

#COVID19GA
COVID-19
CORONAVIRUS DISEASE
Covid 19 et Mg
Cr  e par د شهاب الفتيطرة كوفيد , 09/04/2020

Description

Charte:

Le groupe Covid 19 et MG   t   cr  e pour concentrer toutes les discussions    propos du Covid 19.

Ce groupe est destin   aux MG avec possibilit   d'ajouter des sp  cialistes qui ont une expertise dans le domaine.

Sont accept  s : les observations personnelles, les interrogations, les informations pertinentes comment  es.

Tout article, toute audio ou vid  o publi  e doit avoir un rapport avec le sujet et doit   tre comment  e pour expliquer son int  r  t pour le groupe.

لقاح كوفيد-19 : تخوفات من الخير ؟

سلامة و فعالية لقاحي سينوفارم و أسترازينيكا

استبيان مغربي : تخوفات 101 طبيب و طبيبة

24 يناير 2021



أحمد عزيز بوصفيحة

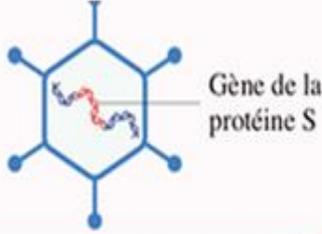
مصلحة الأمراض التعفننية و المناعاتية عند الطفل
المستشفى الجامعي ابن رشد -
كلية الطب و الصيدلة - جامعة الحسن الثاني

البرنامج

- أنواع اللقاءات
- اللقاحين المستعملين في المغرب : السلامة و الفعالية
- تخوفات مهنيي الصحة في الأردن و فرنسا و إيطاليا
- نتائج استبيان مغربي: تخوفات 101 طبيبة و طبيب
- الحضور و الشكر

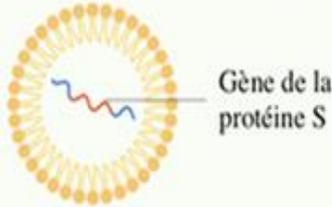
لقاح النواقل الفيروسية

تتكون من فيروسات غير ممرضة تنتج البروتين S الخاص بـ SARS-CoV-2



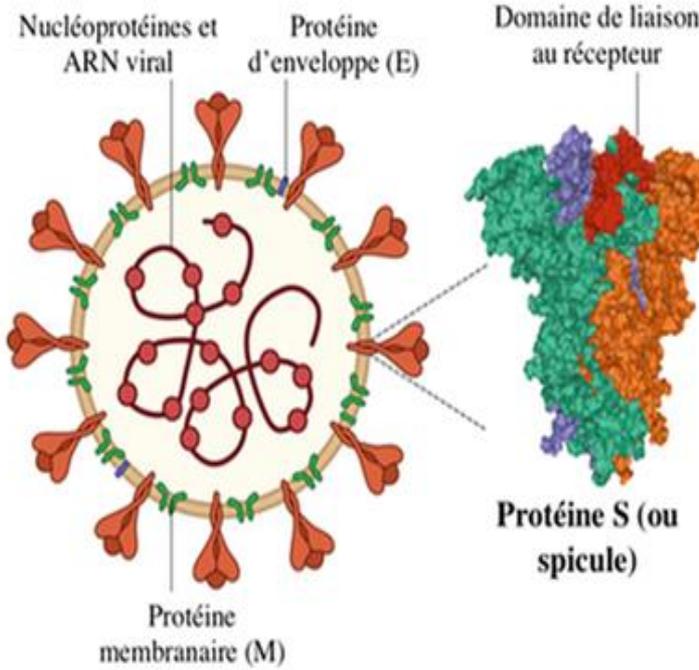
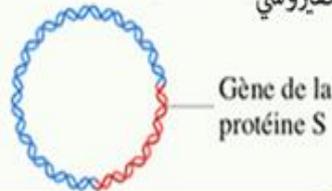
لقاحات ARN

تتكون من جسيمات دهنية دقيقة يوجد في داخلها ARN



لقاحات ADN

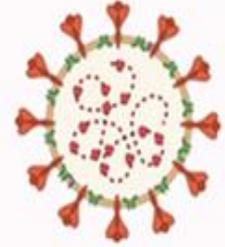
تتكون من ADN دائري يعبر عن البروتين S الفيروسي



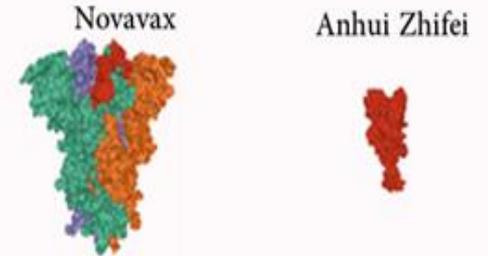
SRAS-CoV-2

اللقاحات المعطلة :

تحتوي على فيروس SARS-CoV-2 تم تعطيله بالمعالجة الكيميائية

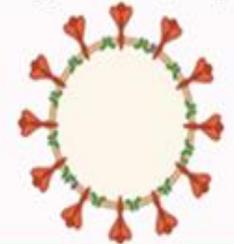


لقاحات الوحدات البروتينية :



الجسيمات الشبيهة بالفيروس:

لا تحتوي على مادة وراثية ولكنها تعرض البروتينات الفيروسية S و M و E على سطحها



Medicago vaccine

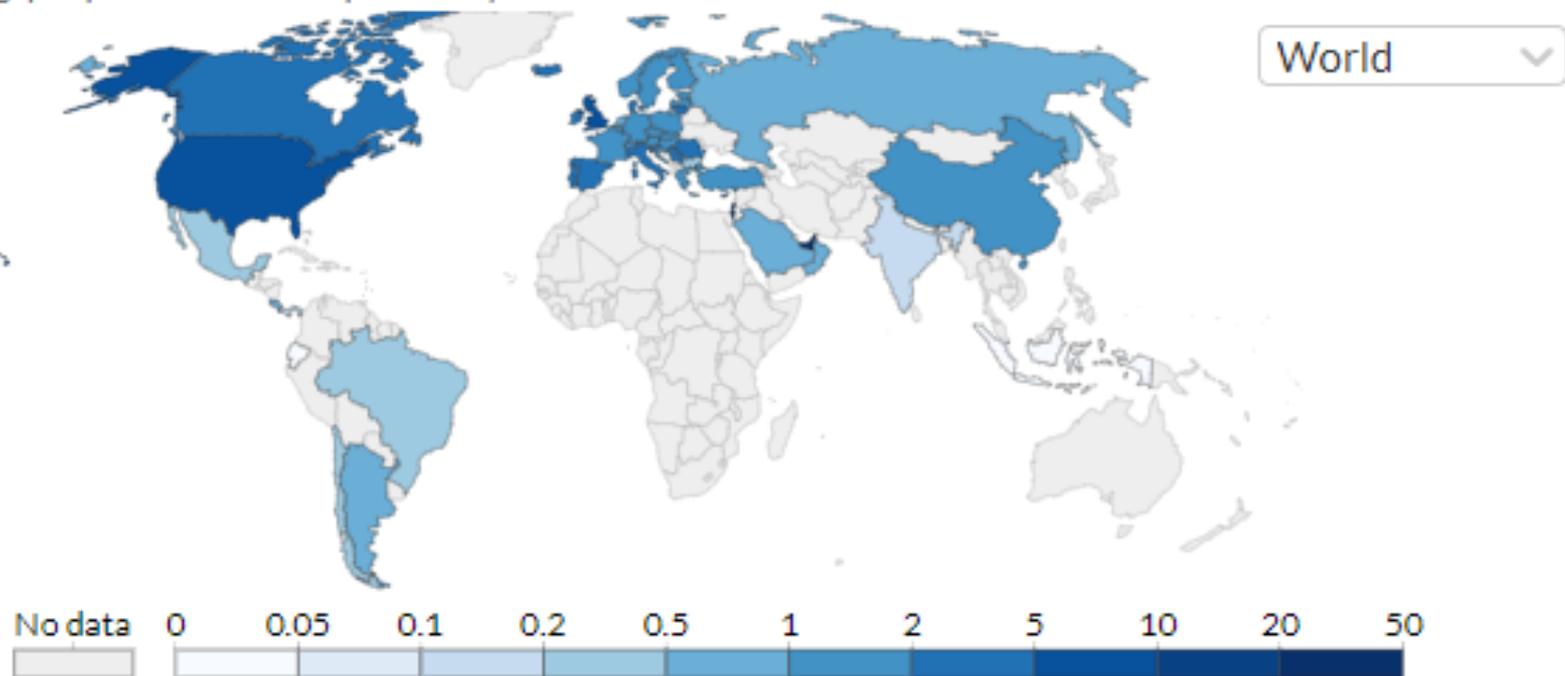
الفعالية في المرحلة الثالثة

اللقاح	الفعالية في المرحلة الثالثة
Sinopharm	86% : UAE 79.34% : China
AstraZeneca/Oxford	70.4%
Moderna	95%
BioNTech/Pfizer	94.1%

