

# NEUROLOGICAL EVENTS FOLLOWING COVID-19 VACCINATION: DOES ETHNICITY MATTER?

Manav V. Vyas<sup>1,2,3</sup>, Robert Chen<sup>1,4</sup>, Michael Campitelli<sup>3</sup>, Tomi Odugbemi<sup>3</sup>,



Isobel Sharpe<sup>3</sup> and Joseph Y. Chu<sup>1,4</sup>



1. Division of Neurology, Department of Medicine, University of Toronto, Canada
2. Division of Neurology, St. Michael's Hospital-Unity Health Toronto, Toronto, Canada
3. ICES, Toronto, Ontario, Canada
4. Division of Neurology, Toronto Western Hospital-University Health Network, Toronto, Canada

# DISCLOSURES: CONFLICT OF INTERESTS

- For this presentation, none for all authors.
- Dr. Joseph Y. Chu is Principal Investigator for the research project: COVID-19 and its effects on visible minorities (Chinese and South Asians) in Ontario, funded by both University of Toronto and CCHABA.
- Dr. Chu is also the current Chair of Research Committee, Chinese Canadian Heart and Brain Association (CCHABA)  
[www.heartbrain.ca](http://www.heartbrain.ca)

# KEY POINTS

- **Question:** Do the rates of neurological events in the six weeks following COVID-19 vaccine vary by **ethnicity**?
- **Findings:** In this retrospective cohort study of **10 million adult Ontarians**, who received at least one dose of COVID-19 vaccine, compared to the general population, the crude rates of neurological events within 42 days of vaccination were lower in Chinese and South Asians. However, these differences were not significant after accounting for age, sex, and vaccine type, except for **lower odds of ischemic stroke in Chinese Ontarians compared to the general population: (aOR 0.74, 95% CI 0.59-0.91).**
- **Meaning:** The rate of neurological events in the six weeks following COVID-19 vaccine **is low and does not vary by ethnicity**. The observed **lower rate of ischemic stroke in Chinese** could be due to the known lower rate of stroke in this ethnic group. 10

