



Survey on side effects and need for treatment June 2025

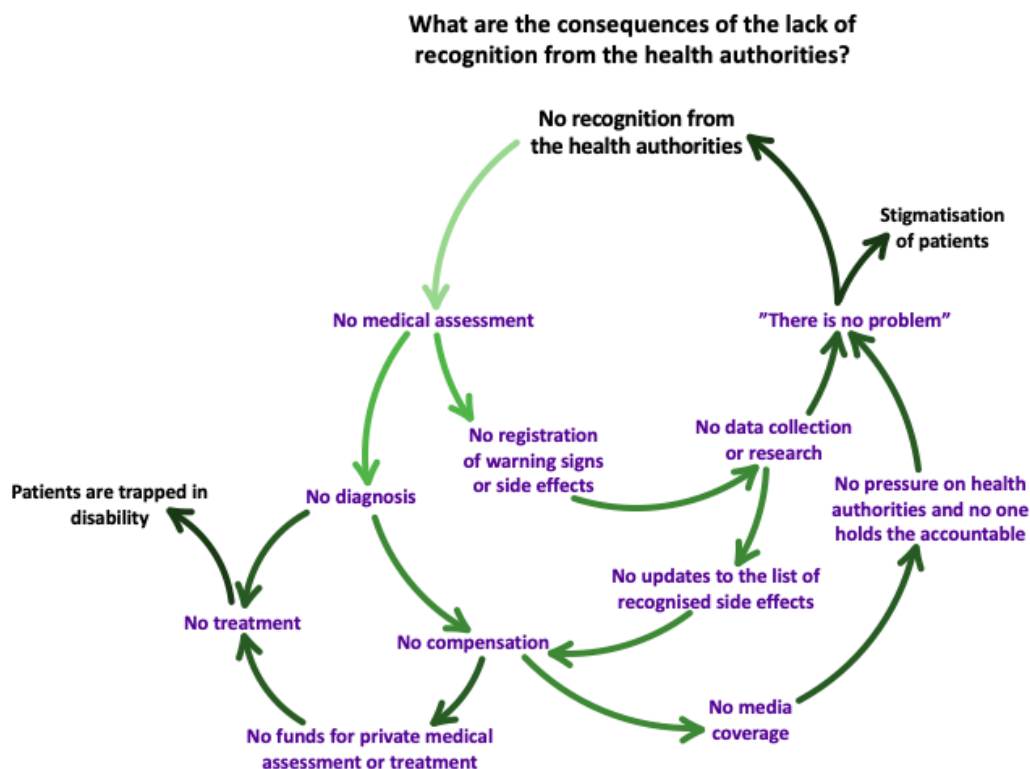


Illustration – When recognition is lacking

Consulted stakeholder in the
"Health Technology Assessment of the Covid-19 Vaccination"

June 18th 2025



Purpose

In response to the invitation to contribute to the Health Technology Assessment of the Covid-19 Vaccination (HTA), the patient organization has submitted a consultation response.

Alongside this, the association conducted a survey among citizens affected by side effects to assess their current situation. Between June 6 and June 16, 2025, 65 patients completed the questionnaire. Their responses provide insight into the situation of those affected by vaccine side effects and reflect issues also experienced by the broader patient group.

One of the aims of the HTA is “to assess the efficacy and safety of the available vaccines.” However, such an assessment cannot be made without examining the patients who experience severe and persistent symptoms.

We therefore once again – and based on the data from this survey – strongly urge the health authorities to initiate proper assessment and treatment for these patients, who are in an urgent health situation.

Demographic Distribution of Participants

The figure below shows the age and gender distribution among the 65 participants in the survey. 81.5% are women and 18.5% are men. The largest group consists of women aged 50–64, followed by women aged 40–44. It should be noted that the patients were 3–4 years younger at the time they became ill (*figure 6*).