COVID-19 vaccine doses administered per 100 people, Jan 23, 2021

Our World
in Data

Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Source: Official data collated by Our World in Data - Last updated 24 January, 08:20 (London time)
OurWorldInData.org/coronavirus • CC BY

▶ Dec 14, 2020 ○ Jan 23, 2021

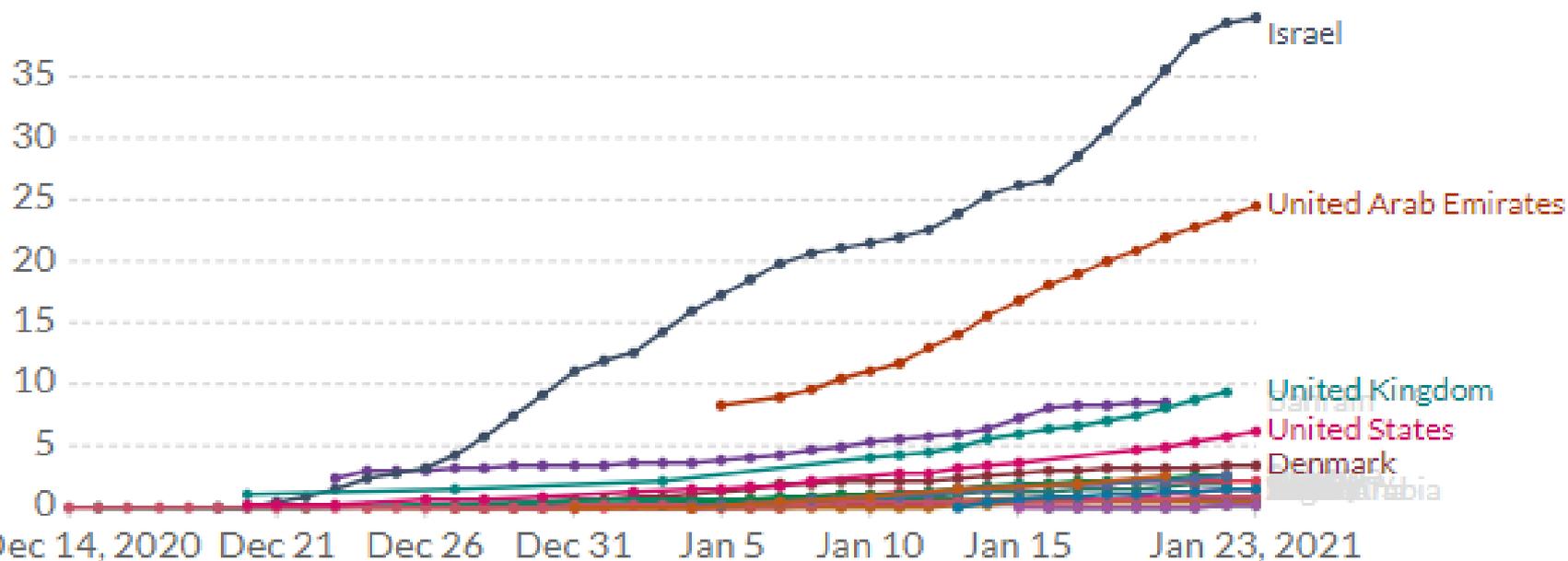
COVID-19 vaccine doses administered per 100 people

Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

LINEAR

LOG

+ Add country



Source: Official data collated by Our World in Data - Last updated 24 January, 08:20 (London time)
OurWorldInData.org/coronavirus • CC BY

▶ Dec 14, 2020 ○ Jan 23, 2021

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- الحضور و الشكر

الأعراض الجانبية للقاح سينوفارم

نتائج المرحلة الثانية

448 متطوع

Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBIBP-CorV: a randomised, double-blind, placebo-controlled, phase 1/2 trial



Shengli Xia*, Yuntao Zhang*, Yanxia Wang*, Hui Wang*, Yunkai Yang*, George Fu Gao*, Wenjie Tan*, Guizhen Wu*, Miao Xu*, Zhiyong Lou*, Weijin Huang*, Wenbo Xu*, Baoying Huang*, Huijuan Wang*, Wei Wang, Wei Zhang, Na Li, Zhiqiang Xie, Ling Ding, Wangyang You, Yuxiu Zhao, Xuqin Yang, Yang Liu, Qian Wang, Lili Huang, Yongli Yang, Guangxue Xu, Bojian Luo, Wenling Wang, Peipei Liu, Wanshen Guo, Xiaoming Yang

Summary

Background The ongoing COVID-19 pandemic warrants accelerated efforts to test vaccine candidates. We aimed to assess the safety and immunogenicity of an inactivated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine candidate, BBIBP-CorV, in humans.

Lancet Infect Dis 2020;
21: 39–51
Published Online

	8 µg day 0 (n=112)			4 µg days 0 and 14 (n=112)			4 µg days 0 and 21 (n=112)			4 µg days 0 and 28 (n=112)			Total (n=448)		
	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=336)	Placebo (n=112)	p value
All adverse reactions within 0–7 days															
Any	33 (39%)	3 (11%)	0.0049	18 (21%)	5 (18%)	0.79	15 (18%)	5 (18%)	>0.99	10 (12%)	6 (21%)	0.22	76 (23%)	19 (17%)	0.20
Grade 1	31 (37%)	3 (11%)	..	18 (21%)	3 (11%)	..	13 (15%)	4 (14%)	..	8 (10%)	2 (7%)	..	70 (21%)	12 (11%)	..
Grade 2	2 (2%)	0	..	0	2 (7%)	..	2 (2%)	0	..	2 (2%)	4 (14%)	..	6 (2%)	6 (5%)	..
Grade 3	0	0	..	0	0	..	0	1 (4%)	..	0	0	..	0	1 (1%)	..
Injection site adverse reactions within 0–7 days															
Pain	25 (30%)	2 (7%)	0.02	12 (14%)	0	0.035	10 (12%)	1 (4%)	0.29	6 (7%)	1 (4%)	0.68	53 (16%)	4 (4%)	0.0008
Grade 1	25 (30%)	2 (7%)	..	12 (14%)	0	..	10 (12%)	1 (4%)	..	6 (7%)	1 (4%)	..	53 (16%)	4 (4%)	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Swelling	2 (2%)	0	>0.99	0	0	..	3 (4%)	0	0.57	1 (1%)	0	>0.99	6 (2%)	0	0.15
Grade 1	2 (2%)	0	..	0	0	..	3 (4%)	0	..	1 (1%)	0	..	6 (2%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Itch	2 (2%)	0	>0.99	1 (1%)	1 (4%)	0.44	0	0	..	1 (1%)	0	>0.99	4 (1%)	1 (1%)	0.80
Grade 1	2 (2%)	0	..	1 (1%)	1 (4%)	..	0	0	..	1 (1%)	0	..	4 (1%)	1 (1%)	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Redness	1 (1%)	0	>0.99	0	0	..	1 (1%)	0	>0.99	1 (1%)	0	>0.99	3 (1%)	0	0.32
Grade 1	1 (1%)	0	..	0	0	..	1 (1%)	0	..	1 (1%)	0	..	3 (1%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Rash	1 (1%)	0	>0.99	0	0	..	0	0	..	0	0	..	1 (<1%)	0	0.58
Grade 1	1 (1%)	0	..	0	0	..	0	0	..	0	0	..	1 (<1%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..

(Table 5 continues on next page)