# METHODS

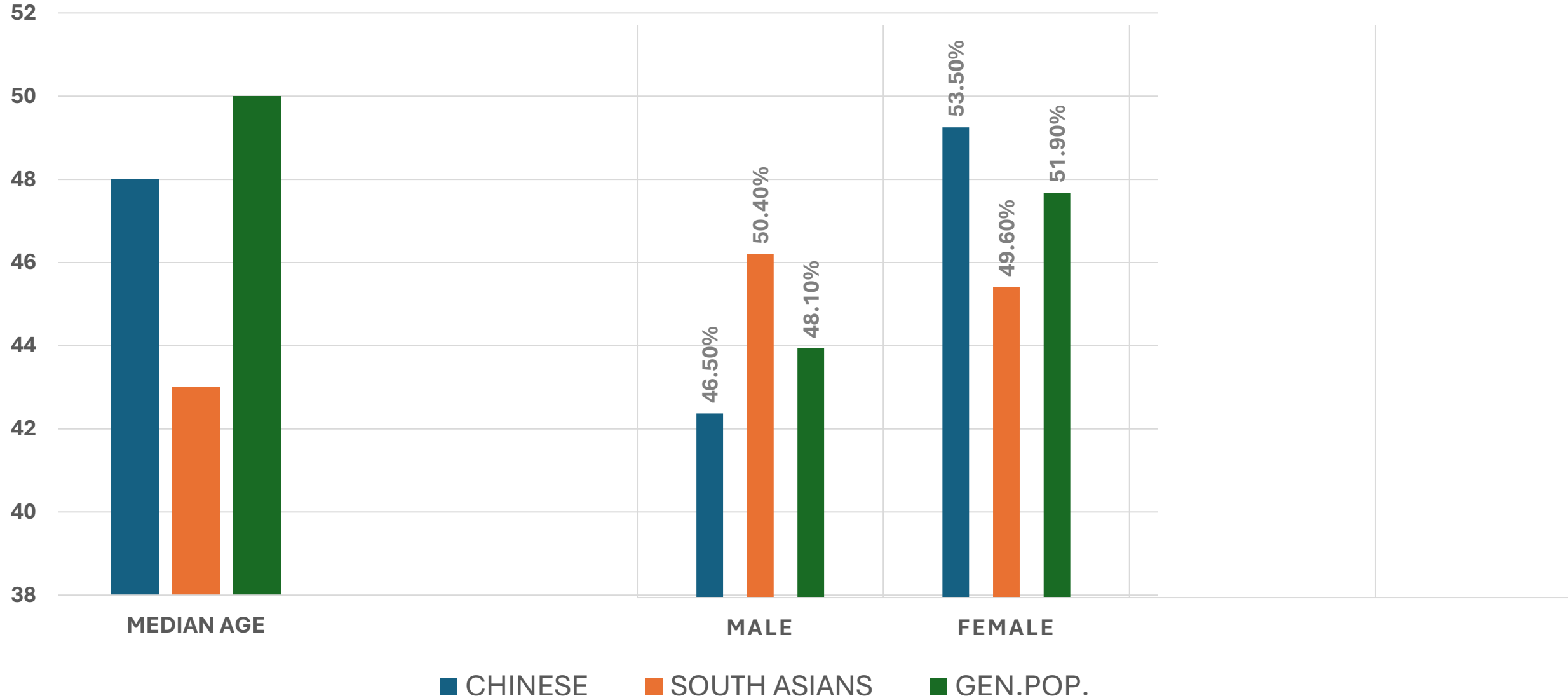
- Retrospective population-based cohort study of Ontario residents between 18 and 105 years old; December 1, 2020 to June 30, 2021.
- Neurological complications within 42 days receiving 1<sup>st</sup> and 2<sup>nd</sup> dose of COVID-19 vaccines (COVID-19 vaccine registry COVaxON)
- Ethnicity using RPDB surname-based algorithm to classify as :  
Chinese, South Asians and General Population.

## Types of neurological complications:

- (1) Strokes- ischemic (IS) or hemorrhagic (ICH)
- (2) Cerebral Venous Sinus Thrombosis (CVST)
- (3) Bell's Palsy
- (4) Transverse Myelitis (TM)
- (5) Guillain Barre Syndrome (GBS)

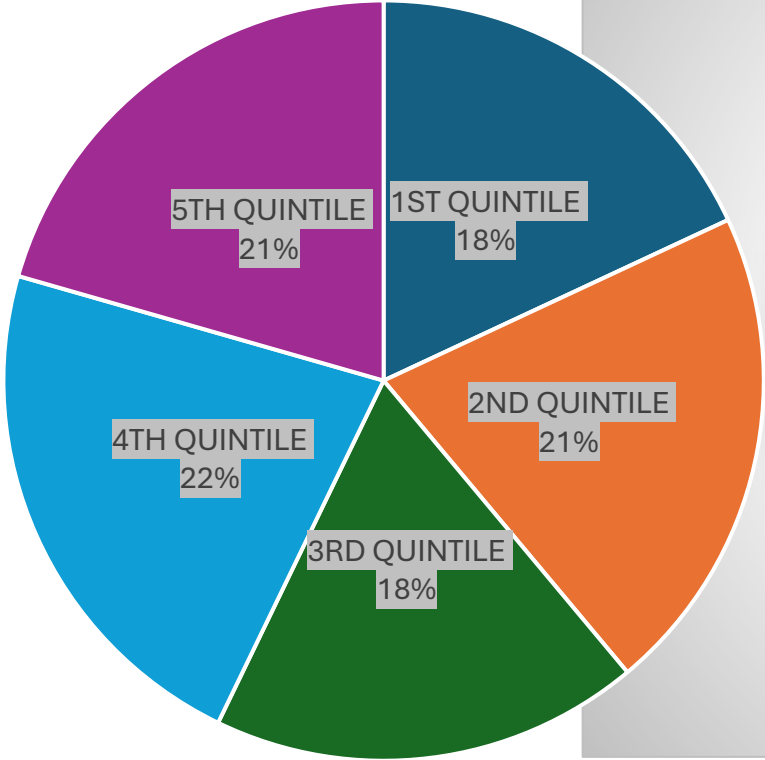
# VACCINATION COHORT: MEDIAN AGE & GENDER

