# Evaluation of Exposure to COVID-19 From Participants in the Complete Dose of Sinovac and AstraZeneca Vaccinations for Online Drivers

Lia W. Manurung and Diana Laila Ramatillah Faculty Pharmacy, Universitas 17 Agustus 1945 Jakarta, Indonesia

#### Keywords Covid-19, Sinovac, AstraZeneca, Online Drivers in Indonesia

Abstract: The type of this research is observational with a cross-sectional design using convenience sampling for all online drivers in Indonesia who have received the full dose of the Sinovac and AstraZeneca vaccine. To evaluate the comparison of the Sinovac vaccine and AstraZeneca vaccine on a driver online in Indonesia who has received the full dose of the Sinovac and AstraZeneca vaccine. It was found that the efficacy of the Sinovac and Pfizer vaccines was almost the same. Other factors affecting the side the effect and efficacy of vaccines are gender, age, and BMI, with the p-value of each variable <0.05. The following is the relationship between the type of vaccine, sex with a mean of 1.49, age with a mean of 24.27, and BMI with a mean of 22.3. For the side effects of the AstraZeneca vaccine and the Sinovac vaccine, the symptoms are almost the same.

# **1** INTRODUCTION

Covid 19 which emerged at the end of 2019 has become a threat to public health around the world. (Sutardi and Ramatillah 2022) Coronavirus is a large family of viruses that can cause illnesses ranging from mild, moderate to severe symptoms. WHO-, mentions that almost a year since the first report of cases of severe acute respiratory syndrome coronavirus-2 in Wuhan province in China, more than 57 million cases have been diagnosed, thus WHO declared coronavirus disease 2019 a pandemic on March 9, 2020.'(Blum and Neumärker 2021) (WHO, 2020) In humans, it mainly infects cells in the airways lining the alveoli. SARS- CoV-2 will bind to the receptor and enter the cell. (Zhang et al. 2020) The ability of the virus to overpower the immune response severitv determines the of the infection. Dysregulation of the immune system then plays a role in tissue damagein SARS-CoV-2 infection. (Susilo et al. 2020) Meanwhile, the first case was confirmed on March 2, 2020. To date, there is no effective drug to reduce the burden of infection and thepandemic. The Covid-19 pandemic will not only resultin enormous mortality but will also continue to burden the burden of morbidity that severely disrupts communities pandemic was first announced on March 11, 2020,

indicating that the virus has infected many people in various countries.

Vaccines are biological products containing antigens that, if given to humans, will trigger the formation of antibodies and cause active immunity in certain diseases.One of them is the Sinovac vaccine and the AstraZeneca vaccine. Sinovac is an inactivated whole virus developed by Life Science, while AstraZeneca is a vaccine containing thegene encoding the full-length S Protein and is one of the vaccines developed by the University of Oxford(Kezia and Ramatillah 2022) (Araminda and Ramatillah 2022).

# 2 MATERIALS AND METHODS

This research was conducted with a quantitative approach using a prospective cross-sectional design study. The data collection technique was carried out using a survey method using google forms distributed offline and online tomotorcycle taxi drivers who had been vaccinated with complete doses of Sinovac and AstraZeneca vaccines with aconvenience sampling method. This research was conducted in the period August-October. The inclusion criteria were Online drivers over 18 years old who had received Sinovac

#### 244

Manurung, L. and Ramatillah, D.

In Proceedings of the 3rd International Seminar and Call for Paper (ISCP) UTA åŽ245 Jakarta (ISCP UTA'45 Jakarta 2022), pages 244-249 ISBN: 978-989-758-654-5: ISSN: 2828-853X

Copyright © 2023 by SCITEPRESS – Science and Technology Publications, Lda. Under CC license (CC BY-NC-ND 4.0)

Evaluation of Exposure to COVID-19 From Participants in the Complete Dose of Sinovac and AstraZeneca Vaccinations for Online Drivers DOI: 10.5220/0011979300003582

and AstraZeneca vaccines and were willing to be respondents in this study. The number of respondents in this study was 600 respondents (300 Sinovac and 300 AstraZeneca).



Figure 1: Research Framework.

