

## Global Summit on VACCINES AND IMMUNOLOGY

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**Severe acute respiratory syndrome Coronavirus 2 antibodies among healthcare workers after a third dose of Vaccine in an intensive care unit****Cláudia Lemos<sup>1</sup>, Sofia Ferreira<sup>1</sup>, Filipa Côrte-Real<sup>1</sup>, Catarina Lume<sup>1</sup>, Susana Chaves<sup>1</sup>, José Júlio<sup>1</sup>, Nóbrega<sup>1</sup>, Cláudio Gouveia<sup>1</sup>, Mariana Rodrigues<sup>2</sup>, Cheila Plácido<sup>2</sup>, Dra M<sup>a</sup> Isabel<sup>2</sup>, Mendonça<sup>2</sup>, José Alves<sup>2</sup>, Graça Andrade<sup>2</sup>**<sup>1</sup>Intensive Care Department, Hospital Central do Funchal, Funchal, Portugal<sup>2</sup>Pathology, Hospital Central do Funchal, Funchal, Portugal

The Coronavirus disease 2019 (COVID-19) and Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic emerged in China in December 2019 as a public health crisis. Healthcare workers (HCWs) are a very important high-risk group of infection and the knowledge of SARS-CoV-2 antibody seroprevalence among this class is very important, not only to evaluate the success of public health interventions but also to comprehend the spread of COVID-19 among health institutions. The objective of this prospective study was to determine the seroprevalence of COVID-19 immunoglobulin G (IgG) antibodies after the third dose of vaccine administration and assess the symptomatology associated with the number of IgG antibodies. A total of 65 HCWs from an intensive care unit were studied at one month after the third administration of the COVID-19 vaccine. They were divided into two groups: IgG antibodies greater than 15.000 (group one) and less than 15.000 (group two). There was a seroprevalence of 78.5% (group 1) and 21.5% (group 2). Group 1 consisted mainly of male individuals (68.6%), unlike group 2 which consisted mainly of female individuals (92.9%). This was statistically significant ( $p < 0.001$ ). We also concluded that most of group 1 had more symptoms (94.1%) and a minority of group 2 had less symptoms (14.3%), being statistically significant ( $p < 0.001$ ). After the administration of the vaccine, group 1 had more symptoms ( $p < 0.001$ ). These symptoms were myalgias (50.8%), fever (27.7%), adenopathies (35.4%), asthenia (24.6%), vomiting (12.3%), diarrhea (10.8%), chills (6.2%), epigastric pain and arthralgia (1.5%). Our study concluded that male professionals with a higher number of IgG antibodies developed the most symptoms.

**Biography**

Claudia Lemos is a fourth-year intern with specific training in Intensive Care Medicine that has passion in vaccines research and clinical trials.