(N= 10,063,466 received 19,933,221 doses) Chinese:1.1 million, SA: 857,289

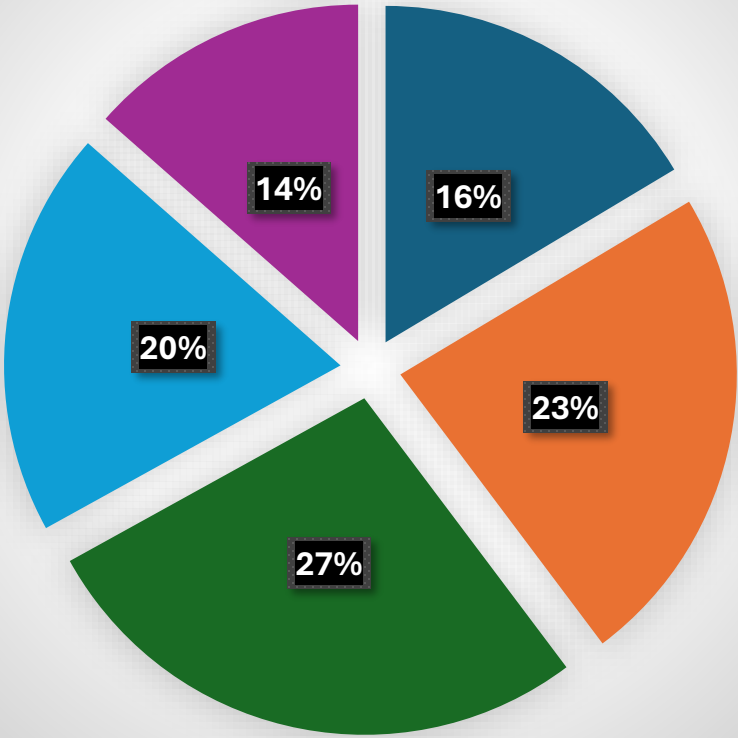


# INCOME QUINTILE AT INDEX DATE

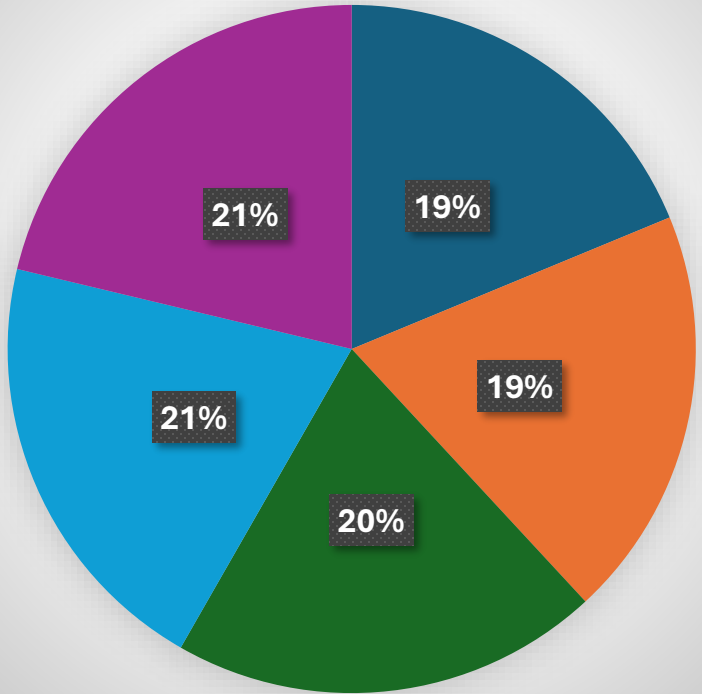
CHINESE (p = /< 0.05)



