

Supplementary material S1: Questionnaire

Volunteer number _____ Date of vaccination __/__/____ (Date/Month/Year)

Please placing check mark in the box " " that corresponds to your symptom after vaccination

1. Local reactions

	Date of onset								
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	After Day 7	
Pain at the injection site	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> ER visit/hospitalization	<input type="checkbox"/> Absence <input type="checkbox"/> Presence If presence, date of symptom disappearance was __/__/__
Swelling at the injection site	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis	<input type="checkbox"/> Absence <input type="checkbox"/> Presence If presence, date of symptom disappearance was __/__/__
Erythema/Redness at the injection site	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (2.5 - 5 cm.) <input type="checkbox"/> Moderate (5.1 - 10 cm.) <input type="checkbox"/> Severe (> 10 cm.) <input type="checkbox"/> Necrosis/exfoliative dermatitis	<input type="checkbox"/> Absence <input type="checkbox"/> Presence If presence, date of symptom disappearance was __/__/__

Date of onset								
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	After Day 7
	(ER visit/ hospitalization)	(ER visit/ hospitalization)	(ER visit/ hospitalization)	(ER visit/ hospitalization)	(ER visit/ hospitalization)	(ER visit/ hospitalization)	(ER visit/ hospitalization)	
Lump/ swollen at axillary /other lymph nodes	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> Absence <input type="checkbox"/> Presence If presence, date of symptom disappearance was __/__/__
Other symptom specify	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> No symptom <input type="checkbox"/> Mild (No interference with activity) <input type="checkbox"/> Moderate (Some interference with activity) <input type="checkbox"/> Severe (Prevents daily activity) <input type="checkbox"/> Life threatening (ER visit/ hospitalization)	<input type="checkbox"/> Absence <input type="checkbox"/> Presence If presence, date of symptom disappearance was __/__/__