## 2.1 Ethical Approval

As seen in fig. 1 this research was approved by the 17 august 1945 university Jakarta ethics committee with reference numbers:

No.50/KEPK-UTA45JKT/EC/EXP/07/2022.

### **3 RESULT AND DISCUSSION**

# 3.1 Results

The number of respondents from this study was 600 respondents who had received two (2) doses of the Sinovac vaccine and AstraZeneca vaccine and were included in the inclusion criteria. Respondents in this study received questionnaires through social media such as Facebook, WhatsApp, and Instagram.



Figure 2: Participants based on gender.

Based on pictures 2 out of 600 respondents, 49% (295 respondents) were women and 51% (305 respondents) were a man. Based on research in Sumatra Selatan 440 respondents have completed the

questionnaire, 53,4% of respondents are female and 46,6% of respondents are male. (Argista 2021).



Figure 3: Participants exposed to Covid 19.

Based on pictures 3 out of 600 respondents, 25% (150 respondents) have been exposed to covid 19.

Table 1: Correlation between type of vaccine and exposure to Covid 19.

Kind of vaccine	Exposed to covid 19	P value
	/percentage %	
Sinovac	81/24,3%	
AstraZeneca	69/20,3	
Total p-value		0,352
Fisher test, #Chi-sq	uare test	

Table 1, it is explained drivers online who were exposed to covid 19 and those who were most exposed from drivers online who received the Sinovac vaccine (24,3%). AstraZeneca vaccine efficacy based on the full-length encoding of the SARSCov-2 viral spike protein RDB will result in better protection. (Ghosh 2021) While in the Sinovac vaccine, the risk of exposure to Covid 19 was reduced by 65,3% compared to those who did not receive the Covid 19 vaccine.(Marwan 2021).



Figure 4: Treated.

It can be seen in table 4 that Covid 19 patients that there are 103 patients doing self-isolation, 10 being treated at the ICUhospitals, and 37 being treated at non-ICU hospitals.

Table 2: Correlation between type of vaccine and side effects and efficacy of the vaccine  $1^{\text{st}}$ .

	Frequency/Percentage (%)		
Variables	Sinovac = 300	AstraZeneca	p-value
		= 300	
Side Effects of			
fever after the	90/30	131/43.6	0.001
1st vaccination			
Pain in the 1st			
vaccination	189/33	202/67.3	0.304
injection area			
Side effects of			
coughing after	16/53	31/10.3	0.032
the 1 <sup>st</sup>	10/5.5	51/10.5	0.052
vaccination			
Side effects of			
the flu after 1st	28/9.3	38/12.6	0.240
vaccination			
Feel nausea			
after the 1st	23/7.6	40/13.3	0.032
vaccination			
Feeling dizzy			
after the 1st	73/24.3	109/36.3	0.002
vaccination			
Cholesterol			
levels increase	0	1/1 3	0.124
after the 1st		4/1.3	0.124
vaccination			

Table 3: Correlation between type of vaccine and side effect and efficacy of the vaccine  $2^{nd}$ .

	Percentage/fr		
Variable	Sinovac=	AstraZeneca=	P-value
	300	300	
Side Effects of	59/19.6	112/37.3	0.000
fever after the			
2 <sup>nd</sup> vaccination			
Side effects of	16/5.3	36/12	0.005
the flu after 2nd			
vaccination			
Feeling dizzy	53/17.6	78/26	0.017
after the 2 <sup>nd</sup>			
vaccination			
Loss of loss	13/4.3	29/9.6	0.015
and taste after			
2 <sup>nd</sup> vaccination			
Experienced	7/2.3	12/4	0.351
diarrhea after			
2 <sup>nd</sup>			
vaccination			

Table 4: Correlation between age and side effects of the vaccine after 6 months.