SOUTH ASIANS

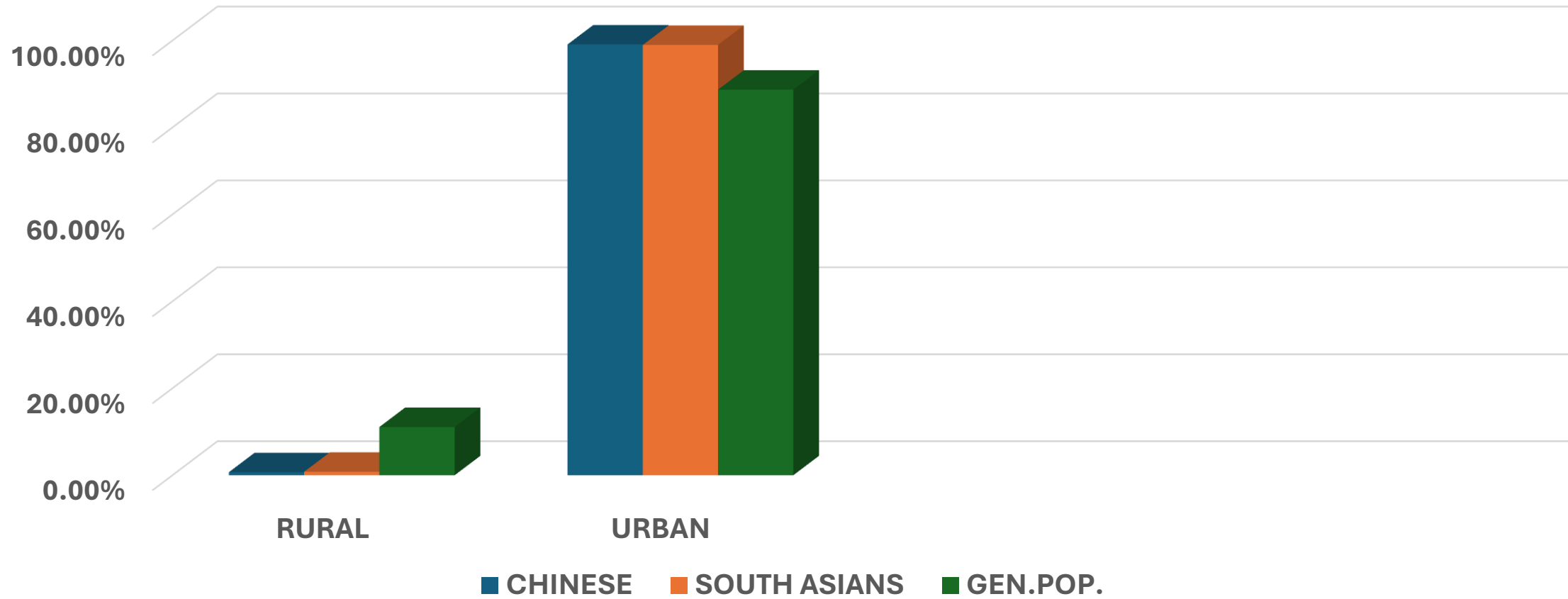


GEN. POP.

