Review of: "Side effects of COVID-19 vaccination in Pakistani population: A cross sectional study"

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Potential competing interests: No potential competing interests to declare.

1. In Abstract the setting of the study should be described. 1100+ responses were collected from what population pool? What was the timing of the study?
2. “Only 2% of the participants encountered” in Abstract- 2% is a pretty big number for disabling side effects. “Only” should be removed.
3. Some terminologies in Abstract such as extreme complications should be replaced with more appropriate scientific terminologies.
4. The authors could have used elaborate methodologies of studies which focused on AEFIs instead of the limited focus study of Bolze et al.
5. Sample size calculation is unclear. With millions of people vaccinated how would a sample size of 300+ suffice?
6. “Similarly, the impact of vaccination status on COVID-19 infection side effects, hospitalization and development of complications was also determined by binary logistic regression and results were plotted as forest plot”. How was this done considering only vaccinated persons were included? The authors write “A total of 1162 responses were collected from fully vaccinated individuals.”
7. Associations of individual AEFIs with gender may not be needed unless they are AESIs.
8. How is typhoid a comorbid condition? Was typhoid present during vaccination?
9. “Among those infected with vaccination, ”…The language seems improper.
10. “We have shown that 94% of the participants did not contract infection after vaccination, while those 6% vaccinated, who contracted infection, had low incidence of infection, less hospitalization, no difficulty in daily routine and less development of severe outcomes as compared to non-vaccinated.” The study is not designed or powered to show any of these.
11. There is no detailed description of severe adverse events.
12. The sample size of the study is inadequate considering much larger sample sizes of studies from south Asia which have prospectively followed up vaccinated persons for potential adverse events. The conclusions drawn from the study hence are difficult to be considered valid at the population level.