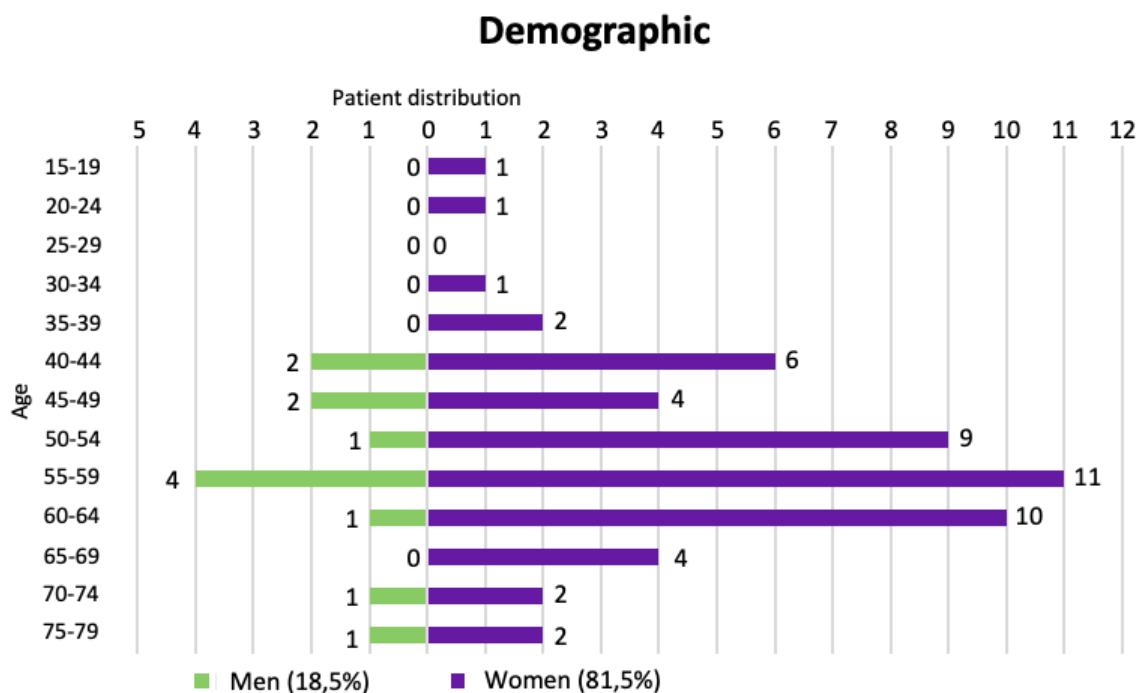


Figure 1



Vaccinations with side effects

Frequency of vaccinations with side effects

Among the 65 participants, a total of 152 vaccinations were reported. Side effects were reported after 90 of these vaccinations, corresponding to 59%. The remaining 62 vaccinations (41%) were carried out without any reported side effects.

Proportion of vaccinations with side effects

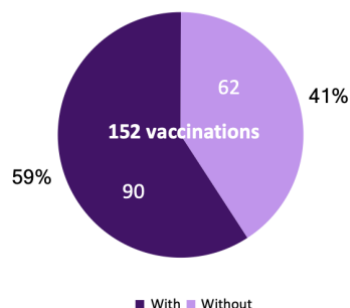


Figure 2

Side effects per vaccine dose

Side effects were most frequently reported after the 2nd and 1st dose, accounting for 39% and 34% of all reported cases, respectively (figure 3). The incidence dropped significantly for the 3rd, 4th, and 5th doses.

Pfizer was the most commonly administered vaccine among the survey participants, followed by Moderna, and few cases involving AstraZeneca.

Vaccinations with side effects per dose

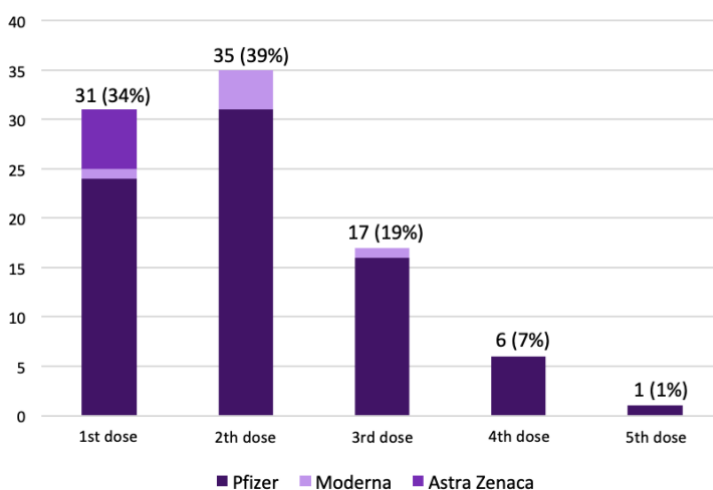


Figure 3

Side effects among the patients

One in five participants received multiple doses that caused side effects (figure 4).