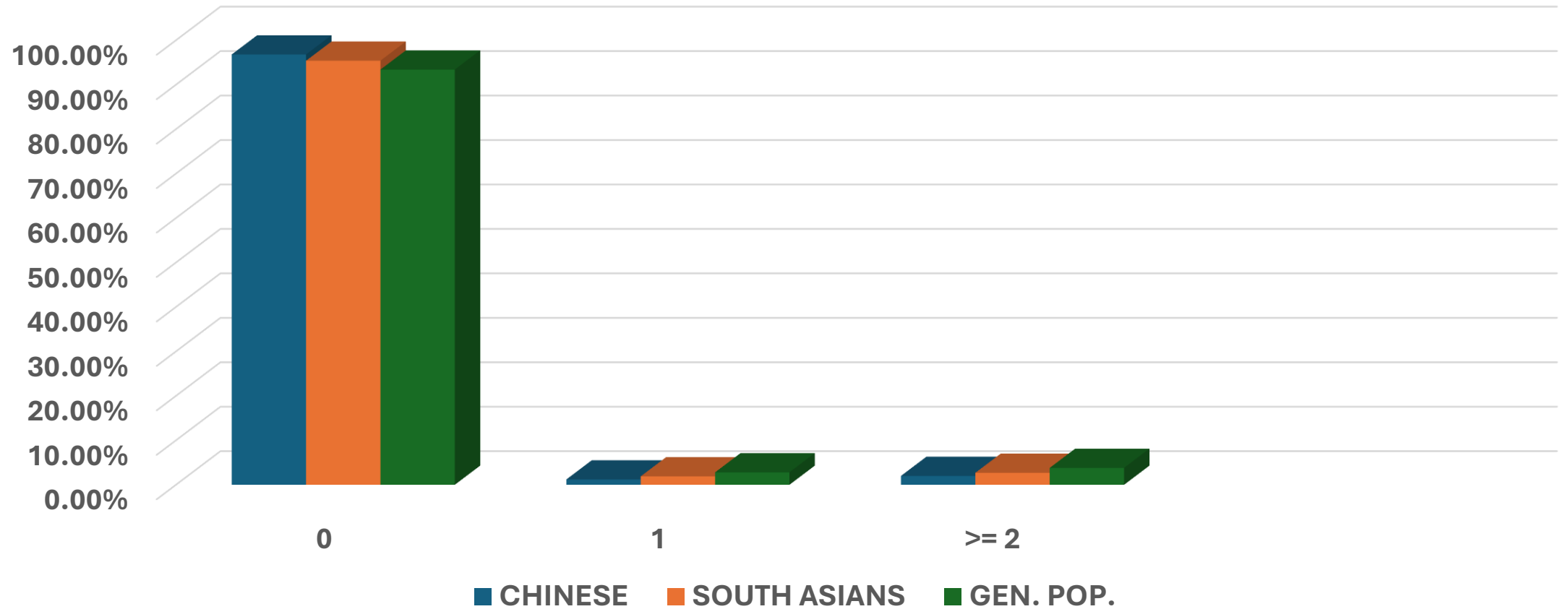


- 1ST QUINTILE
- 2ND QUINTILE
- 3RD QUINTILE
- 4TH QUINTILE
- 5TH QUINTILE

