

COVID-19 Vaccine FAQ

With the advent of the vaccine comes new questions and concerns. To help you address those with your staff and patients, AAOA has outlined some FAQs and resource links.

We will continue to update this FAQ as more information becomes available.

FAQs

- ***Can I receive the vaccine if I am on allergy immunotherapy?***

Reactions to vaccines are rare. Incidence of anaphylaxis is estimated at 1.31 in 1 million doses. That said, given that anaphylactic reactions have been reported, the CDC considers a history of mild-to-severe allergic reaction to any vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous) as a precaution, but not a contraindication. A risk assessment should be conducted, and the patient should be counseled on the unknown risks of a severe allergic reaction balanced against the benefits of the vaccination.

Guidance from the FDA and CDC offers the following:

1. The mRNA COVID-19 vaccine should be administered in a healthcare setting.
2. Patients should be observed for 15-30 post injection to monitor for any adverse reactions.
3. All anaphylactic reactions should be managed immediately with IM epinephrine as the first line treatment.
4. If a patient has a reaction to the first shot, the CDC recommends they should not get the second shot.
5. The mRNA vaccine should not be administered to anyone with known history of severe reactions to any component of the vaccine.
6. While the specific vaccine component triggering anaphylaxis is not yet known, polyethylene glycol is an ingredient known to cause anaphylaxis.
7. While data is limited and continues to evolve related to risk in individuals with a history of vaccine-related reactions or mast cell activation syndrome/idiopathic anaphylaxis, clinical decisions regarding vaccine administration should balance risks and benefits associated with the vaccine.
8. Patients with common allergies to medications, foods, inhalants, insects, and latex are no more likely than the general public to have an allergic reaction to the mRNA COVID-19 vaccines. Counseling these patients on the benefits versus risks is recommended.
9. The mRNA COVID-19 is not a live vaccine. It can be administered to immunocompromised patients. Physicians should inform these patients of the possibility of diminished immune response to the vaccine.

- ***Can I receive the COVID vaccine when I come in for my allergy shot?***

CDC recommendations are to avoid any other vaccinations for 14 days prior to or after the COVID vaccines (SARS-CoV-2 vaccine). Expert opinion is unclear whether immunotherapy should be avoided in the 14 day pre- and post- COVID vaccination window. If immunotherapy is not included in that restriction, it would still be wise to give both injections on different days, however, to track specific reactions appropriately.

- ***What if I have had COVID?***

CDC recommends deferring vaccination for 90 days after receiving convalescent plasma or monoclonal antibody treatment for COVID-19. CDC also recommends waiting until symptoms subside.

- ***What symptoms should I watch for post vaccination?***

You may expect pain, swelling, erythema at the injection site, localized axillary lymphadenopathy on the same side as the vaccinated arm, as well as fever, fatigue, headache, chills, myalgia, arthralgia. Most symptoms are mild-to-moderate and occur within three days. The symptoms are more frequent at the second dose.

Antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) may be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate. However, routine prophylactic administration of these medications for the purpose of preventing post-vaccination symptoms is not currently recommended, as information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time.

- ***What if I am on biologic therapy?***

Patients who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. Data are not currently available to establish vaccine safety and efficacy in these groups.

Immunocompromised individuals may still receive COVID-19 vaccination if they have no contraindications to vaccination. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19 (see below).