The escalation in both the number and severity of side effects might have been avoidable in some cases, had the patients received proper guidance from health authorities after the onset of their initial symptoms.

Vaccinations with side effects per affected individual

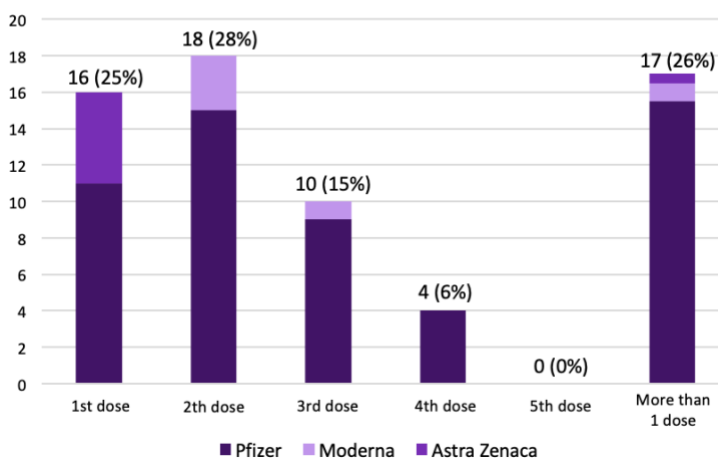


Figure 4



Temporal correlation between vaccination and symptom onset

Time from side effect–triggering vaccination to symptom onset

In response to the question of when the first symptoms appeared, a clear pattern emerged. The chart shows when the symptoms began in relation to the vaccination. **38%** (25 patients) became ill on the **same day** they received their vaccination. **84.6%** (55 patients) experienced symptoms **within the first week**.

These numbers point to a clear temporal correlation between the vaccination and the onset of initial symptoms, which is an important factor in the evaluation of potential causal links. When considered alongside the type of side effects (*figure 8*), the number of side effects (*figure 7*), the duration of illness (*figure 6*), and the current health status (*figure 12*), it becomes evident that the symptoms experienced by the survey participants are neither mild nor transient.

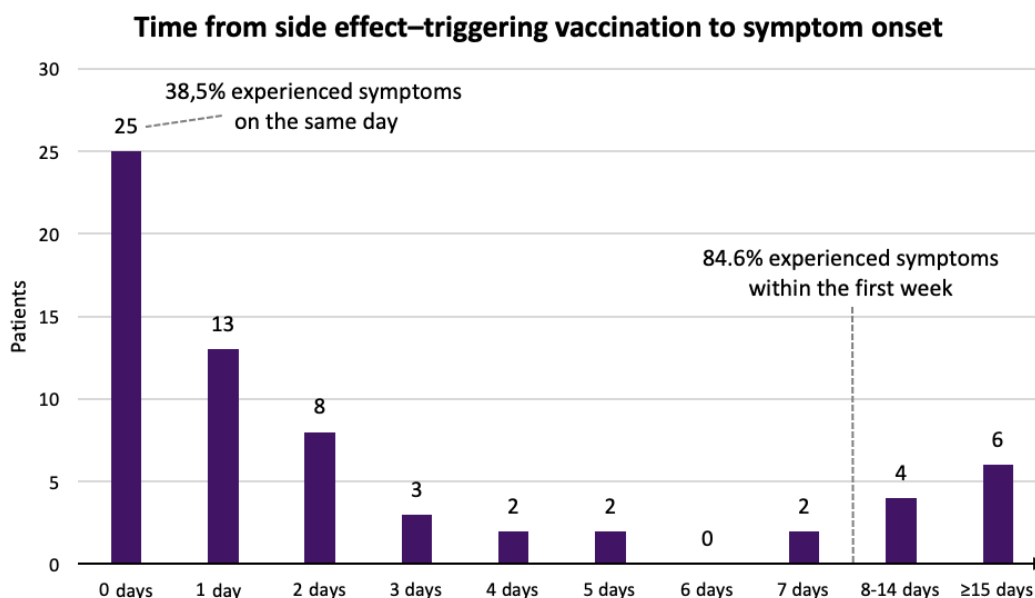


Figure 5

Long-term side effects following Covid-19 vaccination

The chart (*figure 6*) illustrates the duration of illness among the 65 patients and shows that these are individuals who have remained ill throughout the entire period since their vaccination.