# RURAL/URBAN AT INDEX DATE



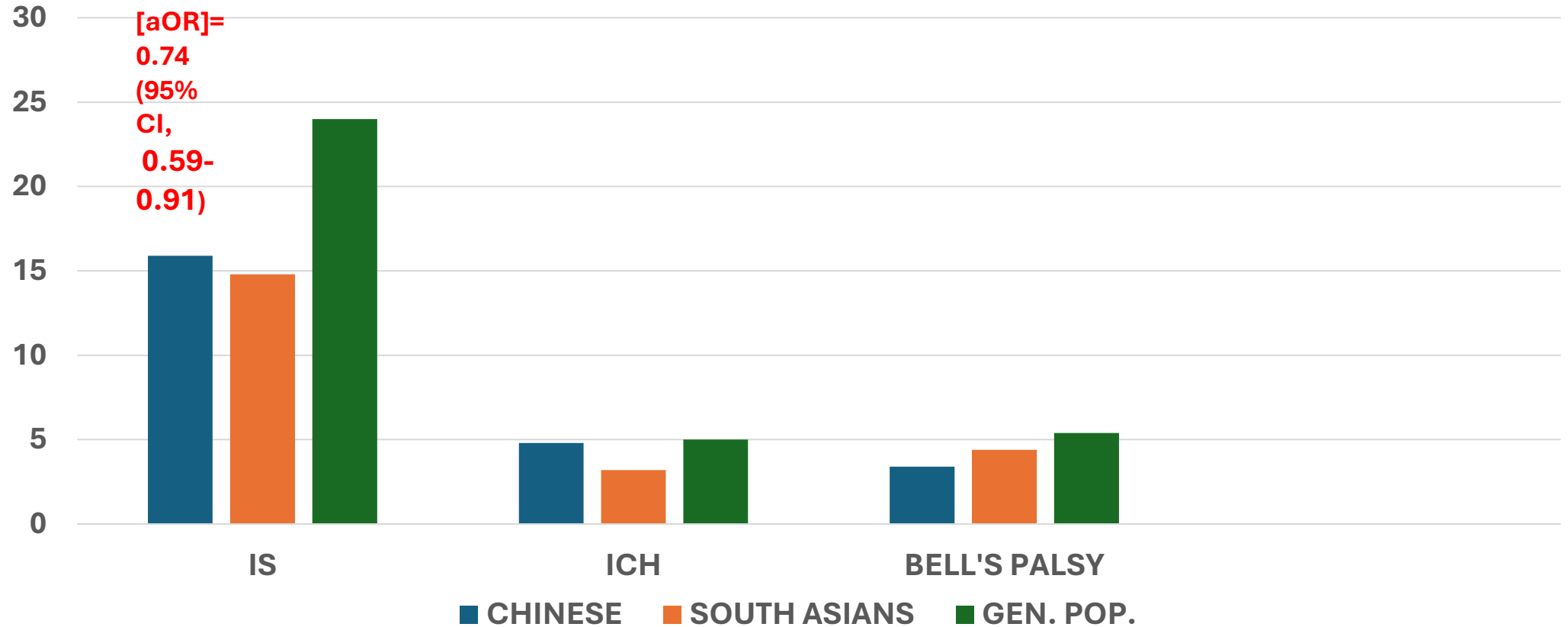
# CHARLSON COMORBIDITY SCORE CONTINUOUS (5-YEAR HISTORY)





