Letter to the editor:

DELAYED SKIN REACTIONS AFTER THE SECOND DOSE OF MRNA VACCINES AGAINST SARS-COV-2

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Studies have evaluated the incidence rate of delayed local reactions (DLR) among individuals who received the first dose of the mRNA-1273 vaccine against SARS-CoV-2. In a more recent study published in Japan (Higashino et al., 2022), it was shown an overall incidence of DLR of 12.7 %, with higher rates among females and individuals aged 30 to 69 years. The incidence reported in this study was higher than that found in observational studies conducted in the United States (1.1 %) (Jacobson et al., 2022) and Spain (2.1 %) (Fernandez-Nieto et al., 2021), which can be explained by differences in surveillance systems and diagnostic criteria. However, despite the advancement of COVID-19 vaccination worldwide, little has been discussed about the occurrence of DLR after the second dose of mRNA vaccines and recurrence rates. The occurrence of DLR can influence the patient's decision to complete their vaccination schedule.

Here, we evaluate the available evidence (through June 17, 2022) on the occurrence of DLR following the second dose of mRNA vaccines (BNT162b2 or mRNA-1273) against SARS-CoV-2. Studies with samples smaller than 25 patients were excluded. Delayed skin reactions and second-dose recurrence data were extracted. The overall proportion of DLR after the second dose and recurrence rates were calculated using the variance-stabilizing Freeman-Tukey double-arcsine transformation with an inverse-variance random-effects model. Analyses were conducted in RStudio (version 0.98.1083) following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline (Moher et al., 2010).

We found nine studies that met the eligibility criteria by conducting a systematic search on PubMed, Embase, and Scopus using the keywords "delayed local reactions," "COVID-19," and " $mRNA\ SARS-CoV-2\ vaccines$ " and related terms. A total of 1,334 individuals reported the occurrence of DLR, of which 354 were registered after the second dose of mRNA vaccines. The proportion of DLR ranged from 13.0 % (95 % CI 6.4 – 22.6) to 52.4 % (95 % CI 42.4 – 62.4) and the between-study heterogeneity was considered high ($I^2 = 91.6\ \%$). The overall proportion of DLR after the second dose of mRNA vaccines was 29.4 % (95 % CI 19.8 – 40.0). Five studies reported 82 cases of second-dose recurrence and the overall rate was 24.8 % (95 % CI 10.4 – 42.8) with high between-study heterogeneity ($I^2 = 93.7\ \%$) (Table 1).

Table 1: Studies reporting delayed local reactions after the second dose of mRNA vaccines against SARS-CoV-2

Author	DOI	Delayed skin reactions	Sex distribution		Events after 1 st dose	Events after 2 nd dose		Recurrent reactions	
			Female n (%)	Male n (%)	n	n	Proportion (95 % CI)	n	Proportion (95 % CI)
Català	10.1111/bjd.20639	114	NR	NR	69	45	39.5 (30.5 – 40.1)	NR	-
Kitagawa	10.1016/j.jiac.2021.12.034	169	133 (78.7)	36 (21.3)	147	22	13.0 (8.3 – 19.0)	NR	-
Baden	10.1056/NEJMoa2035389	312	NR	NR	244	68	21.8 (17.3 – 26.8)	NR	-
Freeman	10.1016/j.jaad.2021.11.016	242	NR	NR	242	67	27.7 (22.2 – 33.8)	NR	-
Fernandez- Nieto	10.1111/jdv.17250	103	91 (88.3)	12 (11.7)	49	54	52.4 (42.4 – 62.4)	16	32.7 (20.0 – 47.5)
Papa- dimitriou	10.1111/ced.14856	84	82 (97.6)	(2.4)	82	37	44.1 (33.2 – 55.3)	35	42.7 (31.8 – 54.1)
McMahon	10.1016/j.jaad.2021.03.092	207	NR	NR	180	38	18.4 (13.3 – 24.3)	11	6.1 (3.1 – 10.7)
Hibino	10.1093/ofid/ofab497	77	69 (89.6)	8 (10.4)	77	10	13.0 (6.4 – 22.6)	10	13.0 (6.4 – 22.6)
Juárez Guerrero	10.1016/j.jaip.2021.07.012	26	25 (96.2)	1 (3.8)	23	13	50.0 (29.9 – 70.1)	10	43.5 (23.2 – 65.5)
Overall effect		1334			1113	354	29.4 (19.8 – 40.0)	82	24.8 (10.4 – 42.8)

CI, confidence interval. NR, not reported

Available evidence suggests that approximately one third of cases of DLR may occur after the second dose of mRNA vaccines, but this rate may be underestimated due to potential reporting bias. Moreover, recurrent reactions are not uncommon and can be found in about 25 % of patients after the first dose. Since most cases are mild and self-limiting, and likely associated with lymphocytes and eosinophils infiltration at the site of vaccine application (Johnston et al., 2021), there is no absolute contraindication to the use of mRNA vaccines in patients with a history of DLR. However, patients need to be educated about the benefits and side effects of vaccines to prevent vaccine hesitancy.