	8 µg day 0 (n=112)			4 µg days 0 and 14 (n=112)			4 µg days 0 and 21 (n=112)			4 µg days 0 and 28 (n=112)			Total (n=448)		
	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=84)	Placebo (n=28)	p value	Vaccination (n=336)	Placebo (n=112)	p value
(Continued from previous page)															
Systemic adverse reactions within 0-7 days															
Fever	1 (1%)	1 (4%)	0.44	1 (1%)	0	>0.99	3 (4%)	1 (4%)	>0.99	2 (2%)	3 (11%)	0.099	7 (2%)	5 (4%)	0.18
Grade 1	1 (1%)	1 (4%)	..	1 (1%)	0	..	2 (2%)	0	..	1 (1%)	2 (7%)	..	5 (1%)	3 (3%)	..
Grade 2	0	0	..	0	0	..	1 (1%)	0	..	1 (1%)	1 (4%)	..	2 (1%)	1 (1%)	..
Grade 3	0	0	..	0	0	..	0	1 (4%)	..	0	0	..	0	1 (1%)	..
Fatigue	5 (6%)	0	0.33	2 (2%)	1 (4%)	>0.99	1 (1%)	3 (11%)	0.048	1 (1%)	1 (4%)	0.44	9 (3%)	5 (4%)	0.35
Grade 1	5 (6%)	0	..	2 (2%)	1 (4%)	..	1 (1%)	2 (7%)	..	1 (1%)	0	..	9 (3%)	5 (4%)	..
Grade 2	0	0	..	0	0	..	0	1 (4%)	..	0	1 (4%)	0.25	0	0	..
Nausea	0	1 (4%)	0.25	0	0	..	2 (2%)	1 (4%)	>0.99	0	1 (4%)	0.25	2 (1%)	3 (3%)	0.07
Grade 1	0	1 (4%)	..	0	0	..	1 (1%)	1 (4%)	..	0	0	..	1 (<1%)	3 (3%)	..
Grade 2	0	0	..	0	0	..	1 (1%)	0	..	0	1 (4%)	..	1 (<1%)	0	..
Headache	1 (1%)	0	>0.99	2 (2%)	0	>0.99	1 (1%)	2 (7%)	0.15	0	1 (4%)	0.25	4 (1%)	3 (3%)	0.27
Grade 1	1 (1%)	0	..	2 (2%)	0	..	1 (1%)	2 (7%)	..	0	0	..	4 (1%)	2 (2%)	..
Grade 2	0	0	..	0	0	..	0	0	..	0	1 (4%)	..	0	1 (1%)	..
Itch (non-injection site)	0	0	..	2 (2%)	0	>0.99	0	1 (4%)	0.25	1 (1%)	0	>0.99	3 (1%)	1 (1%)	>0.99
Grade 1	0	0	..	2 (2%)	0	..	0	1 (4%)	..	1 (1%)	0	..	3 (1%)	1 (1%)	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Cough	0	0	..	0	1 (4%)	0.25	0	0	..	1 (1%)	0	>0.99	1 (<1%)	1 (1%)	0.41
Grade 1	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Grade 2	0	0	..	0	1 (4%)	..	0	0	..	1 (1%)	0	..	1 (<1%)	1 (1%)	..
Diarrhoea	2 (2%)	0	>0.99	2 (2%)	1 (4%)	>0.99	0	2 (7%)	0.061	0	0	..	4 (1%)	3 (3%)	0.27
Grade 1	2 (2%)	0	..	2 (2%)	1 (4%)	..	0	2 (7%)	..	0	0	..	0	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Muscle pain	1 (1%)	0	>0.99	1 (1%)	0	>0.99	0	0	..	0	0	..	1 (<1%)	1 (1%)	0.41
Grade 1	1 (1%)	0	..	1 (1%)	0	..	0	0	..	0	0	..	1 (<1%)	1 (1%)	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Anaphylaxis	1 (1%)	0	>0.99	0	0	..	0	0	..	0	0	..	1 (<1%)	0	0.58
Grade 1	1 (1%)	0	..	0	0	..	0	0	..	0	0	..	1 (<1%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Other adverse reactions within 0-7 days															
Drowsiness	0	0	..	0	0	..	1 (1%)	0	>0.99	0	0	..	1 (<1%)	0	0.58
Grade 1	0	0	..	0	0	..	1 (1%)	0	..	0	0	..	1 (<1%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Dizziness	1 (1%)	0	>0.99	0	0	..	0	0	..	0	0	..	1 (<1%)	0	0.58
Grade 1	1 (1%)	0	..	0	0	..	0	0	..	0	0	..	1 (<1%)	0	..
Grade 2	0	0	..	0	0	..	0	0	..	0	0	..	0	0	..
Overall adverse events within 0-30 days															
Any	33 (39%)	3 (11%)	0.015	19 (23%)	6 (21%)	>0.99	15 (18%)	6 (21%)	0.78	11 (13%)	6 (21%)	0.36	78 (23%)	21 (19%)	0.32
Grade 1	30 (36%)	3 (11%)	..	17 (20%)	3 (11%)	..	13 (15%)	4 (14%)	..	5 (6%)	2 (7%)	..	65 (19%)	12 (11%)	..
Grade 2	2 (2%)	0	..	2 (2%)	3 (11%)	..	2 (2%)	1 (4%)	..	6 (7%)	4 (14%)	..	12 (4%)	8 (7%)	..
Grade 3	1 (1%)	0	..	0	0	..	0	1 (4%)	..	0	0	..	1 (<1%)	5 (1%)	..

Data are n (%). Any refers to all the participants with any grade adverse reactions or events. Adverse reactions and events were graded according to the scale issued by the China State Food and Drug Administration. One placebo recipient in the days 0 and 21 schedule reported grade 3 fever (38.5°C), but was self-limited and recovered. Grade 3=severe.

Table 5: A diverse reactions within 7 days and overall adverse events within 30 days after the first and the second vaccinations for all schedules in phase 2

الأعراض الجانبية و فعالية لقاح أسترازينيكا



N° 01/21/ATUU/DMP/VHA/18

**AUTORISATION TEMPORAIRE D'UTILISATION
D'URGENCE**

LE MINISTRE DE LA SANTE

Vu le Dahir n° 1-06-151 du 22 novembre 2006 portant promulgation de la loi n°17-04 portant code du médicament et de la pharmacie notamment ses articles 7 et 16 ;

Vu la procédure de l'Organisation Mondiale de la Santé (OMS) d'inscription sur la liste d'utilisation d'urgence ;

Vu la crise sanitaire due à la pandémie COVID 19 ;

Et après avis de la commission nationale consultative du 04 janvier 2021 ;

DECIDE

ARTICLE PREMIER : L'autorisation temporaire d'utilisation d'urgence est accordée au vaccin :

Nom commercial : COVISHIELD

- **DCI :** Vaccin recombinant contre le Coronavirus ChAdOx1 nCoV- 19
- **Dosage :** 1×10^{11} particules virales (vp)/ml
- **Forme galénique et présentation :** Solution injectable, flacon de 0,5ml (1dose), flacon de 1ml (2 doses), flacon de 2,5ml (5 doses), flacon de 5ml (10 doses), flacon de 10 ml (20 doses)
- **Type de conditionnement primaire :** Flacon en verre transparent de type I avec un bouchon en caoutchouc.
- **Site de fabrication de la substance active :** SERUM INSTITUTE of INDIA Pvt Ltd. 212/2, Hadapsar, Pune 411028 – INDE, sous licence Astra Zeneca
-
- **Site de fabrication et de contrôle du produit fini :** SERUM INSTITUTE of INDIA Pvt. Ltd. 212/2, Hadapsar, Pune 411028 – Inde, sous licence Astra Zeneca
- **Raison sociale du laboratoire ayant eu l'autorisation d'utilisation d'urgence dans le pays d'origine :** SERUM INSTITUTE of INDIA Pvt. Ltd. – Inde

ARTICLE 2 : La composition (pour une dose de 0,5ml) :

Vaccin recombinant contre le Coronavirus ChAdOx1 nCoV- 19

(Adénovirus exprimant la protéine Spike du SARS-CoV-2).....	5×10^{10} pv*
L-Histidine et L-Histidine chlorhydrate monohydraté.....	10 mM
Chlorure de sodium.....	35 mM
Magnesium chloride	1 mM
Polysorbate 80.....	0.1% (w/v)
Sucrose.....	7.5% (w/v)
Ethanol.....	0.5% (w/v)
Edétate Disodique dihydraté (EDTA)	0,1 mM
Eau pour préparations injectables.....	qs

*pv : particules virales

COVISHIELD Solution injectable, flacon de 0,5ml (1dose), flacon de 1ml (2 doses), flacon de 2,5ml (5 doses), flacon de 5ml (10 doses), flacon de 10 ml (20 doses)
1 / 2



Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK



Merryn Voysey^{}, Sue Ann Costa Clemens^{*}, Shabir A Madhi^{*}, Lily Y Weckx^{*}, Pedro M Folegatti^{*}, Parvinder K Aley, Brian Angus, Vicky L Baillie, Shaun L Bamabas, Qasim E Bhorat, Sagida Bibi, Carmen Briner, Paola Cicconi, Andrea M Collins, Rachel Colin-Jones, Clare L Cutland, Thomas C Darton, Keertan Dheda, Christopher J A Duncan, Katherine RW Emary, Katie J Ewer, Lee Fairlie, Saul N Faust, Shuo Feng, Daniela M Ferreira, Adam Finn, Anna L Goodman, Catherine M Green, Christopher A Green, Paul T Heath, Catherine Hill, Helen Hill, Ian Hirsch, Susanne H C Hodgson, Alane Izu, Susan Jackson, Daniel Jenkin, Carina C D Joe, Simon Kerridge, Anthonet Koen, Gaurav Kwatra, Rajeka Lazarus, Alison M Lawrie, Alice Lelliott, Vincenzo Libri, Patrick J Lillie, Raburn Mallory, Ana V A Mendes, Eveline P Milan, Angela M Minassian, Alastair McGregor, Hazel Morrison, Yama F Mujadidi, Anusha Nana, Peter J O'Reilly, Sherman D Padayachee, Ana Pittella, Emma Pleded, Katrina M Pollock, Maheshi N Ramasamy, Sarah Rhead, Alexandre V Schwarzbald, Nisha Singh, Andrew Smith, Rinn Song, Matthew D Snape, Eduardo Sprinz, Rebecca K Sutherland, Richard Tarrant, Emma C Thomson, M Estée Török, Mark Toshner, David P J Turner, Johan Vekemans, Tonya L Villafana, Marion E E Watson, Christopher J Williams, Alexander D Douglas^{*}, Adrian V S Hill^{*}, Teresa Lambe^{*}, Sarah C Gilbert^{*}, Andrew J Pollard^{*} on behalf of the Oxford COVID Vaccine Trial Group†*