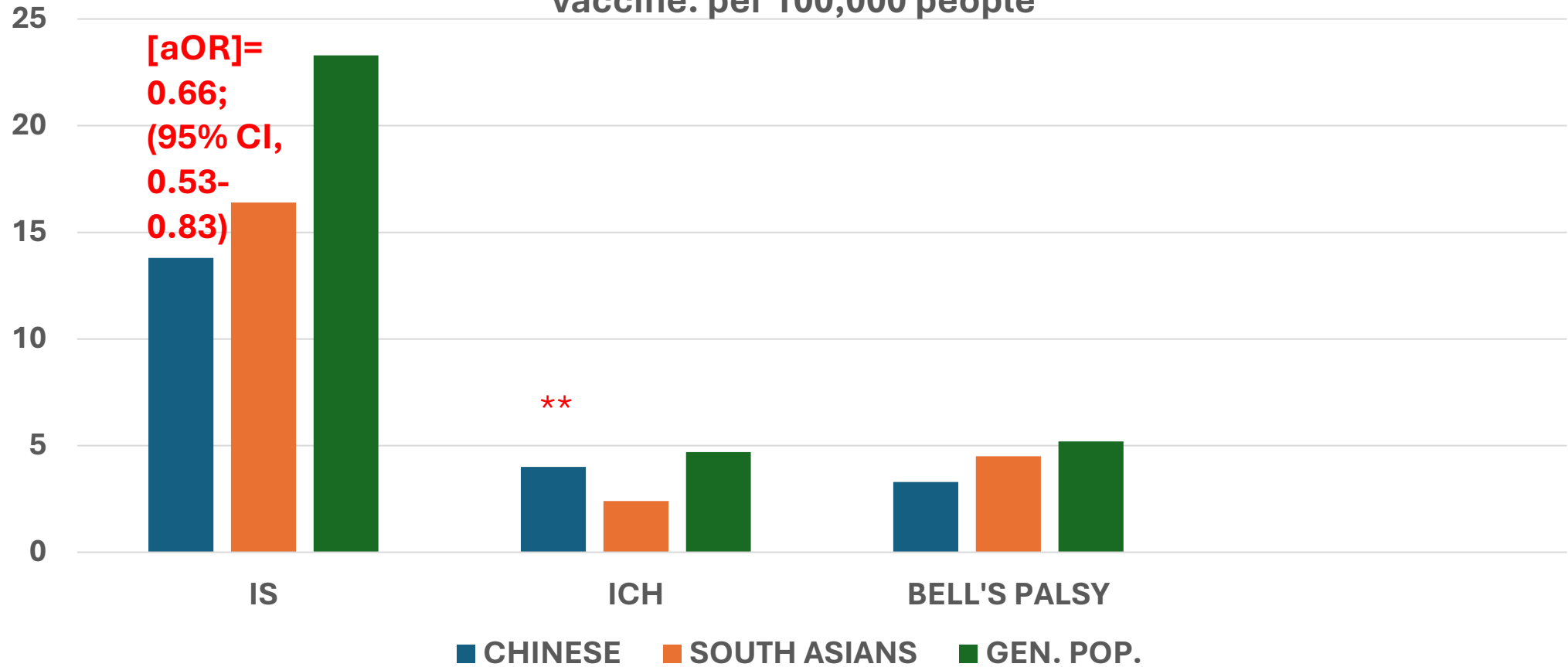
# RESULTS AFTER 1<sup>ST</sup> DOSE

Neurological events within 42 days following first dose of COVID-19 vaccine: per 100,000 people



# RESULTS AFTER 2<sup>ND</sup> DOSE

Neurological events within 42 days following 2<sup>nd</sup> dose of COVID-19 vaccine: per 100,000 people



# RESULTS:

- Other neurological complication rates :
- CVST : n = 52
- GBS : n = 72
- TM: n = 25

These numbers were **too low** for meaningful statistical analysis between ethnicity.

# CONCLUSIONS (1)

- In this population-based retrospective cohort study in Ontario, rates of neurological events following the first or the second dose of COVID-19 were **low** and were largely similar after both doses. While crude rates were lower in South Asians and Chinese, there were no ethnic differences in rates of neurological events following vaccination after adjustment for age, sex, and vaccine type.
- We too found a **lower rate of ischemic stroke in Asian Ontarians**, but no difference in the rate of ICH. Further, our observed rates of these events are **similar to the baseline rates** observed in Ontario in the years **preceding COVID-19 infection**<sup>9</sup>, and the known ethnic differences in the incidence of stroke and its subtypes.<sup>10</sup>

## CONCLUSIONS (2)

- Since there is no overall variation in neurological complications by ethnicity following COVID-19 vaccination, this should encourage **all** ethnic groups in Ontario to be vaccinated for COVID-19.



# ACKNOWLEDGEMENTS



- \* Professor Gordon W. Moe, Cardiologist, Unity Health , Toronto
- Professor Chi-Ming Chow, Cardiologist, Unity Health, Toronto
- Professor Robert Chen, Neurologist, Toronto Western Hospital- UHN, Toronto
- Professor Peter P. Liu, Cardiologist, Ottawa Heart Institute, Ottawa
- Dr. Dennis T. Ko, Cardiologist and Clinical Epidemiologist, Sunnybrook Health Sciences Center and Institute of Clinical Evaluative Sciences (ICES), Toronto
- Dr. Milan Gupta, Cardiologist, University of Toronto
- Dr. Manav Vyas, Neurologist, Unity Health, Toronto
- Ms. Maria Koh, staff scientist, Institute of Clinical Evaluative Sciences (ICES)
- Mr. Yosuf Kaliwal, research data analyst, Institute of Clinical Evaluative Sciences (ICES)
- Dr. Joseph Y. Chu, Neurologist, WOHS and TWH-UHN, Toronto
- All generous donors to the Chinese Canadian Heart and Brain Association (CCHABA) [www.cchaba.ca](http://www.cchaba.ca)
- Ontario Ministry of Health and Ontario Health Data Platform (OHDP)
- Research funds, Department of Medicine, University of Toronto



