



COVID-19 SMA Vaccine Update Mexico - English

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The Weekly Vaccine Update is designed to keep you informed regarding COVID-19 vaccine news in Mexico. It supplements and reinforces information provided through the COVID-19 SMA website or FB page, which should be read daily. Information comes from reliable sources, which are referenced throughout the article. I felt that this was getting way too long, and repeated information each week, so I have shorted it to just include updates, some important repeats, and a FAQ section. I hope this is better!

Vaccine update this past week – the national level

Planned vaccines to cover the whole country (no change): During the February 16, 2021 daily briefing, the government provided updated information regarding expected shipments of vaccines from expected sources as follows (in doses). The total below provides Mexico with the 232.33 million doses needed to cover the entire country.

- CoVax – 15.5 million (not yet approved)
- AstraZeneca – 77.4 million
- Pfizer – 34.4 million
- CanSino – 35 million
- Sputnik V – 22 million
- Sinovac (CoronaVac)– 22 million

There are still five approved vaccines: Mexico has approved the Pfizer-BioNTech vaccine, the AstraZeneca vaccine, the Sputnik V vaccine, the CanSino and Sinovac (CoronaVac). Mexico has not approved any other vaccine to date.

Vaccine arrivals this past week

Shipment number	Arrival date	Arrival location	doses	Product
17	27-feb-2021	Ciudad de México	800,000	Sinovac (CoronaVac)
18	2-mar-2021	Guadalajara	156,000	Pfizer
19	2-mar-2021	Monterrey	106,275	Pfizer

20	2-mar-2021	Ciudad de México	381,225	Pfizer
21	2-mar-2021	Querétaro	208,650	Pfizer
		Total doses	1,652,150	

Sinovac (CoronaVac) – the vaccine is in storage pending final paperwork

Pfizer – doses to be distributed in 38 urban zones due to refrigeration requirements

<https://www.gob.mx/salud/prensa/094-vacunacion-para-todo-el-personal-del-sector-salud-esta-garantizada>

Vaccine progress this past week: According to the March 3, 2021 daily briefing, a total of **2,633, 580 vaccine doses** have been applied to date of Pfizer, AstraZeneca, CanSino and Sputnik V vaccines.

Vaccination coverage of the elderly: Data from the national statistics institute (INEGI) as of 2020 estimate that there are 126,014,024 people in Mexico. Approximately 15,000,000 persons (8.4% of women and 5.6% of men) are over 60 years of age. **By March 3rd, 1,260,221 (1.4%) of those had received their first dose of a vaccine.**

<https://www.gob.mx/salud/prensa/094-vacunacion-para-todo-el-personal-del-sector-salud-esta-garantizada>

<https://www.inegi.org.mx/temas/estructura/>

Vaccine update this past week – Guanajuato and San Miguel de Allende

What is the current COVID-19 official status for Guanajuato this week? The state is still in **Orange** (1-7 of March). Essential businesses such as electricity, construction may now operate. Other services such as restaurants, clubs, gyms, bars may operate at 30%. Hard liquor cannot be sold after 10 pm. Department stores, markets, supermarkets can let in only one family member at a time. No more than 100 people in open air events. Fiestas Patronales, Peregrinajes, mass events are still not allowed. <https://reactivemosgto.guanajuato.gob.mx/>

Vaccine arrivals this past week – Guanajuato:

- No shipments arrived this week, though the national level received vaccines which should be distributed this coming week to urban areas.
- The state government is hoping to purchase its own vaccines directly from the vaccine manufacturers, however it has yet to obtain approval from the national level.

Vaccination progress – Guanajuato and San Miguel de Allende

Phase I: The Mexican government has extended Phase 1, vaccination of health personnel to ensure that all health personnel receive their second dose of the vaccine.

Phase II: Vaccination of the elderly. This phase began on February 15, 2021. All those over 60 years of age are eligible.