	COV002 (UK; LD/SD; N=2741)		COV002 (UK; SD/SD; N=4807)		COV003 (Brazil; all SD/SD; N=4088)	
	ChAdOx1 nCoV-19 (n=1367)	MenACWY (n=1374)	ChAdOx1 nCoV-19 (n=2377)	MenACWY (n=2430)	ChAdOx1 nCoV-19 (n=2063)	MenACWY plus saline (n=2025)
Age, years						
18-55	1367 (100.0%)	1374 (100.0%)	1879 (79.0%)	1922 (79.1%)	1843 (89.3%)	1833 (90.5%)
56-69	0	0	285 (12.0%)	293 (12.1%)	209 (10.1%)	187 (9.2%)
≥70	0	0	213 (9.0%)	215 (8.8%)	11 (0.5%)	5 (0.2%)
Sex						
Female	886 (64.8%)	927 (67.5%)	1378 (58.0%)	1437 (59.1%)	1261 (61.1%)	1156 (57.1%)
Male	481 (35.2%)	447 (32.5%)	999 (42.0%)	993 (40.9%)	802 (38.9%)	869 (42.9%)
BMI, kg/m ²	25.2 (22.8-28.7)	25.3 (22.7-28.8)	25.4 (22.9-28.7)	25.5 (22.9-29.1)	25.6 (22.8-29.1)	25.6 (23.1-29.0)
Ethnicity						
White	1257 (92.0%)	1278 (93.0%)	2153 (90.6%)	2214 (91.1%)	1357 (65.8%)	1366 (67.5%)
Black	6 (0.4%)	2 (0.1%)	17 (0.7%)	14 (0.6%)	230 (11.1%)	210 (10.4%)
Asian	76 (5.6%)	59 (4.3%)	137 (5.8%)	138 (5.7%)	54 (2.6%)	53 (2.6%)
Mixed	19 (1.4%)	22 (1.6%)	48 (2.0%)	42 (1.7%)	410 (19.9%)	386 (19.1%)
Other	9 (0.7%)	13 (0.9%)	22 (0.9%)	22 (0.9%)	12 (0.6%)	10 (0.5%)
Health and social care setting workers	1236 (90.4%)	1253 (91.2%)	1441 (60.6%)	1513 (62.3%)	1833 (88.9%)	1775 (87.7%)
Comorbidities						
Cardiovascular disease	104 (7.6%)	92 (6.7%)	264 (11.1%)	266 (10.9%)	271 (13.1%)	244 (12.0%)
Respiratory disease	158 (11.6%)	176 (12.8%)	285 (12.0%)	316 (13.0%)	215 (10.4%)	210 (10.4%)
Diabetes	18 (1.3%)	15 (1.1%)	58 (2.4%)	60 (2.5%)	59 (2.9%)	60 (3.0%)

Data are n (%) or median (IQR). The primary efficacy population (LD/SD and SD/SD) includes randomly assigned participants who were seronegative at baseline and received LD/SD or SD/SD or were in the corresponding control group, and remained on study more than 14 days after their second dose without having had a previous virologically confirmed severe acute respiratory syndrome coronavirus 2 infection. In addition, for groups in COV002, only efficacy groups (ie, groups 4, 6, 9, and 10) are included. LD/SD=low-dose prime plus standard-dose boost. SD/SD=two standard-dose vaccines given. MenACWY=meningococcal group A, C, W, and Y conjugate vaccine. BMI=body-mass index.

Table 1: Baseline characteristics of participants included in the primary efficacy population, by study and dosing strategy

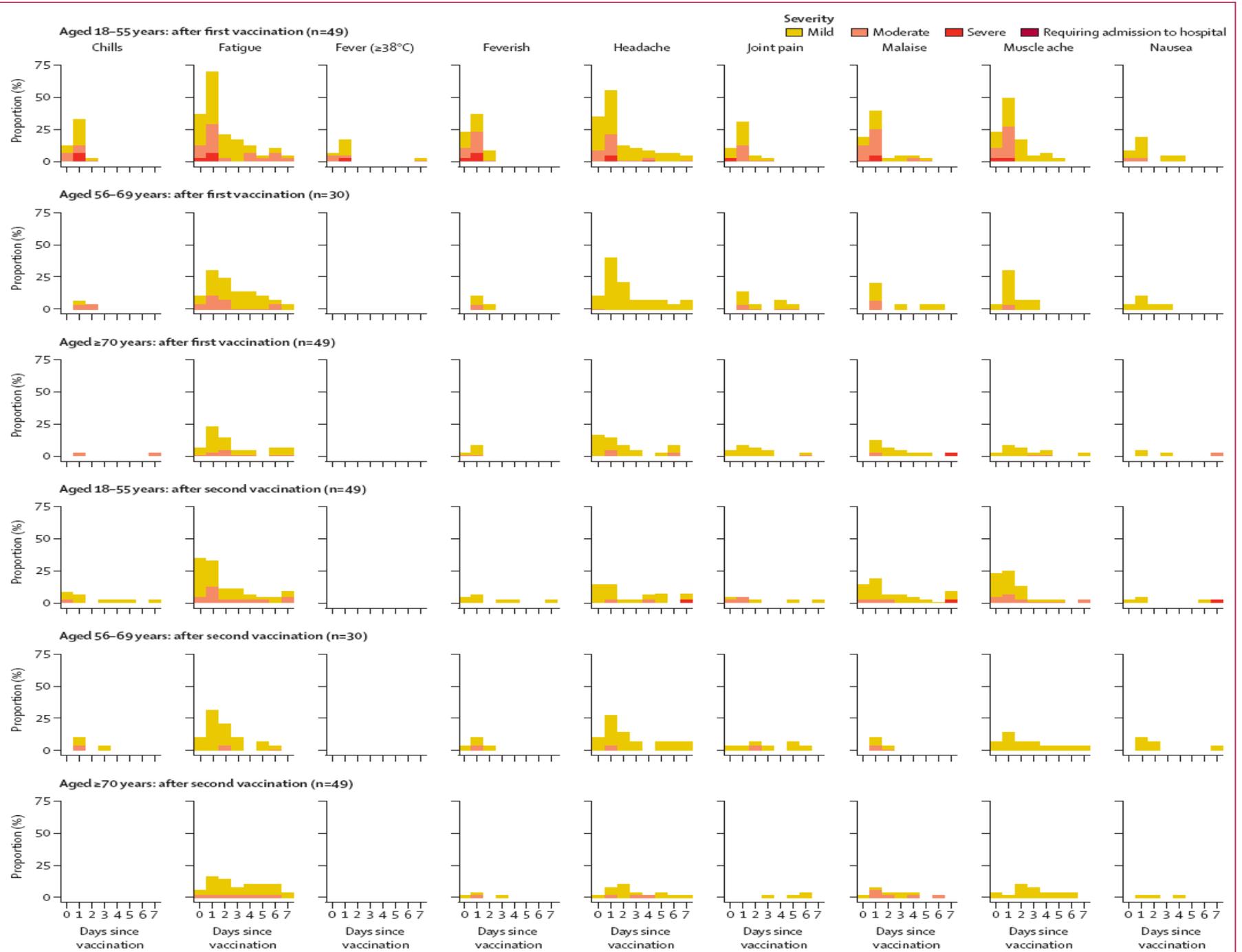


Figure 3: Solicited systemic adverse reactions in the 7 days after prime and boost doses of standard-dose vaccine, by age