# ACKNOWLEDGEMENTS

- This study was supported by **ICES**, which is funded by an annual grant from the **Ontario Ministry of Health (MOH) and the Ministry of Long-Term Care (MLTC)**. This study was also supported by the **Ontario Health Data Platform (OHDP)**, a Province of Ontario initiative to support Ontario's ongoing response to COVID-19 and its related impacts. The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by the OHDP, its partners, or the Province of Ontario is intended or should be inferred.
- We thank IQVIA Solutions Canada Inc. for use of their Drug Information File. This document used data adapted from the Statistics Canada Postal CodeOM Conversion File, which is based on data licensed from Canada Post Corporation, and data adapted from the Ontario Ministry of Health Postal Code Conversion File, which contains data copied under license from ©Canada Post Corporation and Statistics Canada. Parts of this material are based on data and/or information compiled and provided by CIHI and the Ontario Ministry of Health. The analyses, conclusions, opinions, and statements expressed herein are solely those of the authors and do not reflect those of the funding or data sources; no endorsement is intended or should be inferred. We acknowledge the administrative support by Ms. Raquel Duchon of ICES.
- This study was supported by the **Ontario Ministry of Health-Ontario Health Data Platform**; the research fund, **Department of Medicine, University of Toronto: fund# 472617/FC 100089/CC 10895**; and the **Research Committee of the Chinese Canadian Heart and Brain Association (CCHABA)**.

# REFERENCES

- 1. Williams SE, Pahud BA, Vellozzi C, et al. Causality assessment of serious neurologic adverse events following 2009 H1N1 vaccination. *Vaccine*. 2011;29:8302–8308.
- 2. Sejvar JJ. Vaccines and neurologic disease. *Semin Neurol*. 2011;31:338–355.
- 3. Egede LE, Zheng D. Racial/Ethnic Differences in Influenza Vaccination Coverage in High-Risk Adults. *Am J Public Health*. American Public Health Association; 2003;93:2074–2078.
- 4. Quach S, Hamid JS, Pereira JA, et al. Influenza vaccination coverage across ethnic groups in Canada. *CMAJ*. 2012;184:1673–1681.
- 5. Li X, Raventós B, Roel E, et al. Association between covid-19 vaccination, SARS-CoV-2 infection, and risk of immune mediated neurological events: population-based cohort and self-controlled case series analysis. *BMJ*. British Medical Journal Publishing Group; 2022;376:e068373.
- 6. Shah BR, Chiu M, Amin S, Ramani M, Sadry S, Tu JV. Surname lists to identify South Asian and Chinese ethnicity from secondary data in Ontario, Canada: a validation study. *BMC Medical Research Methodology*. 2010;10:42.
- 7. Nahab F, Bayakly R, Sexton ME, et al. Factors associated with stroke after COVID-19 vaccination: a statewide analysis. *Front Neurol*. 2023;14:1199745.
- 8. Moll K, Lufkin B, Fingar KR, et al. Background rates of adverse events of special interest for COVID-19 vaccine safety monitoring in the United States, 2019-2020. *Vaccine*. 2023;41:333–353.
- 9. Nasreen S, Calzavara AJ, Sundaram ME, et al. Background incidence rates of hospitalisations and emergency department visits for thromboembolic and coagulation disorders in Ontario, Canada for COVID-19 vaccine safety assessment: a population-based retrospective observational study. *BMJ Open*. 2021;11:e052019.
- 10. Vyas MV, Austin PC, Pequeno P, et al. Incidence of Stroke in Immigrants to Canada: A Province-wide Retrospective Analysis. *Neurology*. Epub 2021 Aug 18.;10.1212/WNL.0000000000012555.
- 11. Funk MJ, Landi SN. Misclassification in administrative claims data: quantifying the impact on treatment effect estimates. *Curr Epidemiol Rep*. 2014;1:175–185.



THANK YOU