

COVID-19 Vaccine Information for people on an immunosuppressive or biological treatment

Should I be vaccinated against COVID-19?

We encourage all patients who are on an immunosuppressive or biological treatment to be vaccinated against COVID-19. At this stage, patients with chronic inflammatory conditions who have required treatment with immunosuppressive or biological therapies are included in Phase 1b of the vaccine rollout in Australia.

The overarching goal of Australia's COVID-19 vaccination program is to protect all people in Australia from the harm caused by the novel coronavirus SARS-CoV-2, through preventing serious illness and death, and, as much as possible, disease transmission. Vaccines approved for use in Australia are effective in protecting against COVID-19 infection in clinical trials in healthy populations. Furthermore, these vaccines are safe with low rates of serious side effects.

Unfortunately, patients on immunosuppressive or biological treatments were not included in the initial clinical trials, so there is a lack of data in this population. Nevertheless, **there are no additional safety concerns** relevant to patients on immunosuppressive or biological treatments. As a result, it is in most people's best interest to receive the vaccine to protect themselves as well as the wider community.

Are there reasons why I should not receive the vaccine?

The main reasons not to receive a COVID-19 vaccine are if you have had a significant adverse reaction to a COVID-19 vaccine in the past or if you have an allergy to some of the ingredients (such as polyethylene glycol or polysorbate 80) found in the COVID-19 vaccines. Anaphylactic reactions to COVID-19 vaccines are very rare and occur in less than 1 in 100,000 doses. If you have a history of severe allergies or you are unsure whether you are allergic to the COVID-19 vaccine, we recommend consulting with your allergist or immunologist prior to receiving the vaccine.

Although it is not contraindicated, if you are pregnant, vaccination against COVID-19 is not routinely recommended at this stage, however this may change in the future. We encourage all pregnant patients to discuss COVID-19 vaccination with their obstetrician.

How effective is the COVID-19 vaccine?

Approved COVID-19 vaccines may be up to 95% effective in preventing symptomatic COVID-19 infection. Furthermore, if you do contract COVID-19 infection after being vaccinated, you may suffer from a less severe form of the disease. We do not know if the approved COVID-19 vaccines will be just as effective for emerging and potentially more virulent strains of the COVID-19 virus.

It is possible that the COVID-19 vaccine may not be as effective in patients taking immunosuppressive or biological treatments; although, small studies on newer generation biological medications used to treat psoriasis and atopic dermatitis (eczema) indicate minimal interference with vaccines for influenza (flu), pneumonia and tetanus.

What vaccines are currently approved for use in Australia?

Pfizer (BNT162b2) – 2 doses given at least 21 days apart
Astra Zeneca (AZD1222) – 2 doses given 4-12 weeks apart

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Currently, we cannot recommend any one vaccine over another for patients on immunosuppressive or biological treatments.

The Australian Technical Advisory Group on Immunisation (ATAGI) have recommended that the Pfizer (BNT162b2) vaccine is preferred over Astra Zeneca (AZD1222) vaccine in adults aged under 50 years. People who have had the first dose of Astra Zeneca (AZD1222) without any serious adverse effects can be given the second dose, including adults under 50 years.

Which vaccines am I allowed to receive as someone on an immunosuppressive or biological treatment?

Currently, vaccines approved for use in Australia are appropriate for patients on immunosuppressive treatment or impaired immune systems, as they do not use the whole virus. A “live” vaccine may be developed in future; this would involve using the whole COVID-19 virus in a weakened form. Live vaccines are not appropriate for patients on immunosuppressive or biological treatments due to the risk of the weakened virus becoming active again.

When will I receive the COVID-19 vaccine?

The Australian Government has implemented a COVID-19 Vaccination National Roll Out Strategy to enable mass vaccination and prioritise at-risk groups. Frontline health workers, staff in quarantine facilities and border workers will be the first to receive the vaccine. Patients who are receiving immunosuppressive or biological treatments will be classified as having an underlying medical condition, and may be vaccinated as part of Phase 1b, due to commence in March 2021. If you are unsure of your priority group, please check the government’s eligibility tool, available from:

<https://covid-vaccine.healthdirect.gov.au/eligibility>

What are the side effects of the vaccine?

The most common vaccine side effects are reactions at the injection site such as pain and/or swelling; these reactions are usually mild and will resolve without treatment. Some people may experience systemic side effects such as headaches, fatigue, and muscle soreness. These are typically mild or moderate in severity, but may last for around 2-3 days. Side effects may be more common following the second dose. Those who have persistent side effects, such as, severe headache, blurred vision, shortness of breath, chest pain, leg swelling, abdominal pain or unusual skin bruising after receiving the Astra Zeneca vaccine should seek immediate medical attention.

Do I need to stop or delay my current immunosuppressive or biological medication when I get the COVID-19 vaccine?

In general, we do not recommend stopping or significantly delaying your immunosuppressive or biological treatments without discussing with your treating clinician first, as this may worsen your underlying skin condition.

For patients who are receiving biological injections every few weeks (e.g. etanercept, adalimumab, infliximab, ustekinumab, secukinumab, ixekizumab, guselkumab, tildrakizumab, risankizumab, dupilumab), you should try to avoid administering your biological injection within a week of receiving the COVID-19 vaccine (particularly the second dose). We also recommend the COVID-19 vaccine to be given in

a different site on the body to your biological injection. This is precautionary advice to help manage side effects such as injection site pain/swelling, headache, fatigue and muscle soreness.

There may be some immunosuppressive or biological drugs (e.g. methotrexate, rituximab) that will affect the effectiveness of the COVID-19 vaccine, and an interruption to therapy may be required. This is still unclear, and more research is needed, but always consult your treating doctor first.

When can I have another vaccines such as the flu or pneumonia shot?

The precautionary advice is to avoid receiving other vaccines within 14 days of the COVID-19 injections. More research will be done to see if there are issues with administering the COVID-19 vaccine with other vaccines.

What else should I consider?

We still recommend everyone to practice good hygiene and social distancing to reduce your risk of COVID-19 infection. Although vaccines are effective in reducing your risk, you still can contract COVID-19 infection and become very sick.

We also ask you to notify your treating dermatologist, biologics nurse or trials coordinator before receiving the vaccine and after you receive the vaccine.

Please refer to the Australian Government Department of Health and ATAGI statements for the latest advice regarding COVID-19 vaccination in Australia.

Further information may be found at:

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>