

Vaccinations against SARS-CoV-2:
Duration of efficacy of licensed vaccines
vaccines in hospital staff (IDIK)

Dear employee of the Rhein-Maas Klinikum,

Thank you for agreeing to participate in our survey.

The aim of this observational study is to check the S-antibodies present in you after the second vaccination or a vaccination after recovery and to derive from this further measures (e.g. a 3rd vaccination) to ensure protection against infection with SARS-CoV-2 for you as an employee in the clinic and for others.

On the one hand, the vaccination protection is related to existing S-(spike) antibodies, but also still to the cellular immunity of the T-cells, which we do not control in this study.

In addition to the S-antibodies, we check the N-(nucleocapsid) antibodies again as an indication of a previous infection.

The survey takes about 10 minutes on average.

Thank you very much for your participation.

The project team

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Questionnaire IDIK

1. What ID number did you get when your blood was taken?
(for example 10084)

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2. In which year were you born? (for example 1984)

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3. What gender are you?

- ☐ Male
- ☐ Female
- ☐ Other

4. What is your profession at the hospital?

- ☐ Doctor
- ☐ Nurse
- ☐ Nursing assistant
- ☐ Medical assistant
- ☐ Therapist
- ☐ Cleaner
- ☐ Administrative assistant
- ☐ Cleaning/kitchen assistant
- ☐ Other profession: _____

5. On which ward / in which area do you mainly work? (Multiple selection possible)

- ☐ Emergency room
- ☐ Surgical ward
- ☐ Non-surgical ward
- ☐ Intensive care unit
- ☐ Laboratory
- ☐ Radiology
- ☐ Administration
- ☐ Central services (storage, collection and delivery services, technology, gate)
- ☐ Housekeeping (cleaning, kitchen)
- ☐ Others: _____

6. Did you work in a COVID 19 ward in 2021?

This includes, for example, if your other ward was converted for COVID 19 patients.

- ☐ Yes
- ☐ Exclusively
- ☐ No

7. Have you had any contact with a COVID 19 patient while working?

- ☐ No (go to question 10)
- ☐ Yes, once
- ☐ Yes, several times

8. Were you wearing personal protective equipment during the contact?

- ☐ No
- ☐ Yes

9. Which protective equipment was this? (Multiple selection possible)

- ☐ Mask (MNS/FFP2-mask)
- ☐ Safety googles/visor (Face Shield)
- ☐ Gloves
- ☐ Smock

10. Have you had any private contact with people who have / had COVID-19 in the last few months?

- ☐ No
- ☐ Short, fleeting contact
- ☐ Close contact (e.g. family member, partner, flatmate)

11. Have you been in risk areas or a high incidence area, now high risk area, in the last three months?

For example, on holiday or during a business trip.

- ☐ No (go to question 13)
- ☐ Yes

12. If yes, in which areas were you? (multiple answers possible)

- 1. _____
- 2. _____
- 3. _____

13. Have you had symptoms of illness typical of COVID-19 despite vaccination?

Cough, fever, rhinitis, disturbance of the sense of smell and/or taste

- ☐ No (go to question 15)
- ☐ Yes

14. If yes, which symptoms were these? (multiple selection possible)

- ☐ Rhinitis
- ☐ Cough (dry)
- ☐ Cough (with sputum)
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ Heart pain (angina pectoris)
- ☐ Muscle/limb pain
- ☐ Fatigue/exhaustion
- ☐ Nausea/vomiting
- ☐ Diarrhoea
- ☐ Headache
- ☐ Loss of taste/odour
- ☐ Back pain
- ☐ fever, highest temperature |_|_|,_|°C, number of days |_|_|_|
- ☐ Other symptoms, namely _____

15. Have you been diagnosed with SARS-CoV-2 infection or COVID-19 disease in 2021?

- ☐ No (go to question 23)
- ☐ Yes, by a positive smear test
- ☐ Yes, by positive PCR/antibody test

16. If yes, have you fully recovered from your COVID-19 disease?

- ☐ Yes (go to question 19)
- ☐ No

17. Which complaints still exist after your COVID-19 disease? (multiple selection possible)

- ☐ Exhaustion
- ☐ Shortness of breath
- ☐ Taste and smell disorders
- ☐ Impaired vision
- ☐ Dizziness
- ☐ Others, namely: _____

18. Have you been given a Long-COVID/Post-COVID diagnosis?

- ☐ Yes
- ☐ No

19. Did you receive a vaccination after your COVID-19 disease?

- ☐ Yes
- ☐ No

20. If yes, which vaccine did you receive during this vaccination?

- ☐ BioNTech – Comirnaty (mRNA)
- ☐ AstraZeneca – Vaxzevria (vector)
- ☐ Moderna – Spikevax (mRNA)
- ☐ Janssen - COVID-19 Vaccine (vector)

21. In which month in 2021 did you receive this vaccination?

- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

22. Have you noticed any vaccination side effects?

- ☐ Yes
- ☐ No

For all those who have not had COVID-19:

23. in which month in 2021 did you receive your 1st vaccination?

- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

24. Which vaccine did you receive at your 1st vaccination?

- ☐ BioNTech – Comirnaty (mRNA)
- ☐ AstraZeneca – Vaxzevria (vector)
- ☐ Moderna – Spikevax (mRNA)
- ☐ Janssen - COVID-19 Vaccine (vector)

25. What side effects occurred after your 1st vaccination? (multiple answers possible)

- ☐ None
- ☐ Pain at injection site
- ☐ Swelling at injection site
- ☐ Tiredness
- ☐ Headache
- ☐ Pain in limbs
- ☐ Joint pain
- ☐ Muscle pain
- ☐ Chills
- ☐ Fever
- ☐ Nausea/vomiting
- ☐ Other, namely: _____

26. In which month in 2021 did you receive your 2nd vaccination?

- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

27. Which vaccine did you receive for your 2nd vaccination?

- ☐ BioNTech – Comirnaty (mRNA)
- ☐ AstraZeneca – Vaxzevria (vector)
- ☐ Moderna – Spikevax (mRNA)
- ☐ Janssen - COVID-19 Vaccine (vector)

28. What side effects occurred after your 2nd vaccination? (multiple answers possible)

- ☐ None
- ☐ Pain at injection site
- ☐ Swelling at injection site
- ☐ Tiredness
- ☐ Headache
- ☐ Pain in limbs
- ☐ Joint pain
- ☐ Muscle pain
- ☐ Chills
- ☐ Fever
- ☐ Nausea/vomiting
- ☐ Other, namely: _____

29. Are you immunosuppressed? Is your immune system weakened by a disease?

- ☐ No (questionnaire completed)
- ☐ Yes

30. If yes, what weakens your immune system? (multiple selection possible)

- ☐ Diabetes mellitus and/or other metabolic diseases
- ☐ Cancer
- ☐ Inflammatory rheumatic disease (rheumatoid arthritis, ankylosing spondylitis)
- ☐ Chronic inflammatory respiratory disease (COPD, asthma)
- ☐ chronic heart, liver or kidney disease
- ☐ Chronic inflammatory bowel disease (Crohn's disease, ulcerative colitis)
- ☐ Chronic nerve disease (MS, epilepsy, cerebral palsy)
- ☐ HIV infection/AIDS
- ☐ Taking immunosuppressants
- ☐ Other, namely _____

You have reached the end of the questionnaire.

Thank you very much for your participation!

Please hand in the questionnaire to Dr. Evenschor-Ascheid at the same time as you take your blood sample (same ID number).