Authors' contributions

All authors contributed equally to this work.

Conflict of interest statement

The authors have no conflicts of interest to declare.

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REFERENCES

Baden LR, El Sahly HM, Essink B, Kotloff K, Frey S, Novak R, et al. Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. N Engl J Med. 2021;384:403-16. doi: 10.1056/NEJMoa2035389.

Català A, Muñoz-Santos C, Galván-Casas C, Roncero Riesco M, Revilla Nebreda D, Solá-Truyols A, et al. Cutaneous reactions after SARS-CoV-2 vaccination: a cross-sectional Spanish nationwide study of 405 cases. Br J Dermatol. 2022;186:142-52. doi: 10.1111/bjd.20639.

Fernandez-Nieto D, Hammerle J, Fernandez-Escribano M, Moreno-Del Real CM, Garcia-Abellas P, Carretero-Barrio I, et al. Skin manifestations of the BNT162b2 mRNA COVID-19 vaccine in healthcare workers. 'COVID-arm': a clinical and histological characterization. J Eur Acad Dermatol Venereol. 2021;35(7):e425-7. doi: 10.1111/jdv.17250.

Freeman EE, Sun Q, McMahon DE, Singh R, Fathy R, Tyagi A,et al. Skin reactions to COVID-19 vaccines: An American Academy of Dermatology/International League of Dermatological Societies registry update on reaction location and COVID vaccine type. J Am Acad Dermatol. 2022;86(4):e165-7. doi: 10.1016/j.jaad.2021.11.016.

Hibino M, Ishihara T, Iwata M, Doi Y. Delayed injection site reaction after mRNA-1273 vaccination in Japan: a retrospective, cross-sectional study. Open Forum Infect Dis. 2021;8(10):ofab497. doi: 10.1093/ofid/ofab497.

Higashino T, Yamazaki Y, Senda S, Satou Y, Yonekura Y, Imai K, et al. Assessment of delayed large local reactions after the first dose of the SARS-CoV-2 mRNA-1273 vaccine in Japan. JAMA Dermatol. 2022 Jun 1:e222088. doi: 10.1001/jamadermatol.2022.2088. Epub ahead of print.

Jacobson MA, Zakaria A, Maung Z, Hart C, McCalmont TH, Fassett M, et al. Incidence and characteristics of delayed injection site reaction to the mRNA-1273 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine (Moderna) in a cohort of hospital employees. Clin Infect Dis. 2022;74:591-6. doi: 10.1093/cid/ciab518.

Johnston MS, Galan A, Watsky KL, Little AJ. Delayed localized hypersensitivity reactions to the Moderna COVID-19 vaccine: a case series. JAMA Dermatol. 2021;157:716-20. doi: 10.1001/jamadermatol.2021.1214.

Juárez Guerrero A, Domínguez Estirado A, Crespo Quirós J, Rojas-Pérez-Ezquerra P. Delayed cutaneous reactions after the administration of mRNA vaccines against COVID-19. J Allergy Clin Immunol Pract. 2021;9:3811-3. doi: 10.1016/j.jaip.2021.07.012.

Kitagawa H, Kaiki Y, Sugiyama A, Nagashima S, Kurisu A, Nomura T, et al. Adverse reactions to the BNT162b2 and mRNA-1273 mRNA COVID-19 vaccines in Japan. J Infect Chemother. 2022;28:576-81. doi: 10.1016/j.jiac.2021.12.034.

McMahon DE, Amerson E, Rosenbach M, Lipoff JB, Moustafa D, Tyagi A, et al. Cutaneous reactions reported after Moderna and Pfizer COVID-19 vaccination: A registry-based study of 414 cases. J Am Acad Dermatol. 2021;85:46-55. doi: 10.1016/j.jaad.2021.03.092.

Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Int J Surg. 2010;8:336-41. doi: 10.1016/j.ijsu.2010.02.007

Papadimitriou I, Bakirtzi K, Sotiriou E, Vakirlis E, Hatzibougias D, Ioannides D. Delayed localized hypersensitivity reactions to COVID-19 mRNA vaccines: a 6-month retrospective study. Clin Exp Dermatol. 2022;47:157-8. doi: 10.1111/ced.14856.