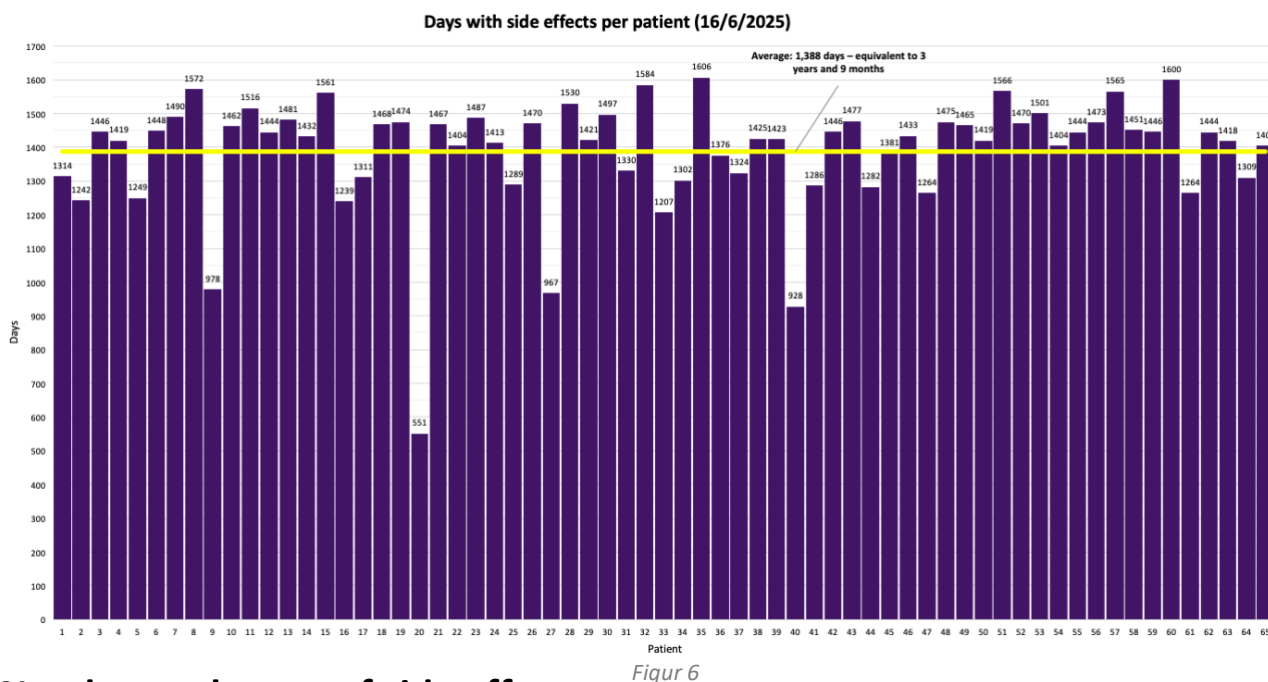
This survey reveals an alarming trend: on average, patients have been ill for **1,388 days** — equivalent to nearly four years. This number highlights the long-term nature of the illness experienced by many of those affected. The duration of illness now spans several years, with many still struggling with significant health issues (*figure 8*) and reduced quality of life (*figure 13*).

These results point to the urgent need for recognition, research, and support for people living with long-term side effects after receiving the COVID-19 vaccine.