	Frequency/		
Variable	percentage (%)	D valua	
Variable	Age n:600, mean :24.27	r value	
Have been exposed to	56/33.6	0.507	
covid-19 1-3 months			
after vaccination			
Have been exposed to	48/28.8	0.315	
covid-19 4-6 months			
after vaccination			
Current menstrual 1-3	215/1,29	0.009	
months after			
vaccination			
Current menstrual 4-6	210/1.26	0.396	
months after			
vaccination			
Feel easily tired 1-3	88/52.8	0.002	
months after			
vaccination			
Feel easily tired 4-6	44/26.4	0.830	
months after			
vaccination			
Feel pain in arm 1-3	67/40.2	0.129	
months after			
vaccination			
Bleeding 1-3 months	2/1.2	0.194	
after vaccination			
Bleeding 4-6 months	2/1.2	0.194	
after vaccination			
Experience heart	4/1.3	0.29	
disorder 4-6 months			
aftervaccination			
Cholesterol levels	2/0.6	0.469	
increase 1-3 months			
aftervaccination			

\*Man-Whitney test, #Kruskal Wallis test

Evaluation of Exposure to COVID-19 From Participants in the Complete Dose of Sinovac and AstraZeneca Vaccinations for Online Drivers

	Frequency	
Variable	/percentage (%)	
Variable	Gender n:600,	1 value
	mean :1.49	
Have been exposed to	56/33.6	0.309
covid-19 1-3 months after		
vaccination		
Have been exposed to	48/28.8	0.003
covid-19 4-6 months after		
vaccination		
Current menstrual 1-3	215/1,29	0.000
months aftervaccination		
Current menstrual 4-6	210/1.26	0.000
months after vaccination		
Feel easily tired 1-3	88/52.8	0.000
months afteraccination		
Feel easily tired 4-6	44/26.4	0.051
months afteraccination		
Feel pain in arm 1-3	67/40.2	0.120
months after vaccination		
Feel pain in arm 4-6	24/14.4	0.185
months aftervaccination		
Experience heart disorder	4/1.3	0.332
1-3 months after		
vaccination		
Experience heart disorder	4/1.3	0.331
4-6 months after		
vaccination		
Cholesterol levels increase	2/0.6	0.163
1-3 months aftervaccination		منتات
Cholesterol levels increase	2/0.6	0.163
4-6 months aftervaccination		

Table 5: Correlation between Gender and side effects of the vaccine after 6 months.

\*Mann – Whitney test, #Kruskal Wallis test

Table 6: Correlation between body mass index and side effects of the vaccine after 6 months.

	Frequency	
Variable	/percentage (%)	P value
variable	BMI n:600,	1 value
	mean:22.3	
Have been exposed to	56/33.6	0.305
covid-19 1-3 monthsafter		
vaccination		
Current menstrual 4-6	210/1.26	0.324
months aftervaccination		
Feel easily tired 1-3	88/52.8	0.116
months aftervaccination		
Feel easily tired 4-6	44/26.4	0.356
months aftervaccination		
Cholesterol levels	2/0.6	0.033
increase 1-3 months after		
vaccination		

\*Man-Whitney test, #Kruskal Wallis test

Variable	Percentage/		
	frequency		P-
variable	Sinovac =	AstraZeneca	value
	300	= 300	
Cholesterol	7/3.1	2/0,6	0.176
Gout	12/4	1/0.3	0.003
Asthma	10/3.3	5/1.6	0.296
Rheumatic	4/1.3	1/0.3	0.373

### 3.2 Discussion

Correlation between type of vaccine and side effects and efficacy of the vaccine 1<sup>st</sup>. There is a significance between the type of vaccine and the side effects felt by the patient after receiving dose 1 where the result showed that the AstraZeneca vaccine had more side effects than Sinovac. It is known from a total of 600 respondents who received the AstraZeneca vaccine, that 43,6% felt the side effect of fever, 67,3% feel the effect of pain at the injection site, 10,3% feel the effect of coughing, 12,6% feel the effect of flu, 13,3% feel the effect of nausea, 36,3% feel the effect of dizzy, 1,3% feel the effect of the cholesterol level increase. The Indian Ministry of Health Secretary stated that common side effects of the AstraZeneca vaccine will disappear within 24 hours. According to the AstraZeneca company, the prophylactic use of Acetaminophen can reduce some symptoms.(Ghiasi et al. 2021). In a study conducted in England explained that the AstraZeneca vaccine achieved 75% effectiveness from 35 days after the first dose. (Bernal et al. 2021) but in each country in determining the criteria for signs and symptoms of COVID-19 referring to the provisions of WHO (Hidavani 2020).

