R. Baden, H.M. El Sahly, B. Essink, K. Kotloff, S. Frey, R. Novak, D. Diemert, S.A. Spector, N. Rouphael, C.B. Creech, J. McGettigan, S. Khetan, N. Segall, J. Solis, A. Brosz, C. Fierro, H. Schwartz, K. Neuzil, L. Corey, P. Gilbert, H. Janes, D. Follmann, M. Marovich, J. Mascola, L. Polakowski, J. Ledgerwood, B.S. Graham, H. Bennett, R. Pajon, C. Knightly, B. Leav, W. Deng, H. Zhou, S. Han, M. Ivarsson, J. Miller, and T. Zaks (Dec 8, 2021). "Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine", The new england journal of medicine. Massachusetts Medical Society, 384 pp 403-416. DOI: 10.1056/NEJMoa2035389



#### HEALTH FACTS NOW

Yanjun Zhang, Gang Zeng, Hongxing Pan, Changgui Li, Yaling Hu, Kai Chu, Weixiao Han, Zhen Chen, Rong Tang, Weidong Yin, Xin Chen, Yuansheng Hu, Xiaoyong Liu, Congbing Jiang, Jingxin Li, Minnan Yang, Yan Song, Xiangxi Wang, Qiang Gaot, Fengcai Zhut (Nov 17, 2021), "Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18–59 years: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial", The Lancet, 21 pp.181–92. DOI: 10.1016/S1473-3099(20)30843-4

Denis Y Logunov, Inna V Dolzhikova, Dmitry V Shcheblyakov, Amir I Tukhvatulin, Olga V Zubkova, Alina S Dzharullaeva, Anna V Kovyrshina,

Nadezhda L Lubenets, Daria M Grousova, Alina S Erokhova, Andrei G Botikov, Fatima M Izhaeva, Olga Popova, Tatiana A Ozharovskaya, Ilias B Esmagambetov, Irina A Favorskaya, Denis I Zrelkin, Daria V Voronina, Dmitry N Shcherbinin, Alexander S Semikhin, Yana V Simakova, Elizaveta A Tokarskaya, Daria A Egorova, Maksim M Shmarov, Natalia A Nikitenko, Vladimir A Gushchin, Elena A Smolyarchuk, Sergey K Zyryanov, Sergei V Borisevich, Boris S Naroditsky, Alexander L Gintsburg, and the Gam-COVID-Vac Vaccine Trial Group (Feb 2, 2021). "Safety and efficacy of an rAd26 and rAd5 vector-based heterologous prime-boost COVID-19 vaccine: an interim analysis of a randomised controlled phase 3 trial in Russia", The Lancet, 397: 671–81. DOI:10.1016/ S0140-6736(21)00234-8

J. Sadoff, M. Le Gars, G. Shukarev, D. Heerwegh, C. Truyers, A.M. de GrootJ. Stoop, S. Tete, W. Van Damme, I. Leroux-Roels, P.-J. Berghmans, M. Kimmel, P. Van Damme, J. de Hoon, W. Smith, K.E. Stephenson, S.C. De Rosa, K.W. Cohen, M.J. McElrath, E. Cormier, G. Scheper, D.H. Barouch, J. Hendriks, F. Struyf, M. Douoguih, J. Van Hoof, and H. Schuitemaker (2021). "Interim Results of a Phase 1–2a Trial of Ad26.COV2.S Covid-19 Vaccine - Original Article", The new England Journal of Medicine, Massachusetts Medical Society. pp 1-12. DOI: 10.1056/NEJMoa2034201