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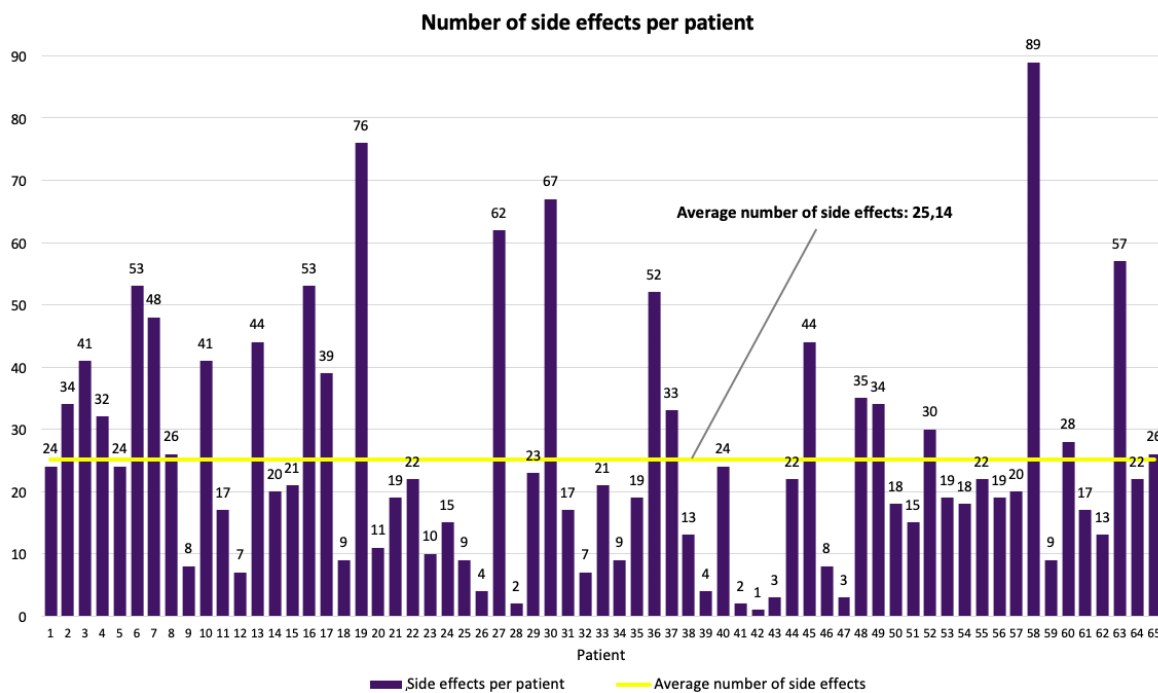


Figur 6

Number and types of side effects

Number of side effects per patient and types of symptom

The number of side effects reported per patient (*figure 7*) is in itself striking. The same goes for the range of symptoms. The side effects (*figure 8*) speak for themselves and reflect what we hear from patients in Denmark and through the international patient organizations React19 and CVIA.