Vaccine coverage of the elderly: Data from the national statistics institute as of 2020 estimate that there are 6,166,394 people living in Guanajuato. The national statistics institute INEGI does not provide the number of persons over 60, but if we apply the national percentage of 14% (men plus women) we can estimate a total of approximately 863,295 persons over 60 years of age. Again, all vaccines require two doses, so we can multiply that by two. I am having difficulty getting the number of doses applied to the elderly in Guanajuato from state and national data. I contacted the state and was told that it does not collect that information; it is only available on the national level, however it is not included in the daily briefings. <https://www.gob.mx/salud/prensa/094-vacunacion-para-todo-el-personal-del-sector-salud-esta-garantizada> <https://www.inegi.org.mx/temas/estructura/> <https://www.inegi.org.mx/app/areasgeograficas/?ag=11>

Overall Approach (no change): In both rural and urban areas, vaccines are being given by trained vaccinators in brigades made up of trained public servants and volunteers. The effort is referred to as Operativo Correcaminos.

In rural areas, each brigade is being set up in one of 10,000 Integrated Centers, to be located in the geographical center of 280,000 small, disperse communities. There are currently over 700 of these centers nationwide. Centers are located where the elderly are accustomed to receive their pensions (a school, rural medical unit, a plaza, etc.). Each Center will vaccinate 300 elderly adults each week. In this way, Mexico will immunize a total of 3 million elderly persons in remote areas. If a person is bedridden, a brigadista will go to their home. In municipal centers and urban areas, the same brigades will work together, with each brigade responsible for 300 persons a week. The locations will be determined by the municipality or urban area.

Began with the rural areas but will depend on vaccine supplies (no change): The focus on the rural areas first follows the National Vaccination Policy, Version 4, January 11, 2021 https://coronavirus.gob.mx/wp-content/uploads/2021/01/PolVx_COVID_-11Ene2021.pdf.

During the Conferencia de Prensa Matutinta on February 16, 2021, the government explained. Rural areas in Mexico have been traditionally underserved, and the rural population neglected. This has had repercussions only in health but also in access to education and economic opportunities. The impact of this inequity has also been felt during the COVID-19 epidemic. As a result, the rural population has death rates that are half again more than (12%) those of the urban population (8%).

Vaccines such as AstraZeneca that require normal refrigeration will be used in these remote areas, while vaccines such as Pfizer and Sputnik V, requiring more stringent refrigeration, will be used in more urban settings. A delay in the shipment of a specific type of vaccine and the arrival of another, will of necessity, shift the focus of the vaccine effort.

Focus on the 15 municipios that account for 80% of COVID-19 cases: In a briefing, the Secretary of Health of Guanajuato said that the vaccination effort would focus on the 15 municipios that account for 80% of COVID-19 cases. San Miguel de Allende is number 10 on that list. I do not think these would be necessarily taken in order, but rather depend on the type and amount of vaccine received. This guidance could, of course, change.

Registration of the elderly for the vaccine (no change): It is still important to register for a vaccine if you plan to receive your vaccine here in San Miguel de Allende. Many people have successfully registered. The registration site is: <https://mivacuna.salud.gob.mx/>. The site is in Spanish. If you have trouble entering the site, try using a newer computer or a different device or browser, or just keep trying. Each municipality is allotted a number of doses according to the number of the elderly estimated to live there.

Phone calls to the elderly (no change): Members of the vaccination brigades are calling the homes of those who have registered or are on the pension rolls to ask if they intend to take the vaccine and if they plan to go personally to the vaccination location nearest to their home. <https://coronavirus.gob.mx/vacunacion-covid/>. If you are concerned about the call, here is a link to a script you can use: <https://www.facebook.com/groups/covid19sma/permalink/1316845032021127/>

Vaccination in urban areas, in San Miguel de Allende (no change)

No vaccines have yet to be received for the municipality of SMA. During the COVID-19 SMA interview with Edgar Fernando Tovar Rico Roadrunner Brigade Coordinator/Coordinator Nation's Servers on February 17, 2021, he estimated vaccine arrival in about two weeks, depending of course on national supply and distribution priorities. Two weeks from that date is next week. We will keep you informed as we hear anything. If you have registered, you will also be hearing from your local brigades. To read the whole interview, please use this link: <https://www.facebook.com/groups/covid19sma/permalink/1319004195138544>

We have some idea of the way in which urban vaccination may be handled, however, as vaccinations for the elderly continued this week in Mexico City. Vaccines are being given out there according to the first letter of your last name (Thursday was those beginning with C and D, Friday those beginning with E, F, G). Locations included a park, an ISSSTE hospital, a national preparatoria school, and three sports schools. All are located in specific towns of Mexico City. This is ongoing.