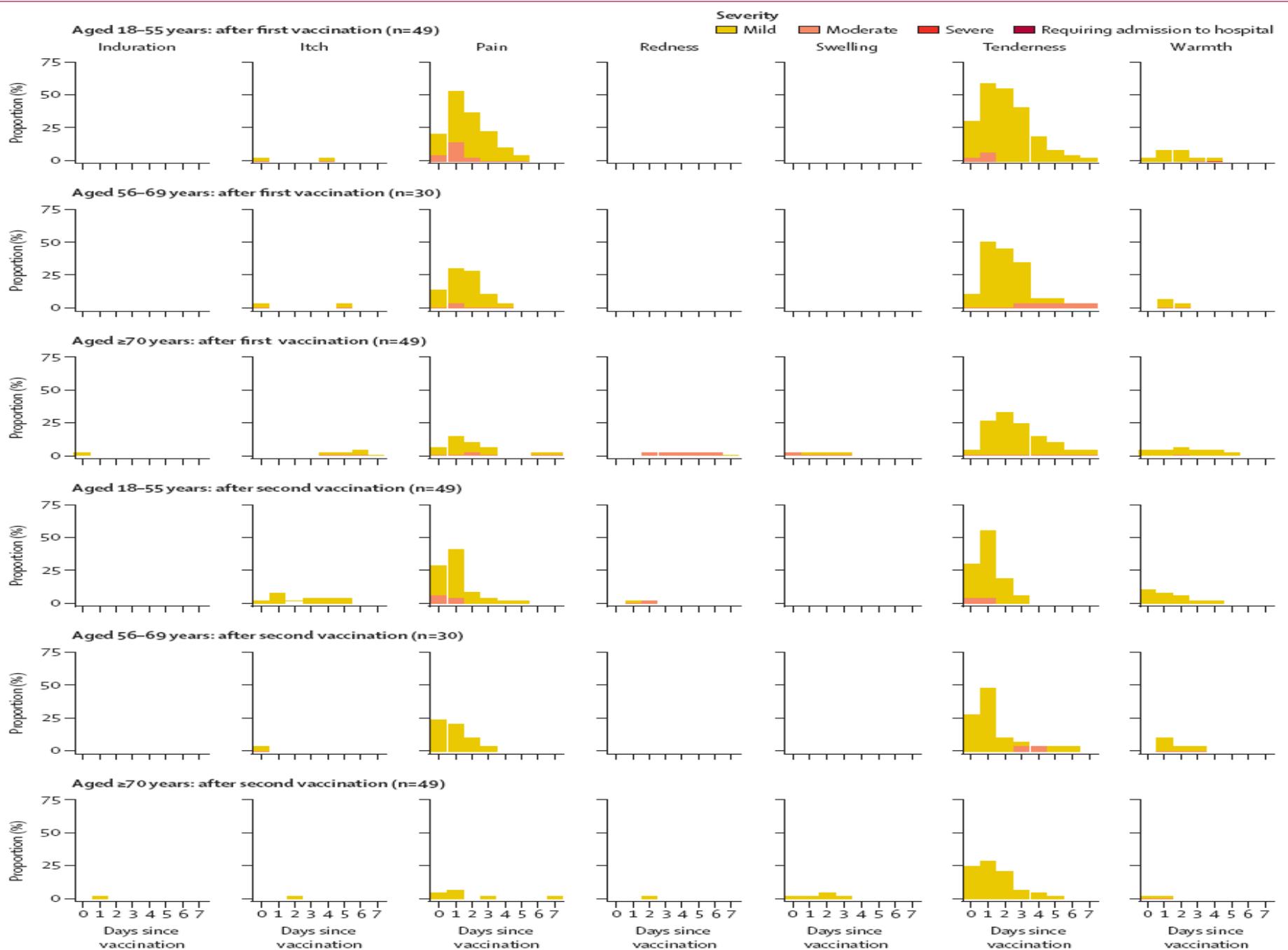


Figure 2: Solicited local adverse reactions in the 7 days after prime and boost doses of standard-dose vaccine, by age

	Total number of cases	ChAdOx1 nCoV-19		Control		Vaccine efficacy (CI*)
		n/N (%)	Incidence rate per 1000 person-years (person-days of follow-up)	n/N (%)	Incidence rate per 1000 person-years (person-days of follow-up)	
All LD/SD and SD/SD recipients	131	30/5807 (0.5%)	44.1 (248 299)	101/5829 (1.7%)	149.2 (247 228)	70.4% (54.8 to 80.6)†
COV002 (UK)	86	18/3744 (0.5%)	38.6 (170 369)	68/3804 (1.8%)	145.7 (170 448)	73.5% (55.5 to 84.2)
LD/SD recipients	33	3/1367 (0.2%)	14.9 (73 313)	30/1374 (2.2%)	150.2 (72 949)	90.0% (67.4 to 97.0)‡§
SD/SD recipients	53	15/2377 (0.6%)	56.4 (97 056)	38/2430 (1.6%)	142.4 (97 499)	60.3% (28.0 to 78.2)
COV003 (Brazil; all SD/SD)	45	12/2063 (0.6%)	56.2 (77 930)	33/2025 (1.6%)	157.0 (76 780)	64.2% (30.7 to 81.5)‡
All SD/SD recipients	98	27/4440 (0.6%)	56.4 (174 986)	71/4455 (1.6%)	148.8 (174 279)	62.1% (41.0 to 75.7)
Other non-primary symptomatic COVID-19 disease¶	18	7/5807 (0.1%)	10.3 (248 299)	11/5829 (0.2%)	16.3 (247 228)	36.4% (-63.8 to 75.3)‡
Any symptomatic COVID-19 disease	149	37/5807 (0.6%)	54.4 (248 299)	112/5829 (1.9%)	165.5 (247 228)	67.1% (52.3 to 77.3)
Asymptomatic or symptoms unknown (COV002)	69	29/3288 (0.9%)	69.8 (151 673)	40/3350 (1.2%)	96.0 (152 138)	27.3% (-17.2 to 54.9)
LD/SD recipients	24	7/1120 (0.6%)	41.4 (61 782)	17/1127 (1.5%)	100.6 (61 730)	58.9% (1.0 to 82.9)‡
SD/SD recipients	45	22/2168 (1.0%)	89.4 (89 891)	23/2223 (1.0%)	92.9 (90 408)	3.8% (-72.4 to 46.3)
Any NAAT-positive swab	221	68/5807 (1.2%)	100.0 (248 299)	153/5829 (2.6%)	226.0 (247 228)	55.7% (41.1 to 66.7)

Vaccine efficacy was calculated from the robust Poisson model. The primary efficacy population (LD/SD and SD/SD) includes randomly assigned participants who were seronegative at baseline and received LD/SD or SD/SD or were in a corresponding control group, and remained on study more than 14 days after their second dose without having had a previous virologically confirmed SARS-CoV-2 infection. In addition, for groups in COV002, only efficacy groups (ie, groups 4, 6, 9, and 10) are included. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. LD/SD=low-dose prime plus standard-dose boost. SD/SD=two standard-dose vaccines given. NAAT=nucleic acid amplification test. *CIs are 95% unless indicated otherwise. †95.8% CI used for primary analysis. ‡Vaccine efficacy calculated from a reduced robust Poisson model that was not adjusted for age. All other models included an adjustment for age. §p value for interaction term comparing LD/SD with SD/SD is p=0.010. ¶Other non-primary symptomatic COVID-19 disease includes cases who have symptoms other than the five main symptoms that are required for inclusion in the primary analysis (eg, a participant who has diarrhoea and malaise but no fever, cough, shortness of breath, anosmia, or ageusia).

Table 2: Efficacy against SARS-CoV-2 more than 14 days after a second dose of ChAdOx1 nCoV-19 vaccine in the primary efficacy population

البرنامج

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- نتائج الإستبيان : تخوفات أطباء مغاربة
- الحضور و الشكر



Intention to get vaccinations against COVID-19 in French healthcare workers during the first pandemic wave: a cross-sectional survey

A. Gagneux-Brunon^{a,b,c,d,*}, M. Detoc^{a,b}, S. Bruel^e, B. Tardy^b, O. Rozaire^f, P. Frappe^{b,e}, E. Botelho-Nevers^{a,b,c,d}

^a Department of Infectious and Tropical Diseases, University Hospital of Saint-Etienne, Saint-Etienne, France

^b Centre d'investigation Clinique 1408-INSERM, University Hospital of Saint-Etienne, Saint-Etienne, France

^c Groupe Immunité des Muqueuses et Agents Pathogènes EA3064, University Jean Monnet, Université de Lyon, Saint-Etienne, France

^d Institut PRESAGE, Chaire Prévention Vaccination et Contrôle de L'Infection, University Jean Monnet, Université de Lyon, Saint-

Factors associated with COVID-19 vaccine acceptance expressed with odds ratio, in multivariable analysis

	N (%)	Univariate analysis	P	Multivariable analysis	P
Gender					
Female	1116/1515 (73.7)	Ref	<0.001	Ref	<0.001
Male	458/532 (86.1)	2.21 (1.69–2.9)		1.88 (1.38–2.56)	
Age					
Under 30 years	323/465 (69.5)	Ref	<0.001	Ref	0.005
30–49 years	734/969 (75.7)	1.37 (1.07–1.76)		1.27 (0.96–1.69)	
50–64 years	460/549 (83.8)	2.27 (1.68–3.07)		1.29 (1.08–1.53)	
Over 65 years	57/64 (89.1)	3.45 (1.53–7.77)		1.27 (0.93–1.74)	
Professions					
Physicians	397/431 (92.1%)	Ref	<0.001	Ref	0.005
Pharmacists	445/501 (88.8)	0.68 (0.43–1.06)		0.63 (0.37–1.05)	
Nurses	240/371 (64.7)	0.16 (0.10–0.24)		0.57 (0.45–0.73)	
Assistant nurses	131/218 (60.1)	0.13 (0.08–0.20)		0.66 (0.54–0.81)	
Midwives	26/37 (70.3)	0.20 (0.09–0.44)		0.81 (0.64–1.02)	
Physiotherapists	23/24 (95.8)	1.97 (0.26–15.03)		1.19 (0.77–1.82)	
Others	312/465 (67.1)	0.17 (0.12–0.26)		0.9 (0.85–0.95)	
Chronic medical conditions					
No	1212/1571 (77.1)	Ref	0.780		
Yes	352/460 (76.5)	0.96 (0.75–1.23)			
Flu vaccine during the previous season					
No	508/873 (58.2)	Ref	<0.001	Ref	<0.001
Yes	1066/1172 (90.9)	7.22 (5.68–9.19)		4.69 (3.59–6.11)	
Fear about COVID-19					
No	736/1062 (69.3)	Ref	<0.001	Ref	0.001
Yes	838/985 (85.1)	2.03 (1.58–2.61)		1.58 (1.21–2.07)	
Perceived individual risk					
No	442/726 (60.9)	Ref	<0.001	Ref	<0.001
Yes	1132/1320 (85.8)	2.09 (1.7–2.57)		2.48 (1.93–3.2)	
Vaccine hesitancy					
No	1229/1516 (81.1)	Ref	<0.001	Ref	<0.001
Yes	345/531 (65)	0.35 (0.27–0.44)		0.37 (0.29–0.48)	

Only variables with a P-value < 0.2 in univariate analysis were integrated in the model. Ref, reference.

