Pfizer-BioNTech COVID-19 Vaccine
Aftercare Sheet/Immunization Notice
Taiwan Centers for Disease Control, Ministry of Health and Welfare, May

16,2022

A reminder to parents/guardians from your child's school, _____, in ____ City/County

On ______ yyyy/mm/dd, your child ______ (Grade: ___Class: ___ Roll Number: _____)

□ Received the Pfizer-BioNTech COVID-19 Vaccine

\Box 1st Dose \Box 2nd Dose \Box **Booster dose (aged 12~17 years)**

Stamp of health department/contracted medical institution:

[After vaccination: What you need to know]

- The most common side effects that occur after vaccination are pain, redness, or swelling 1. at the injection site, which usually go away within several days. Other possible reactions include fatigue, headache, muscle ache, fever, chills, joint pain, and nausea. Most reactions are mild and resolved within a few days. Clinical trials show that side effects are more common after the second dose compared to the first.
- 2. Your child may develop a fever (≥38°C) after vaccination. This usually goes away within 48 hours. If a fever persists for more than 48 hours or your child experiences severe allergic reactions such as difficulty breathing, wheezing, vertigo, fast heartbeat, or rash, get urgent medical attention to clarify the cause.
- Rare and mostly mild cases of myocarditis and pericarditis have been observed in 3. adolescents after vaccination with the mRNA COVID-19 vaccines, according to both the World Health Organization' s Global Advisory Committee on Vaccine Safety (GACVS) and Taiwan's ACIP recommend. Seek medical attention for your child immediately if symptoms of myocarditis or pericarditis occur within 28 days after vaccination. These symptoms include :

chest pain, pressure, or discomfort; palpitations (a heartbeat that feels irregular, fluttery, or as if it is skipping a beat); syncope (fainting), shortness of breath; exercise intolerance (for example, becoming out of breath after walking a few steps or being unable to climb stairs).

- 4. Inform the doctor of your child' s vaccination history. Clinicians will need to rule out other potential causes of myocarditis and pericarditis, which include SARS-CoV-2 infection, other viral infections and conditions. Suspected severe adverse reactions can be reported to the Vaccine Adverse Event Reporting System (https://www.cdc.gov.tw/-Category/Page/3-aXITBq4ggn5Hg2dveHBg) via your child' s health care provider or local health department.
- 5. Although vaccination reduces the chance of contracting COVID-19, it is still possible to become infected with SARS-CoV-2. Vaccinated people should continue to follow epidemic prevention guidelines to protect their health.
- 6. After vaccination, a COVID-19 Vaccination Record will be issued. Please keep this card in a safe place. This card must be presented at the second-shot appointment. Once it is filled in with information about both vaccine doses, the card can be used as proof of vaccination.

Your child was not vaccinated with the Pfizer-BioNTech COVID-19 Vaccine. (Reason: _____)

	(Please return this slip to the school after your child receives a COVID-19 vac	cine.)
City/county: School: Grade	e: Class: Roll number:	
Student' s name : Natio	nal ID/resident certificate/passport number:Was	
vaccinated with the		
Pfizer-BioNTech COVID-19 Vaccine	t Dose □2nd Dose □Booster dose on yyyy/mm/dd	
Stamp of h	ealth department/contracted medical institution	

Stamp of health department/contracted medical institution:

Adverse reactions and frequency rate in the 7 days after primary series, as observed during Phase III clinical trials 1,2

	Frequency		
Adverse reactions	Individuals aged 16 and older	Individuals aged 12 to 15	Individuals aged 5 to 11
Pain at injection site	84.1%	90.5%	84.3%
Fatigue	62.9%	77.5%	51.7%
Headache	55.1%	75.5%	38.2%
Muscle ache	38.3%	42.2%	17.5%
Chills	31.9%	49.2%	12.4%
Joint aches	23.6%	20.2%	7.6%
Injection Site welling	10.5%	9.2%	20.4%
Fever (>38°C)	14.2%	24.3%	8.3%

Adverse reactions from clinical trials and post-authorization experience in individuals aged 5 and up³

Frequency	Adverse reactions
Very common (≥1/10)	Headache, Diarrhea, Arthralgia, Myalgia, Injection site pain, Fatigue, Chills, Pyrexia ^a , injection site swelling
Common (≥1/100~ <1/10)	Nausea, Vomiting, Injection site redness ^b
Uncommon (≥1/1,000~ <1/100)	Lymphadenopathy ^c , Hypersensitivity reactions (e.g. rash, pruritus, urticaria ^d , angioedema ^d), Decreased appetite, Insomnia, Hyperhidrosis, Night sweats, Lethargy, Pain in extremity ^e , Malaise, Injection site pruritus
Rare (≥1/10,000~<1/1,000)	Acute peripheral facial paralysis ^f
Very rare (<1/10,000)	Myocarditis ⁹ , Pericarditis ⁹
Not known	Anaphylaxis, Hypersensitivity, Paraesthesia ^g , Hypoaesthesia ^g , Erythema multiforme ^g , Extensive swelling of vaccinated limb ^g ; Facial swelling ^h

a. A higher frequency of pyrexia was observed after the second dose compared to the first dose.

b. Injection site redness occurred at a higher frequency (very common) in children 5 to 11 years of age.

c. A higher frequency of lymphadenopathy (2.8% vs. 0.4%) was observed in participants receiving a booster.

d. The frequency category for urticaria and angioedema was rare.

e. Refers to vaccinated arm.

f. Through the clinical trial safety follow-up period to 14 November 2020, acute peripheral facial paralysis (or palsy) was reported by four participants in the COVID-19 mRNA Vaccine group. Onset was Day 37 after Dose 1 (participant did not receive Dose 2) and Days 3, 9, and 48 after Dose 2. No cases of acute peripheral facial paralysis (or palsy) were reported in the placebo group.

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cares about you

g. Adverse reaction determined post-authorisation.

h. Facial swelling in vaccine recipients with a history of injection of dermatological fillers has been reported in the post-marketing phase.

- References
- https://www.fda.gov/media/153713/download

https://www.fda.gov/media/153714/download https://www.ema.europa.eu/en/documents/product-information/spikevax-previously-covid-19-vaccine-moderna-epar-product-information_en.pdf

Regards from your Department of Health

__Department of Health

Contact: _____

School

Contact: