COMMUNITY PHARMACISTS AND A COVID-19 VACCINATION CAMPAIGN: THE ROLE OF ACTIVE PHARMACOVIGILANCE

AUTORE: Federico Zerbinato, PharmD, MSc

INTRODUCTION

Community pharmacists in the Veneto Region of Italy have been directly involved in the COVID-19 vaccination campaign since July 2021. Each pharmacy was allowed to receive a maximum of 30 doses of Spikevax (Moderna) vaccine and 50 doses of Janssen (Johnson&Johnson) vaccine every week. The first vaccination session in "Farmacia Zerbinato SNC" was held on 09/07/2021. At that time, the Janssen vaccine was not recommended in Italy for people younger than 60 years old.

AIMS

This study intends to investigate the frequency of COVID-19 vaccine adverse reactions in the entire population of a community pharmacy's vaccinated people; moreover, the analysis aims to examine active pharmacosurveillance, which is a role that community pharmacies can play during the COVID-19 vaccination campaign.

MATERIALS AND METHODS

In the period from 09/07/2021 to 02/08/2021, 101 citizens in the "Farmacia Zerbinato SNC" in Pozzonovo (PD) were vaccinated. Each person received a questionnaire following the vaccination, that asked him or her to indicate if any of the possible adverse reactions of fever, headache, nausea, diarrhoea, muscle pain/fatigue or other were experienced in the 14 days after the vaccine. The final sample included the 96 individuals (58 males and 38 females, mean age 39,2) who received Spikevax.

RESULTS

A total of 49 people (30 males and 19 females, ages 37,5 ± 11,3) returned the correctly completed questionnaire on the day of the second dose. Consistent with the data published by regulatory agencies, fever and muscle pain/fatigue were the most often reported reactions; both symptoms had a higher impact on Days 0-1 (11 subjects reported fever and 12 muscle pain/fatigue), decreased in Days 2-3 (4 and 4) and disappeared in the following days. Tiredness was reported in 4 cases (just once after Day 1), while headache was indicated by 5 people (all until Days 2-3).
The data suggested a correlation between age and fever; people experiencing fever were significantly younger than people without that adverse reaction (30,8 ± 7,7 vs 39,7 ± 11,5 $p < 0,05$). No statistically significant differences were detected between age and other reactions, or between gender and any adverse reactions.

CONCLUSIONS

The data analysed by "Farmacia Zerbinato SNC"- after the first Spikevax vaccine dose - confirmed the already known mild side effects from vaccination; moreover, a possible association between age and fever was noticed. Our sample size was small and it was not possible to establish whether people who did not return the questionnaire experienced any adverse reactions. However, a similar work coordinated by a variety of community pharmacies might lead to more powerful studies, highlighting the importance of community pharmacists in active pharmacovigilance, vaccinovigilance and possibly pharmacoepidemiology.