2047 Professionnels de la Santé,
74% de femmes

RÉSULTATS:

76,9%, : accepteraient un vaccin
COVID-19.

Paramètres positifs à la Vaccination:

- Age plus avancé,
- Sexe masculin, l
- Peur du COVID-19,
- Risque perçu par l'individu
- Vaccination contre la grippe au
cours de la saison précédente

Catégories:

- Infirmières et Infirmières
auxiliaires : moins que médecins
- Hésitants à la vaccination associés
à une diminution de l'acceptation
du vaccin COVID-19.



Associations of COVID-19 risk perception with vaccine hesitancy over time for Italian residents

Marta Caserotti ^{a,*}, Paolo Girardi ^{a,b}, Enrico Rubaltelli ^a, Alessandra Tasso ^c, Lorella Lotto ^a, Teresa Gavaruzzi ^{a,d}

^a Department of Developmental Psychology and Socialization, University of Padova, Italy

Par rapport à la phase de pré-confinement, pendant le verrouillage, plus de personnes étaient disposées à se faire vacciner contre le COVID-19, indépendamment de leurs croyances sur les vaccins, et à mesure que la perception du risque augmentait, l'intention d'accepter le vaccin augmentait également.

L'acceptation du vaccin contre la grippe a augmenté après la phase de déconfinement.

De plus, l'intention de se faire vacciner contre le COVID-19 et contre la grippe augmentait s'il y avait un comportement antérieur de vaccination contre la grippe, mais **diminuait avec les doutes croissants sur les vaccins en général.**

Public Willingness to Participate in COVID-19 Vaccine Clinical Trials: A Study from Jordan

This article was published in the following Dove Press journal:
Patient Preference and Adherence

Rana K Abu-Farha¹
Karem H Alzoubi²
Omar F Khabour³

¹Department of Clinical Pharmacy and
Therapeutics, Faculty of Pharmacy,
Applied Science Private University

Purpose: The development and production of novel vaccine to prevent COVID-19 is an international imperative to human lives. For that purpose, clinical trials have to be carried out as per international ethical standards. The current study was undertaken to examine the willingness to participate in COVID-19 vaccine clinical trials and to determine factors that might affect their decision to participate.

Patients and Methods: A cross-sectional survey study was carried out among the public in

Purpose: The development and production of novel vaccine to prevent COVID-19 is an international imperative to human lives. For that purpose, clinical trials have to be carried out as per international ethical standards. The current study was undertaken to examine the willingness to participate in COVID-19 vaccine clinical trials and to determine factors that might affect their decision to participate.

Patients and Methods: A cross-sectional survey study was carried out among the public in Jordan. During the study period, a convenience sample of adults (aged 18 years or above) were asked to participate via an online self-administered survey that was designed to evaluate the willingness to participate in COVID-19 vaccine clinical trials and to determine factors affecting their decision to participate.

Results: Results showed that, among participants (n=1,287), 36.1% reported to be willing to participate in clinical trials of the vaccine. Additionally, a lower percentage (18.1%) were willing to allow their children to participate. Motivators that encourage participation were the desire to return to normal life (73.2%), followed by the desire to help in finding a treatment for COVID-19 infection (68.1%). Barriers towards the participation were not wanting to be challenged by the virus (54.7%), fear (40.7%), lack of time (40.4%), and mistrust in pharmaceutical companies (38.9%). Finally, results showed that higher educational level was associated with lower willingness to participate ($P=0.001$), whereas having a previous participation in clinical studies is associated with a significantly higher willingness to participate in COVID-19 vaccine clinical trials ($P<0.001$).

Conclusion: A good portion of Jordanians are positive regarding participation in clinical studies of COVID-19 vaccine. Educational level and previous participation in clinical studies were among the determinants of such willingness. In addition, fear and lack of time were among the barriers of participation.

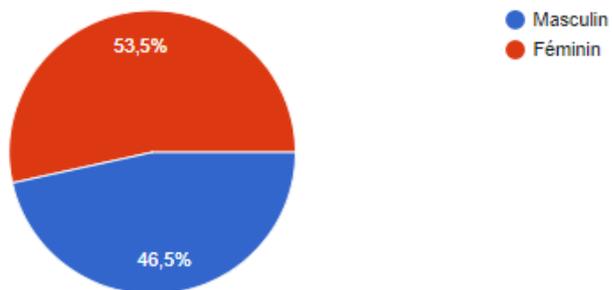
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- الحضور و الشكر

خصائص العينة

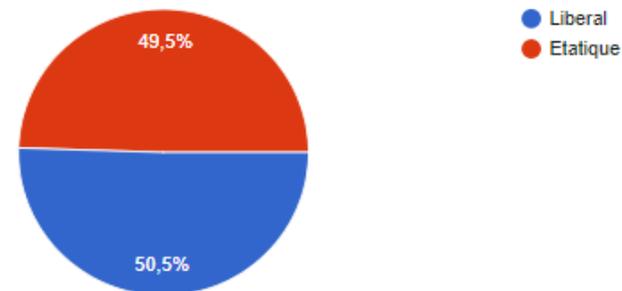
Votre sexe:

101 réponses



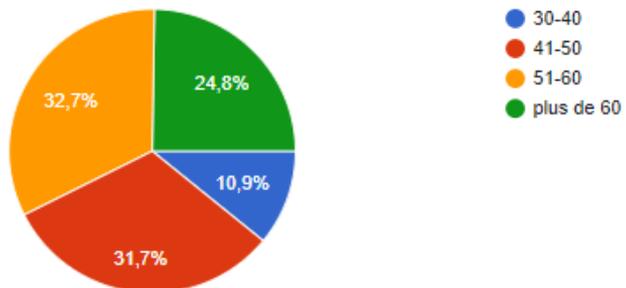
Secteur:

101 réponses



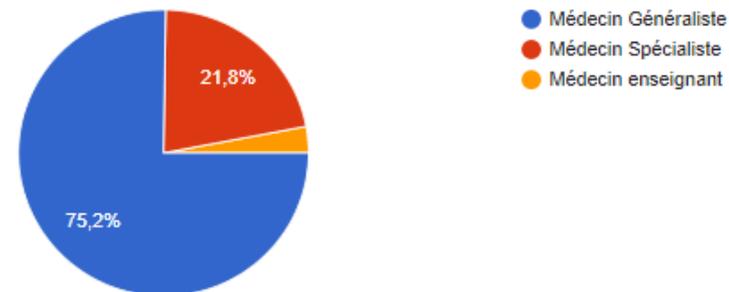
Votre Age:

101 réponses



Activité

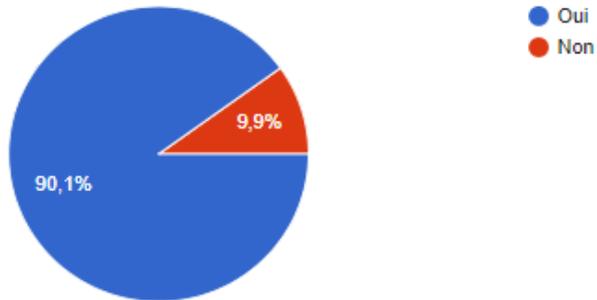
101 réponses



النتائج 1

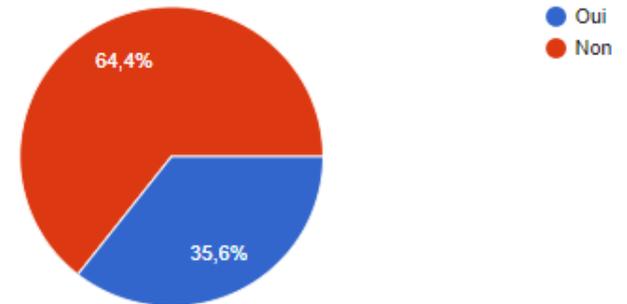
Allez-vous vous faire vacciner?