Figur 7

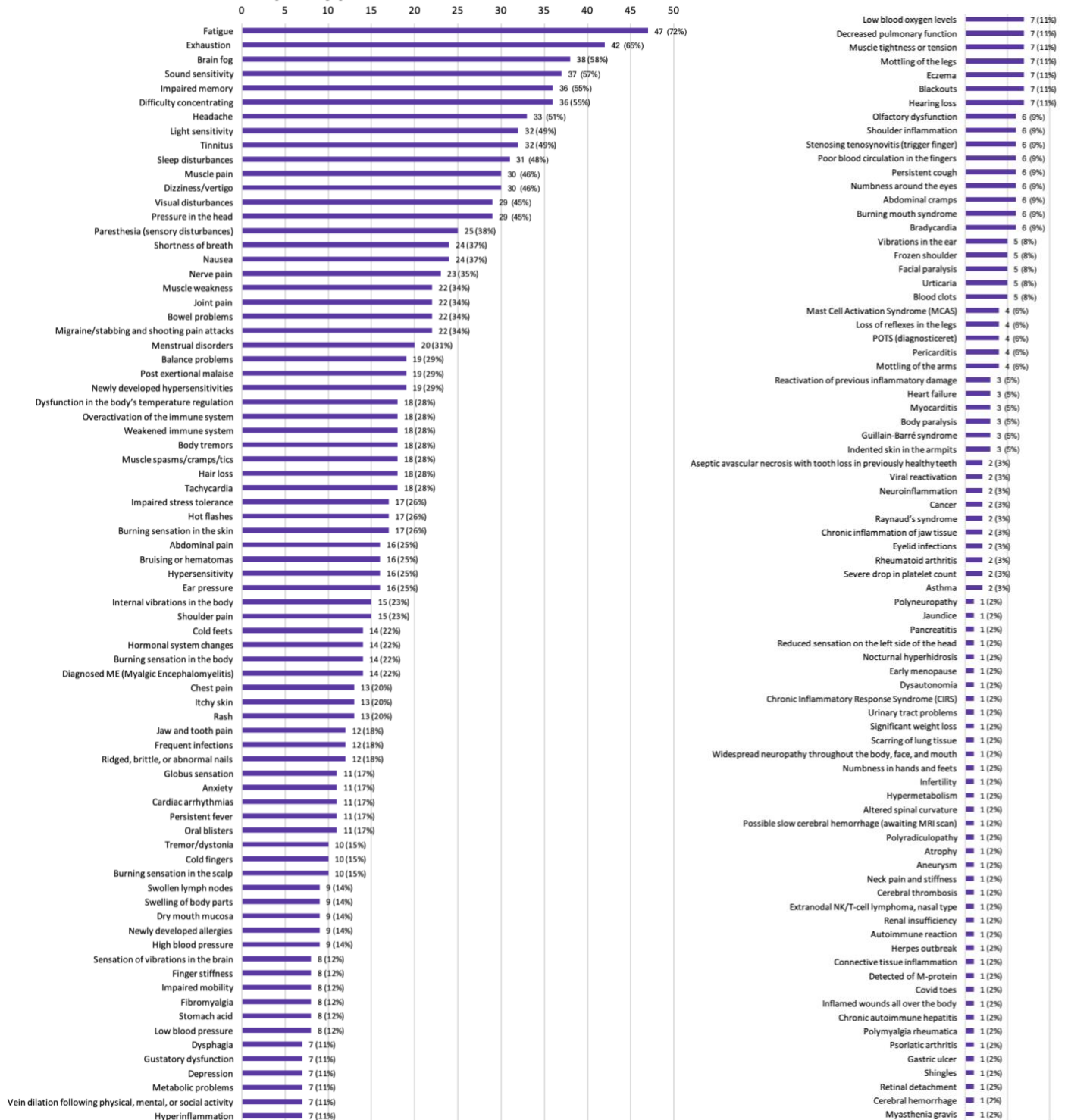


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Frequency per side effect



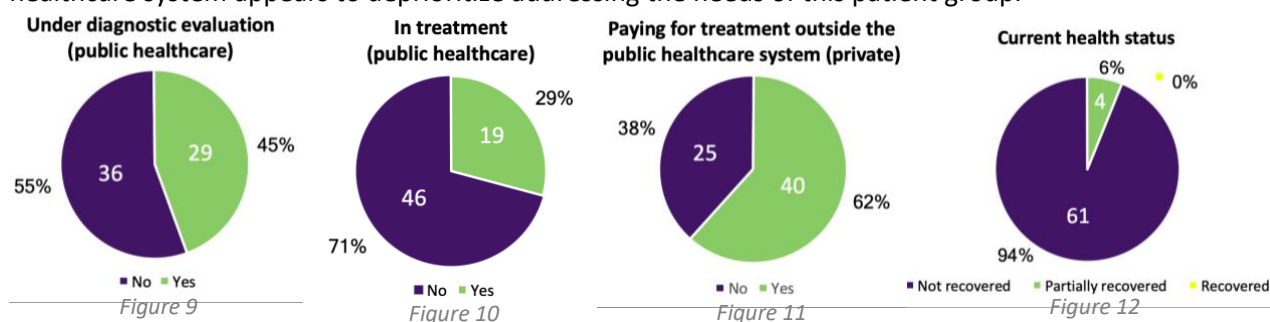
Figur 8



Medical assessment, treatment, and current health status

Access to healthcare

The numbers in figure 9, 10, and 11 shows that the majority of patients are not undergoing medical assessment or receiving treatment within the public healthcare system, despite reported serious side effects and health issues (*figure 12*). Only 29% are receiving treatment in the public sector, even though many are suffering from complex and often disabling health conditions (*figure 13*). At the same time, 62% of the participants are paying out of pocket for private treatment, indicating both desperation and a pressing need for care. This reflects a broader experience among patients, of inadequate support or recognition within the public system, prompting them to seek – and fund – private care, despite reduced income due to their health condition (*figure 13*) and a lack of financial compensation to cover such expenses (*figure 15*). This raises serious questions about equal access to treatment, and why the public healthcare system appears to deprioritize addressing the needs of this patient group.



Impact of side effects on health and work capacity

Figure 12 shows that the vast majority of participants (94%) have not recovered. Only 6% report being partially recovered, and none consider themselves fully recovered. This indicates that symptoms in this group are long-lasting and potentially disabling. The same can be concluded from Figure 13, which illustrates the impact of side effects on participants' ability to work. A significant proportion are either fully or partially out of the workforce. Only seven participants report that their work capacity has not been affected by the side effects. Others, out of necessity, attempt to adapt their working lives to their reduced health condition—despite ongoing symptoms—through measures such as reduced working hours under workplace adjustments and accommodations.



