# Safety and BNT162b2 mRNA COVID-19 vaccination

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**To the Editor,**

We would like to share ideas on "Safety surveillance after BNT162b2 mRNA COVID-19 vaccination: results from a cross-sectional survey among staff of a large Italian teaching hospital (1)." Vigezzi et al. concluded that "*Consistently with clinical trials and pharmacovigilance surveillance, . . . . . risk profiling of vaccinees*. (1)." This report is a good model for safety surveillance of the new vaccine using. Since mRNA COVID-19 is a new vaccine, the complete data on its effectiveness and safety require a good surveillance system for data collection. How to verify a reliability of data from survey is an interesting issue. In the present report, the data were given from staff of a hospital, hence, the knowledge of vaccine recipient should be high. In a setting in developing countries, such as our countries in Asia, the vaccine recipient might be low educated and might not able to report the adverse effect properly. In addition, the way for data collection should be easy. The complex system, such as online reporting Apps might be useful in some areas but it is frequently not accessible, affordable and applicable in our areas in developing Asian countries. Additionally, in the worst case, the local policies in some poor setting might not support a reporting of adverse event following vaccination (2). These concerns are important for planning for a good global safety surveillance system for the new COVID-10 vaccination.

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## References

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