101 réponses



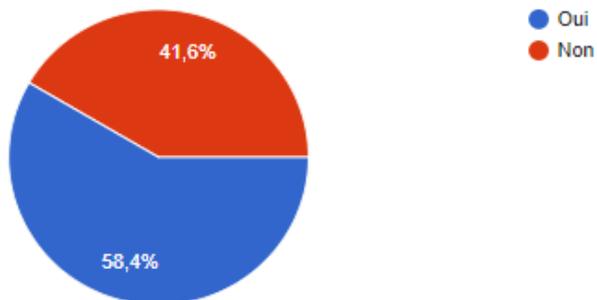
Les craintes sont en rapport avec la confiance dans les vaccins en général?

59 réponses



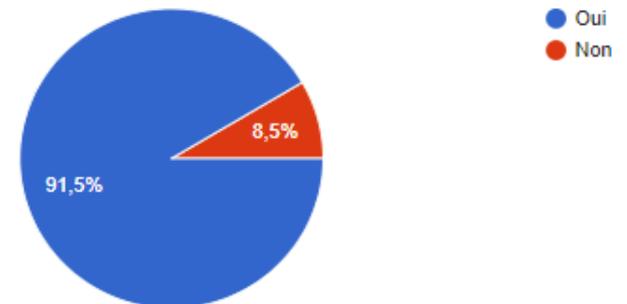
Avez-vous des craintes par rapport aux vaccins autorisés au Maroc?

101 réponses



Les craintes sont en rapport avec la confiance dans les vaccins contre CoViD-19?

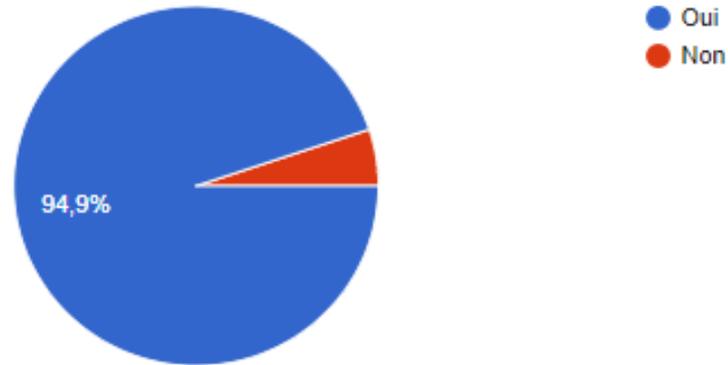
59 réponses



النتائج 2

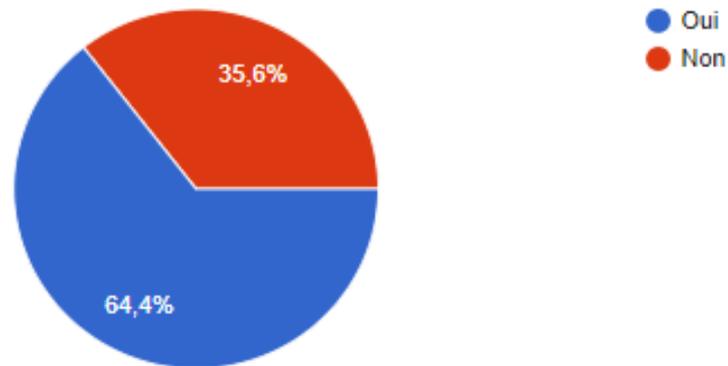
Les craintes sont en rapport avec d'éventuels effets secondaires?

59 réponses



Les craintes sont en rapport avec l'efficacité des deux vaccins?

59 réponses



تلخيص دراسة حالة الثقة باللقاحات لسنة 2016: رؤى عالمية من خلال مسح قطري ل 67 بلدا

The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey Summary in Arabic

هيدي ج. لارسون- ألكسندر دوفيكريديو - زاهو كسيهونك - وليام س. سولز - بير فيرجر - ج. جونسون - أليكس كوك - نيك س. جونسون.

Larson HJ, de Figueiredo A, Xiahong Z, Schulz WS, Verger B, Johnston IG, Cook AR, Jones NS.

The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey. EBioMedicine. 2016 Oct;12:295-301

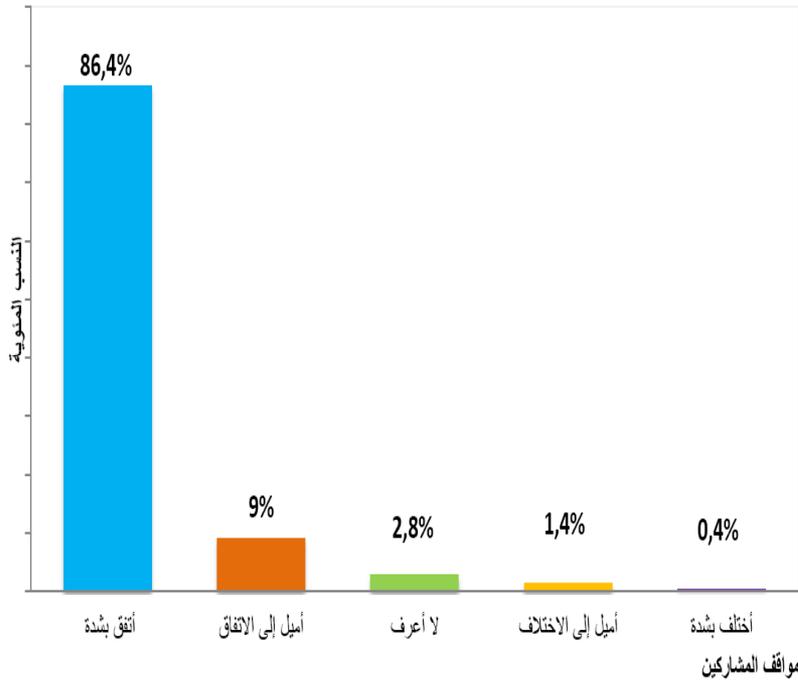
وتم جمع البيانات الخاصة باللقاحات والمخاطر الاجتماعية والاقتصادية في هذه الدراسة من خلال مسح استقصائي للرابطة الدولية المستقلة وين-غالوب (WIN/Gallup). وتجري الدراسة الاستقصائية (WIN/Gallup) بشكل سنوي منذ 1977. وفي 2015 تعاونت الرابطة وين-غالوب الدولية مع مشروع الثقة باللقاحات في مدرسة لندن للتطافة الصحية والطب للداري (the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine) وظمت بتوسيع نطاق دراستها الاستقصائية السنوية التي أجريت في 67 بلدا لتشمل أربعة أسئلة تتعلق بمواقف نحو اللقاحات. وأجريت مقابلات مع ما مجموعه 65.819 شخصا

تشكل الثقة باللقاحات مسألة متزايدة الأهمية علي الصعيد العالمي في مجال الصحة العامة، حيث يمكن أن يؤدي انخفاض معدلات الثقة باللقاحات وبرامج التمنيع إلى العزوف عن اللقاحات ورفضها، وللمخاطرة بتفشي الأمراض، وقد دعا فريق الخبراء الاستشاري الاستراتيجي المعني بالتحصين للتلحاح لمنظمة الصحة العالمية (2014)، وكذلك برامج التحصين الوطنية (الإدارة الأمريكية للخدمات الصحية والبشرية 2015) إلى تحسين رصد الثقة باللقاحات لمعالجة ثغرات الثقة، وتحديد لوائح والشواغل الناشئة قبل أن تتطور، لتجنب أزمات الثقة وعوالمها علي الصحة العامة.



ترجمة:

اغراوش عبد الرحمان
طالب باحث بكلية الطب
والصيدلة بفاس
عضو نادي التواصل الصحي



الشكل رقم (13): نسب أجوبة أفراد العينة حسب درجة الاتفاق مع أهمية اللقاحات (العدد= 500)

Respondents who strongly agree (%)
0-29.9 30-39.9 40-49.9 50-59.9 60-69.9 70-79.9 80-89.9 90-99.9