Correlation between type of vaccine and side effect and efficacy of the vaccine  $2^{nd}$ . Table 3 explains the efficacy after being vaccinated with dose 2, AstraZeneca vaccine has a higher effect as in table 2, which is also compared to the Sinovac vaccine with an average p-value below 0.5. development and antibody levels increase significantly with each dose, in line with real-world data obtained from the UK which showed that the second dose increased protection against SARS- CoV-2 infection from 65% with dose 1 to 70% with dose 2 among recipients (Chau et al. 2022).

Correlation between age and side effects of the vaccine after 6 months. The data in table 4 explains that age affects the side effects of vaccines because as a person gets older, the antibodies decrease and vice versa. At a young age, someone has strong antibodies,

but some countries include a priority age criterion for receiving the Covid19 vaccine. (Voysey et al. 2021). A study by Muller et al, found that there was a lower frequency of neutralizing antibodies in the older population after vaccination compared to the younger population (Xiong et al. 2021).

Correlation between Gender and side effects of the vaccine after 6 months. Table 5 by gender shows that most respondents are male but in table 4 gender has nothing to do with Covid 19 vaccine. A study conducted in Malaysia used the chi-square test to investigate the possible relationship between gender and perception in receiving accurate and adequate vaccine-related information.(Elnaem et al. 2021) As for gender, the Covid 19 vaccination was similar between males and females. However significantly higher in males than females (Xiong et al. 2021).

Correlation between body mass index and side effects of the vaccine after 6 months. In table 6 it is explained that a BMI below 25 has a risk of the effects of the covid 19 vaccine. BMI (kg/m<sup>2</sup>) was taken from the general practice medical records, and we used the last measured BMI before study entry for everyone (Piernas et al. 2022). Because the p-value shows below 0,5. Based on a study conducted in Spain said that most of the side effects experienced were significantly higher in those who were not overweight compared to those who were overweight. (Iguacel et al. 2021). Negligence or underrepresentation of participants with higher weights can result in poorer outcomes of vaccine coverage for people with higher body weights and contribute to greater health inequities (Campbell et al. 2021).

Correlation kind of vaccine and comorbid. It can be seen in table 7 that the frequency of comorbid from driver online respondents shows that only 42 respondents (6%) have a comorbid history and 94% have no comorbid history. Vaccines are only given to healthy people. But as many as 6% of respondents have a history of comorbid. Because respondents who have a history of comorbid are usually more prone to having a good immune system, someone who has a history of comorbid diseases can still take part in the Covid 19 vaccination (Yulyani et al. 2022).

# 4 CONCLUSION

This study found that the efficacy of the Sinovac and AstraZeneca vaccines was almost the same for online drivers in Indonesia. Because it can be seen from the number of patients exposed to Covid 19 between Sinovac vaccine recipients and AstraZeneca vaccines inhibit the same. But the side effects of the AstraZeneca vaccine are higher than the Sinovac vaccine. From the table above, it can also be seen that age and BMI can affect the efficacy of vaccination. for gender, the comparison is only slightly for the effect of vaccination.

