

Pfizer-BioNTech vaccine for covid19, BNT162b2. Information for health professionals at both side of the Atlantic. By Juan Gérvas.

Pfizer's vaccine is the same on both sides of the Atlantic. But the official information to health professionals is not the same.

What could be the justification? In theory some ethnic background could explain some concern, but in this case we have no information at all.

Perhaps there are more «pro-industry» countries (promoting the use of vaccines, and increase the benefits), as we can notice comparing the USA (more) and the UK (less).

Perhaps there is also a different «risk-taking style» more liberal in the USA (compare with the UK).

There is also a more «biological» approach, with more trust in vaccines (the USA) versus a more «social» approach which see vaccines that are just one barrier, but the best are social barriers (the UK).

But all of this is highly speculative and we can only have a look at the differences.

You can compare the information for professionals in the USA and in the UK.

See the originals:

USA

<https://www.fda.gov/media/144413/download>

UK

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943417/Information_for_healthcare_professionals.pdf

-for example:

USA:

COMORBIDITY: NO ONE WORD.

UK:

There were no meaningful clinical differences in overall vaccine efficacy in participants who were at risk of severe COVID-19 disease including those with one or more comorbidities that increase the risk of severe COVID-19 disease (for example asthma, BMI \geq 30 kg / m², chronic pulmonary disease, diabetes mellitus, hypertension).

USA:

FEVER: NO ONE WORD.

UK:

The administration of COVID-19 mRNA Vaccine BNT162b2 should be postponed in individuals suffering from acute severe febrile illness.

USA:

Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.

UK:

Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the vaccine. No data are available about concomitant use of immunosuppressants.

USA

Pregnancy Risk Summary. All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

UK

Pregnancy There are no or limited amount of data from the use of COVID-19 mRNA Vaccine BNT162b2. Animal reproductive toxicity studies have not been completed. COVID-19 mRNA Vaccine BNT162b2 is not recommended during pregnancy. For women of childbearing age, pregnancy should be excluded before vaccination. In addition, women of childbearing age should be advised to avoid pregnancy for at least 2 months after their second dose.

USA

Lactation Risk Summary Data are not available to assess the effects of Pfizer-BioNTech COVID-19 Vaccine on the breastfed infant or on milk production/excretion.

UK

Breast-feeding. It is unknown whether COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. A risk to the newborns/infants cannot be excluded. COVID-19 mRNA Vaccine BNT162b2 should not be used during breast-feeding.

USA

FERTILITY: NO ONE WORD.

UK

Fertility It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility

Animal studies into potential toxicity to reproduction and development have not been completed.

USA

ANTICOAGULANT THERAPY: NO ONE WORD.

UK

Individuals receiving anticoagulant therapy or those with a bleeding disorder that would contraindicate intramuscular injection, should not be given the vaccine unless the potential benefit clearly outweighs the risk of administration.

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