FAQ

What is a vaccination adverse event reporting system? Mexico reports any reactions that have occurred after a vaccine, as do all countries. In Mexico, the system to report these events is called Eventos Supuestamente Atribuibles a la Vacunación (ESAVI). In the US, the system is called The Adverse Events Reporting System (VAERS). The main goals of these systems are to: Detect new, unusual, or rare adverse events that happen after vaccination, Monitor increases in known side effects, like arm soreness where a shot was given, Identify potential patient risk factors for particular types of health problems related to vaccines, Assess the safety of newly licensed vaccines, Watch for unexpected or unusual patterns in adverse event reports, Serve as a monitoring system in public health emergencies. <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>

What has the ESAVI found to date? To date, ESAVI has found 0.4% of doses applied to have been associated with any kind of adverse event. These include mild, moderate and severe reactions. Severe reactions requiring hospitalization have only occurred in .01%. All those patients have been discharged. None resulted in death. <https://www.gob.mx/salud/prensa/recibe-gobierno-de-mexico-nuevo-embarque-con-mas-de-850-mil-vacunas-contra-covid-19>

What do I need to take with me when I go to get vaccinated (No change)? At first vaccine points were taking people's photos and photos of their documents. This has caused some concern about the possible political use of the information, so in the February 17, 2021 daily briefing, Dr. Gatell announced that this would cease. He informed that the following information would be necessary, and used for follow-up:

- A legal document with your Name and age
- your CURP number
- Proof of your address
- Telephone number

When you are there, they will take down health information, note the type of vaccine you had and the lot number (and probably when you need to come back), and your registration number.

When you go to get vaccinated, make sure you have eaten and are well hydrated. Dress comfortably. Take something to sit on and an umbrella as there may be lines and sun.

Can I get vaccinated if I do not have a CURP? The government has repeatedly emphasized that all persons in Mexico need to be vaccinated, whether or not they have a CURP. At the present time, they do not have a system in place for registering. *The registration system still requires a CURP.* Instead, they recommend going to a vaccination site IN YOUR MUNICIPALITY once those are available and presenting your documents showing everything but a CURP (see above).

What side effects can I expect, if any, from the vaccine?

I have added Sinovac to this list below as it was received last week for vaccinations.

Pfizer: Approximately 80–89% of vaccinated persons experience at least one local symptom and 55–83% experience at least one systemic symptom following vaccination. Local side effects (e.g., pain, swelling, erythema at the injection site, localized axillary lymphadenopathy on the same side as the vaccinated arm) and systemic (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) post-vaccination symptoms. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

AstraZeneca: 10% of people experience local and systemic symptoms following vaccination. Local side effects (e.g. tenderness, pain, warmth, itching or bruising where the injection is given, swelling, redness or a lump at the injection site) and systemic (e.g. generally feeling unwell, fatigue, chills or feeling feverish, headache, feeling sick (nausea), joint pain or muscle ache, fever, being sick (vomiting) or diarrhoea, flu-like symptoms such as high temperature, sore throat, runny nose, cough and chills). <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca>

Sputnik V: The Lancet reported 94% of people to have reported grade one adverse reactions such as flu-like illness, injection site reactions, headache, and lethargy. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00234-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00234-8/fulltext)

Sinovac (CoronaVac): According to the Hacettepe University in Ankara, Turkey (the best source I could find), At least one dose of the Sinovac vaccine or placebo was administered to 10,216 people in the Phase III trial. Of these volunteers, 6,648 were included in the actual vaccine group, while 3,568 were included in the placebo group. No deaths occurred during the trials. However, the most common side effects were tiredness with 9.8%, headache 7.6%, muscle pain 3.8%, fever 2.5%, chills 2.4% and pain in the injection area 1.6%.' Turkey has more experience with Sinovac (CoronaVac) than any other country having administered 9.36 million doses throughout the country so far. <https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/chinas-sinovac-835-effective-turkish-university/2163441>

Should I avoid taking an NSAID (aspirin, Motrin, Advil) before getting my shots (no change)? There is some evidence from lab studies that NSAIDs taken before getting a vaccine may reduce the effectiveness of the vaccine. For this reason CDC recommends that taking these before to avoid getting side effects is not recommended. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Can I take Tylenol (acetaminophen) or an NSAID after getting my shots (no change)? Yes. The CDC recommendation does not extend to the period after getting your vaccine.

