

Allergy and COVID-19 Vaccination

This is a translation of the German document "Allergie und COVID-19-Impfung" by Deutsche Gesellschaft für Allergologie und klinische Immunologie e.v.

Dear patients,

We would like to provide you with some information about **Allergy and COVID-19 Vaccination**. As you have probably learned from the media, severe general reactions have occurred in very rare cases shortly after vaccination with the two currently available mRNA COVID-19 vaccines from Biontech/Pfizer and Moderna. The British health authority therefore issued a temporary recommendation to exclude patients with "severe allergies" or "anaphylaxis" from vaccination. This has led to ambiguities internationally and also in Germany. In principle, allergic or anaphylactic reactions can occur in very rare cases (1 case per 100,000 to 1 million vaccinations) with every vaccination (not only the ones against COVID-19). This may be due either to the vaccine itself or to adjuvants/additives in the vaccine.

For patients with the following diseases from the group of allergic/atopic illnesses, there is no evidence of an increased risk (compared to the normal population) associated with a COVID-19 vaccination with the approved vaccines:

- **Atopic eczema (neurodermatitis)**
- **Urticaria (hives)/angioedema**
- **Allergic rhinoconjunctivitis (hayfever)**
- **Bronchial asthma** (but asthma should be well controlled at the time of vaccination)
- **Nasal polyps**
- **Food allergy** (especially no problems for people allergic to chicken egg protein as the vaccines from Biontech and Moderna contain no chicken egg protein)
- **Insect venom allergy**
- **Painkiller intolerance**
- **Antibiotic allergy**
- **Contact allergy** (e.g. allergy to nickel, fragrance or preservatives)

A special examination (skin or blood test) prior to vaccination is not required for the patient groups listed above.

Please contact us if you are known to be afflicted by any of the following:

- **Severe allergic reaction associated with a previous non-COVID-19 vaccination**
- **Severe allergic reaction after intake of medications (especially laxatives) or injections**
- **Severe allergic reaction following drugs and known mastocytosis**
- **Severe allergic reaction of unknown cause**

Severe allergic reaction, by definition, means the sudden occurrence of skin symptoms with shortness of breath and/or circulatory reaction, which have required immediate medical therapy. In this case, we advise a prior allergological clarification (assessment of the individual situation by an allergist) before a COVID-19 vaccination and/or a vaccination at increased risk. This includes a 30-minute follow-up. (An emergency kit incl. adrenaline pen must be available on site). Please note that the ingredients of the vaccine solutions are not available as tested test allergens.

Patients who are known to have experienced a previous severe allergic reaction to ingredients of the vaccine or to the first COVID19 vaccination must **not** be vaccinated. Among others, the following **ingredients may play a role: Polyethylene glycol (=Macrogol) Tromethamine/Trometamol**

More information concerning concomitant therapies:

- Patients receiving treatment for the aforementioned conditions (including **antibody therapies** such as Xolair® , Dupixent®, Nucala®, Fasenra®) may be vaccinated. Currently, it is being recommended to wait approximately 1 week between treatment and vaccination.
- A **minimum interval of one week** should be kept between the administration of **subcutaneous hyposensitisation/specific immunotherapy (SCIT)** and a COVID-19 vaccination, as with all other vaccinations. Clinical experience regarding simultaneous vaccination (e.g., with the Biontech or Moderna vaccines) and **SLIT treatment** has not been documented for many allergen-immunotherapeutics. In order to distinguish any reactions resulting from the COVID-19 vaccination from reactions due to SLIT, allergological experience suggests that the latter should be paused for at least 1-2 days after the COVID-19 vaccination.
- In case of a immunosuppressant drug therapy (**e.g. ciclosporin**) you should talk to your attending physician ahead of time. There appears to be no particular risk from this therapy. However, the vaccination may be less effective.

1 Worm M et al. Anaphylaxie-Risiko bei Covid-19 Impfung – Empfehlungen für das praktische Management. MMW Fortschr Med. 2021 Jan;163(1):48-52

2 Klimek L et al. Severe allergic reactions after COVID-19-Vaccination with the Pfizer/BioNTech Vaccine in Great Britain and USA Position Statement of the German allergological Societies AeDA, DGAKI and GPA. Allergo Journal International 2021; in press

3 Kleine-Tebbe et al. Schwere allergische Reaktionen auf die Covid-19-Impfung – Stellungnahme und praktische Konsequenzen. Allergologie, Jahrgang 44, Nr. 1/2021, S. 7-8