# REFERENCES

- Araminda, Gena Nafta, and Diana Laila Ramatillah. 2022.
  "Evaluation Comparison Between Astrazeneca and Moderna Vaccine'S Side Effects and Efficacy Among Indonesia Society Based on Sociodemography." International Journal of Applied Pharmaceutics 14(Special Issue 2): 37–43.
- Argista, Zisi Lioni. 2021. Jurnal Keperawatan Persepsi Masyarakat Terhadap Vaksin Covid-19 Di Sumatera Selatan.
- Bernal, J. L. et al. 2021. "Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca Vaccines on Covid-19 Related Symptoms, Hospital Admissions, and Mortality in Older Adults in England: Test Negative Case-Control Study." The BMJ 373.
- Blum, Bianca, and Bernhard K. J. Neumärker. 2021. "Lessons from Globalization and the COVID-19 Pandemic for Economic, Environmental and Social Policy." World 2(2): 308–33.
- Campbell, Jessica et al. 2021. "Equity in Vaccine Trials for Higher Weight People? A Rapid Review of Weight-Related Inclusion and Exclusion Criteria for COVID-19 Clinical Trials." Vaccines 9(12): 1–11.
- Chau, Nguyen Van Vinh et al. 2022. "Immunogenicity of Oxford-AstraZeneca COVID-19 Vaccine in Vietnamese Health-Care Workers." American Journal of Tropical Medicine and Hygiene 106(2): 556–61.
- Elnaem, Mohamed Hassan et al. 2021. "Covid-19 Vaccination Attitudes, Perceptions, and Side Effect Experiences in Malaysia: Do Age, Gender, and Vaccine Type Matter?" Vaccines 9(10): 1–15.
- Ghiasi, Nasrin et al. 2021. "Efficacy and Side Effects of Sputnik V, Sinopharm and AstraZeneca Vaccines to Stop COVID-19; a Review and Discussion." Immunopathologia Persa 7(2): e31–e31.
- Ghosh, PrasantaKumar. 2021. "Generation of Efficacy Data on 60 Years and Older Population Using SARS-CoV-2 Vaccines." MGM Journal of Medical Sciences 8(3): 289.
- Hidayani, Wuri Ratna. 2020. "Faktor Faktor Risiko Yang Berhubungan Dengan COVID 19 : Literature Review." Jurnal Untuk Masyarakat Sehat (JUKMAS) 4(2): 120– 34.
- Iguacel, Isabel et al. 2021. "Association between Covid-19 Vaccine Side Effects and Body Mass Index in Spain." Vaccines 9(11): 1–12.
- Kezia, Valerie, and Diana Laila Ramatillah. 2022. "Intensive Monitroing of Sinovac Vaccine for Safety and Efficacy Among Indonesian Population." International Journal of Applied Pharmaceutics 14(Special issue 2): 44–48.

Evaluation of Exposure to COVID-19 From Participants in the Complete Dose of Sinovac and AstraZeneca Vaccinations for Online Drivers

- Marwan. 2021. "Peran Vaksin Penanganan Pandemi COVID19." Fakultas Kedokteran Universitas Mulawarman - RSU A. W. Sjahranie Samarinda 1(covid).
- Ndwandwe, Duduzile, and Charles S. Wiysonge. 2021. "COVID-19 Vaccines." Current Opinion in Immunology 71(Figure 1): 111–16.
- Piernas, Carmen et al. 2022. "Associations of BMI with COVID-19 Vaccine Uptake, Vaccine Effectiveness, and Risk of Severe COVID-19 Outcomes after Vaccination in England: A Population-Based Cohort Study." THE LANCET Diabetes & Endocrinology 10(8): 571–80.
- Susilo, Adityo et al. 2020. "Coronavirus Disease 2019: Tinjauan Literatur Terkini." Jurnal Penyakit Dalam Indonesia 7(1): 45.
- Sutardi, Azzahrotul Qona'Ah Ibnatus, and Diana Laila Ramatillah. 2022. "Evaluation Comparison Between Sinovac and Pfizer Vaccine Among Indonesian Children and Teenager Under 18 Years Old." International Journal of Applied Pharmaceutics 14(Special issue 2): 22–30.
- Voysey, Merryn et al. 2021. "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." The Lancet 397(10269): 99–111.
- Xiong, Xiaomo et al. 2021. "Age and Gender Disparities in Adverse Events Following COVID-19 Vaccination: Real-World Evidence Based on Big Data for Risk Management." Frontiers in Medicine 8(July): 1–5.
- Yulyani, Vera, Neno Fitriyani Hasbie, Achmad Farich, and Amelia Valentine. 2022. "Hubungan Status Demografi, Komorbid Dengan KIPI Post Vaksin COVID-19 Pada Tenaga Kesehatan." Jurnal Ilmiah Kesehatan Sandi Husada 11: 153–60.
- Zhang, Haibo et al. 2020. "Angiotensin-Converting Enzyme 2 (ACE2) as a SARS-CoV-2 Receptor: Molecular Mechanisms and Potential Therapeutic Target." Intensive Care Medicine 46(4): 586–90.