After I get my vaccines, how protected am I from getting sick with symptoms? The first shot gives you a certain level of immunity from getting systematic mild/moderate infection from COVID-19. This is increased when you get the second shot. The level of immunity is referred to as efficacy. Researchers estimate vaccine efficacy by comparing the number of SYSTEMATIC COVID-19 cases that occurred between those that had the vaccine and those that had the placebo during Phase III clinical trials. It does NOT MEASURE the number of ASYMPTOMATIC cases you may get. The second shot gives you 100% protection from severe illness and death in the case of all vaccines. We do not know the protection given by the first shot alone.

How protected am I from mild/moderate COVID-19 after getting just one shot of either the Pfizer, AstraZeneca, Sputnik V or Sinovac vaccine?

Pfizer: <https://www.medrxiv.org/content/10.1101/2021.02.15.21251623v1> (preprint Mayo study)

- 75% efficacy 15 days after getting the first shot increasing to 83% after 36 days (asymptomatic and symptomatic cases) (recent Mayo Clinic study)
- 75% two to four weeks after the first shot increasing to 85% two to four weeks later (recent Israeli study)

AstraZeneca: <https://www.astrazeneca.com/media-centre/press-releases/2021/covid-19-vaccine-astrazeneca-confirms-protection-against-severe-disease-hospitalisation-and-death-in-the-primary-analysis-of-phase-iii-trials.html>

- 76% increasing to 82% after 12 weeks, the day of receiving the second dose

Sputnik V: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00234-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00234-8/fulltext)

- 73% any time after the first dose, and 91.6% by day 21, the day of receiving the second dose

Sinovac (CoronaVac): is a two-dose vaccine, with doses 28 days apart. I was unable to find any information regarding protection after one dose. Protection from mild, moderate illness after 2 doses is 83%. <https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/chinas-sinovac-835-effective-turkish-university/2163441>

Can I get the virus without symptoms and give it to other people (no change)?

The answer right now is possibly. There are two main types of immunity you can achieve with vaccines. One is so-called "effective" immunity, which can prevent a pathogen from causing serious disease, but can't stop it from entering the body or making more copies of itself. The other is "sterilizing immunity", which can thwart infections entirely, and even prevent asymptomatic cases. The latter is the aspiration of all vaccine research, but surprisingly rarely achieved. They can hide out in the nose or the back of the throat, from where they are able to infect others via sneezing, coughing, kissing, or sharing cigarettes or utensils.

So far, the available Covid-19 vaccines have not been judged primarily on their ability to prevent transmission. Until we have that information and have achieved herd immunity, whereby the virus can't infect most of the population, we need to adhere to the standard risk mitigation protocols: masking, hand-washing, distancing, and avoiding poorly ventilated, crowded indoor spaces.”

Can I hug other vaccinated people (no change)?

We all want life to go back to normal. We all want to hug our loved ones, our friends, our grandchildren. Can we do that once we are vaccinated? This will depend on your tolerance for risk as far as I can tell. Some recommend that you should only hug others who have been vaccinated. Others say not even then because you don't know whether you or the other person has mounted an adequate immune response to the vaccine. Some say you can hug your grandchildren if you both wear masks.

New strains of the virus also add unknowns.

Viral Variants in Mexico (no change)

Viral variants are still not widespread here, but it is something we need to watch. This is what scientists have found so far. It is comforting to know that they are actively looking:<https://www.gob.mx/salud/prensa/version-estenografica-conferencia-de-prensa-informe-diario-sobre-coronavirus-covid-19-en-mexico-265028>

- 6 cases of the UK variant B1.1.7
- 1 case of the Brazilian variant P1 (Jalisco)

And that's it for now! I hope this has been useful. Ellie