Figure 13



Adverse Event Reporting to the Danish Medicines Agency

Reports submitted by patients and physicians

The vast majority of patients (78%) have reported their side effects themselves. The picture is quite different when it comes to reports submitted by physicians. Only 32% of the participants state that their doctor submitted a report, while 15% say that only some of their side effects were reported. A full 35% report that their doctor did not submit any report, and 18% are unsure whether a report was made. Overall, this points to a concerning trend of underreporting, which ultimately leads to a lack of detection of warning signals — and thus a failure to register new or emerging side effects.

Have the side effects been reported to the Danish Medicines Agency?

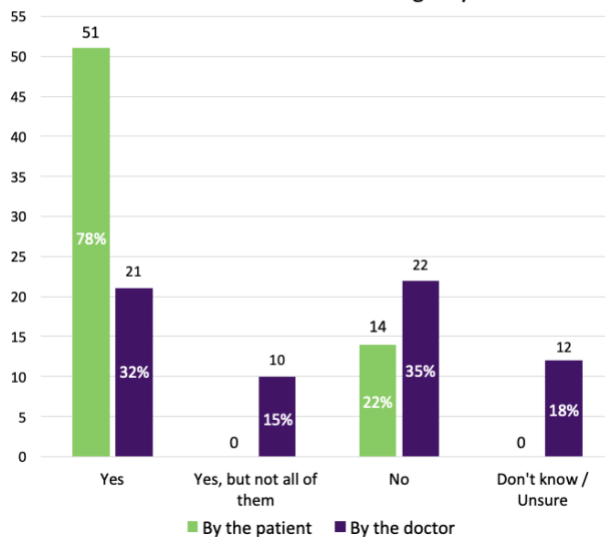


Figure 14

Compensation

Approved compensation claims and rejections of compensation

In 62% of cases, patients with side effects from the Covid-19 vaccination have been denied compensation. 32% have not applied. When asked why, they say they are too ill to spend energy on a process where they already know the likely outcome, since few cases are recognized, like we see in this survey. Cause **Only 3%** (2 people) have **received compensation**, while 3% are still awaiting a decision.

Was the patient's compensation claim approved?

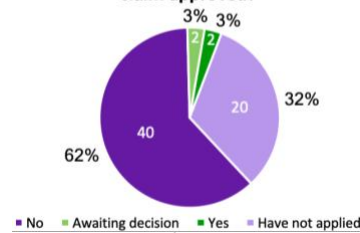


Figure 15

The rejections are primarily based on a product summary that is not updated in line with the emergence of new side effects, as well as strict requirements for proving causality — despite the lack of access to medical evaluations that could help establish such a link. In addition, rejections often cite background incidence rates in the general population, without apparently accounting for the composition, the number of reported side effects, or the timing of symptom onset (figure 5).

Reasons for rejection of compensation claims

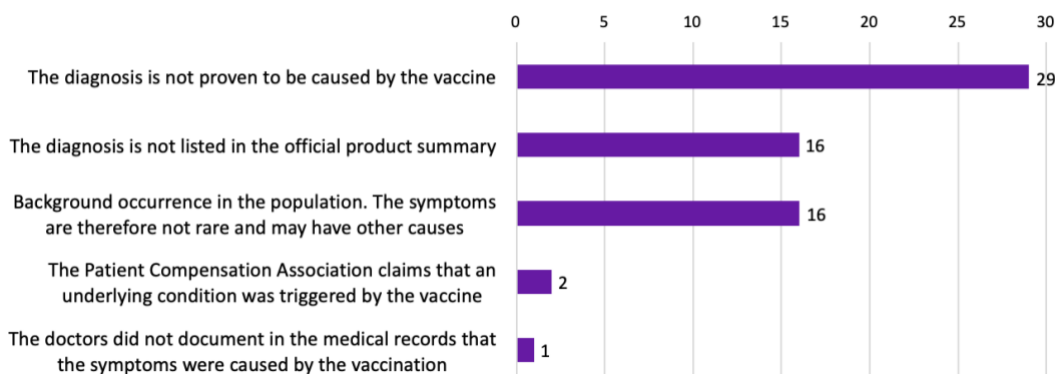


Figure 16