November, 2015

November, 2018

A Vaccines are safe

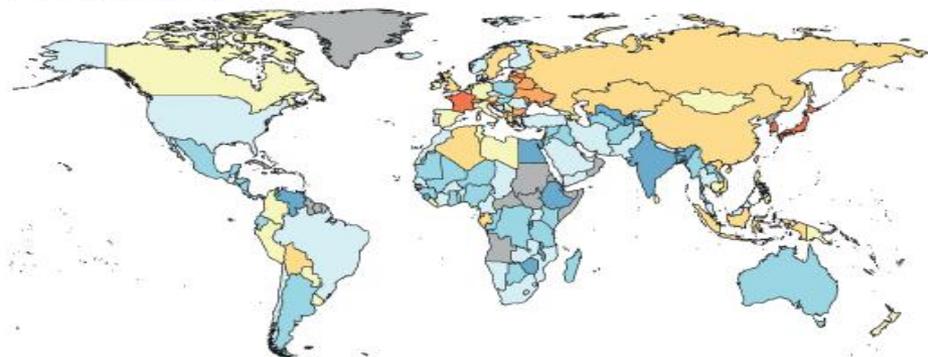
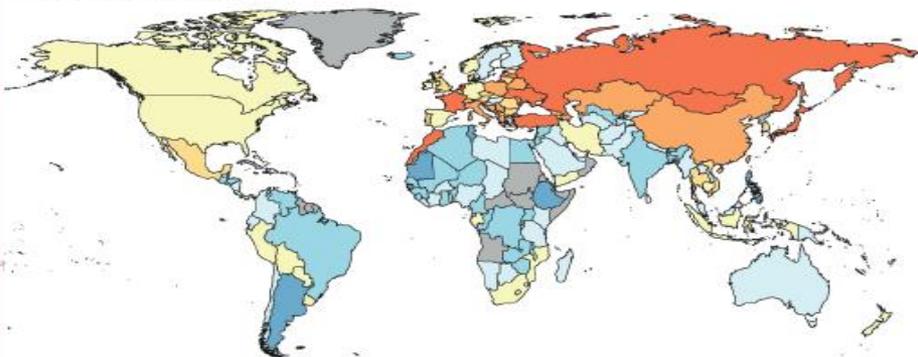
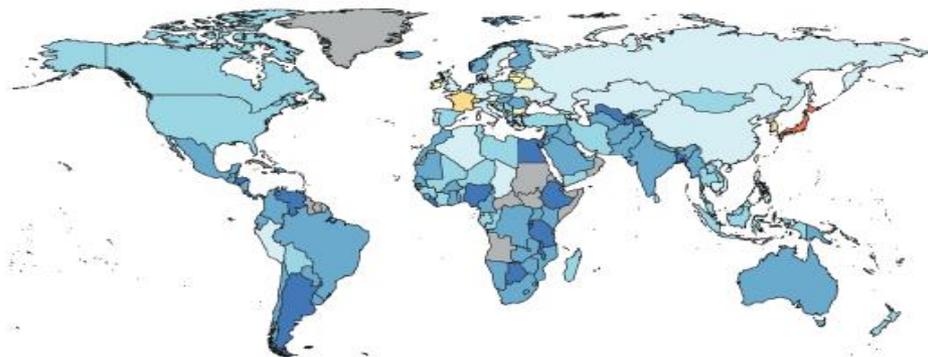
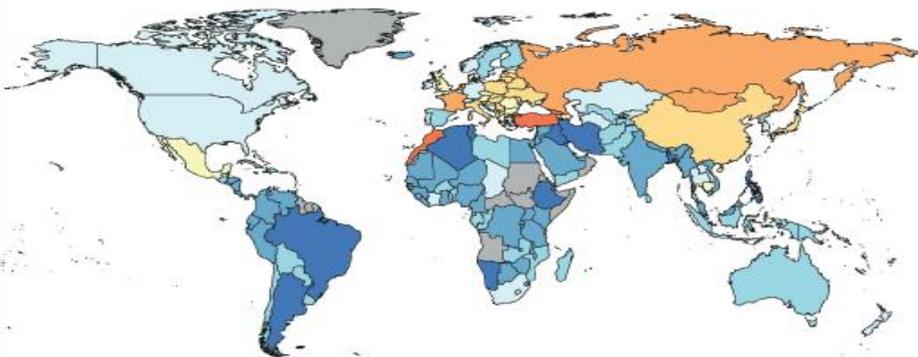
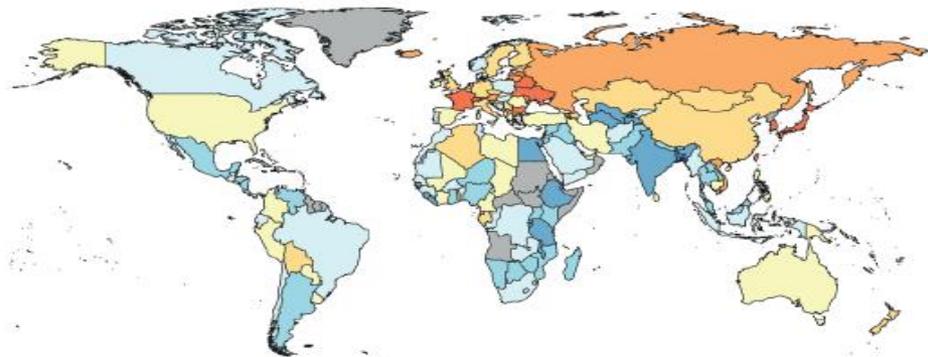
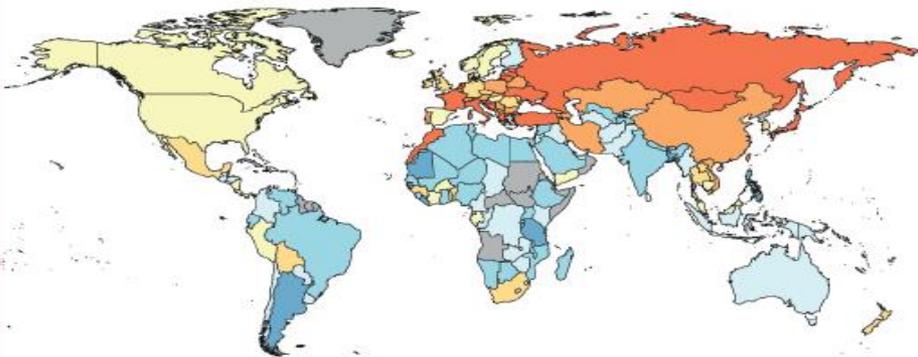
B Vaccines are safe

C Vaccines are important

D Vaccines are important

E Vaccines are effective

F Vaccines are effective



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De ELASRI à Tout le monde:

شكر الله لكم أساتذتنا الكرام على
تنويركم لنا... بفضل الله و بفضل
توجيهاتكم نعبير عن انخراطنا و
مشاركتها غير المشروطة لإنجاح
الحملة الوطنية... حفظكم الله
...ورعاكم

محمد الشرايبي



أحمد عزيز بوصفيحة

د. إلهام السملالي ا

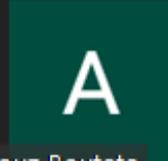


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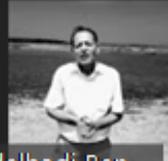


EL ADIB Ahmed...

Manssour



Azzouz Boutata



Abdelhadi Ben...



khansaa



Nafissa IZOUAR

Galaxy A30s

atiqa BELHAJE

Dadi

Chawki



SAMIRA ACHA...



dr Abid Marra...

Narjis

Abdel ilah Chiheb

vpro

Ayman H



Temsamani Ltifa

Dr ROTBI

Issam Karkour

iPhone de ilham...

Jojo ipad

Ali Khatouri	Allali	Alami	hajar Walim	Abouseir
ELASRI	harti souad	Aziz Alami	Galaxy S20+	Arika
El Alami	Dr fatima taouf...	iPhone	Bertul Abderrah...	Samira Morjani
TANNOUCHE BE...	Ahlam Fah	air	Selmabenmlih	Samsung Galaxy...
FU	Sanae	Abdenacer Fikri	Majid Farsal	Elkostli fatiha



Abdenacer Fikri

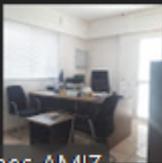


Majid Farsal

Elkostli fatiha

Abdelilah Aouad

Abassor



Younes AMIZ



ABDELILLAH A...

El bhioui fatima

Dr rajaa

Wahiba



Mohamed Bent...

YASSINE EL HAL...

iPad

Aicha ayyache

Galaxy S8+

3/3

3,

Houda

Mlih fatiha

nadia bouhlal

BOUTALEB

Jawad Araqi Ho...

Dr Alaoui ghita

Issam Karkour

MABCHOUR



Dr fatima taouf...



Ahmed IDRISI

LIVE sur YouTube ▾

أحمد عزيز بوصفيحة est en train de parler...

Affichage

BOUTALEB

Jawad Araqi Ho...

Dr Alaoui ghita

MABCHOUR

f

Dr fatima taouf...

Rachid LACHKAR

SEKKAT ABDELI...

leghzaoui

Dr. MOUAKI Mo...

Sc

Alami



Ahmed IDRISSE

Sabah kdi

Galaxy J4

Bouchoua

iPhone

TANNOUCHE BE...

فاطمة الظاهر

Mhammed El ac...

Dr Najat yaagoubi

Rajaa Benhaddou

iPhone de Laila

Houda

Galaxy S8+

Y

YASSINE MEGH...

هل آخذ اللقاح ؟ يكفي أن تختار إحدى الحالتين :

احتمال

مضاعفات جانبية للقاح

الحمى : 11%

ألم موضع اللقاح : 51%

الوفيات : أقل من 0,1 / 100.000

أعراض خطيرة متأخرة :

0,01 / 100.000

خطر

الإصابة بكوفيد في المغرب

1300 في كل 100.000 نسمة

الوفيات : 21 في كل 100.000



التلقيح ضد الكوفيد 19.. واجب وطني لحماية أنفسنا والآخرين

