

COVID-19 and Immunodeficiency

Frequently Asked Questions (FAQ)

11 October 2021

This information has been developed in response to the COVID-19 pandemic, for people with primary or secondary immunodeficiencies.

Q 1: What is COVID-19 and how does it spread?

Coronaviruses are a large family of viruses that cause respiratory infections, including the common cold and more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Infection with SARS-CoV-2 coronavirus causes COVID-19 (coronavirus disease), and symptoms include cough, fever and shortness of breath. This virus and disease were unknown before the outbreak began in December 2019.

Studies to date suggest that COVID-19 is mainly spread through contact with respiratory droplets and aerosols containing the SARS-CoV-2 coronavirus.

COVID-19 can spread when people:

- **Inhale droplets or aerosols containing the virus, that are shed by a person with COVID-19.**
- **Touch surfaces with droplets containing the virus, then touch their eyes, nose or mouth.**

Q 2: Why is COVID-19 vaccination important?

Vaccination is an important way to reduce the risk of developing infectious diseases which can easily spread. This includes COVID-19, which is caused by infection with the SARS-CoV-2 coronavirus.

Immunity occurs after the vaccine stimulates a person's immune system to make antibodies (immunoglobulins) to help protect the body from future infections. This means that if a person is vaccinated, they will be less likely to get COVID-19. Even if a person does get infected, it is likely to be a milder illness.

Public health measures and restrictions that have been implemented by the Australian and New Zealand governments since March 2020 have suppressed the spread of COVID-19 in our countries.

However, the COVID-19 pandemic is a major cause of illness and deaths worldwide, and local outbreaks continue to occur.

This means that vaccination programs are required throughout the world, including Australia and New Zealand.

More information is available on the ASCIA website www.allergy.org.au/patients/ascia-covid-19-vaccination-faq

Q 3: Are COVID-19 vaccines safe for people with immunodeficiencies?

Yes. COVID-19 vaccines that are approved for use in Australia and New Zealand are safe for people with primary or secondary immunodeficiencies.

People with certain pre-existing medical conditions have been identified as priority groups for COVID-19 vaccines. This includes people with immunodeficiencies, who are immunocompromised and are therefore at greater risk of any infections.

People with immunodeficiencies should follow the usual advice from their clinical immunology/allergy specialist regarding vaccinations or ask for specific advice regarding the COVID-19 vaccine.

Q 4: Is a third COVID-19 vaccine booster dose recommended for people with immunodeficiencies?

In Australia a third COVID-19 vaccine 'booster' dose has been recommended for people who are severely immunocompromised by the Australian Technical Advisory Group on Immunisation (ATAGI).

The ATAGI recommendations have been prepared in consultation with ASCIA, and are available at:

<https://www.health.gov.au/news/atagi-statement-on-the-use-of-a-3rd-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised>

The ATAGI recommendations state that a third primary dose is recommended for people with primary immunodeficiency (PID) including

- Combined immunodeficiency and syndromes.
- Major antibody deficiency (including common variable immune deficiency [CVID], agammaglobulinemia).
- Defects of innate immunity (including phagocytic cells).
- Defects of immune regulation.
- Complement deficiencies.
- Phenocopies of primary immunodeficiencies.

The recommended interval for the third dose is two to six months after the second dose of vaccine. People with PID who had a second dose more than six months ago should receive a third dose whenever this is feasible.

ATAGI also recommends a third COVID-19 vaccine dose for recipients of haematopoietic stem cell transplant (HSCT) or chimeric antigen receptor T-cell (CAR-T) therapy recipients (within 2 years of transplantation), people on some immunosuppressive therapies and some people with advanced or untreated HIV.

Q 5: Do immunodeficiency treatments need to be stopped to have a COVID-19 vaccine?

It is important that regular treatments for immunodeficiencies are continued, because stopping these treatments can place people with these conditions at greater risk from COVID-19.

Vaccination should occur on a different day (if possible) from regular infusion treatments, such as immunoglobulin (Ig) or immunosuppressant infusions.

For example, people on monthly intravenous immunoglobulin (IVIg) may be advised by their specialist to be vaccinated two weeks after an IVIg infusion.

This avoids confusion about the cause of side effects or allergic reactions, if they occur in response to the COVID-19 vaccine or the infusion treatment.

People on regular treatments should talk to their specialist about the best time to have a COVID-19 vaccine.

Q 6: What precautions should people with immunodeficiencies take?

Most people with immunodeficiencies are considered to be at **greater risk of any infections**.

Precautions they take to prevent infections are consistent with the actions listed below, and they should follow the usual advice from their physician.

People with severe immunodeficiency, including those undergoing bone marrow (haematopoietic stem cell transplant [HSCT]) are at **high risk from all infections**. They will already be aware of the need to avoid infections, (including actions listed below) and what to do if they are unwell or come in contact with any infectious disease.

People with immunodeficiencies who receive monthly immunoglobulin replacement therapy infusions in hospitals **still need to receive their treatment**. Hospital infection control policies are in place with extra precautions to isolate patients with, or at risk of getting COVID-19. If an infection is suspected at the time of infusion, promptly contact the treating team for advice.

Q 7: What actions can reduce the spread of COVID-19 and other infections?

If you follow the actions listed below this will help reduce the spread of COVID-19 and other infections.



✓ **Get vaccinated**

Vaccination reduces the risk of developing COVID-19 and the spread of COVID-19.



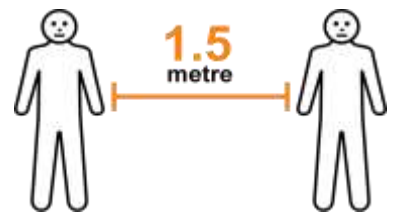
✓ **Wash hands regularly**

It is important to wash hands regularly to reduce the spread of COVID-19 and other infections, even if you are vaccinated.



✓ **Cover your mouth when you cough or sneeze and practice physical distancing**

Cover your mouth when you cough or sneeze and keep a physical distance from other people, to reduce the risk of inhaling droplets or aerosols that contain virus.



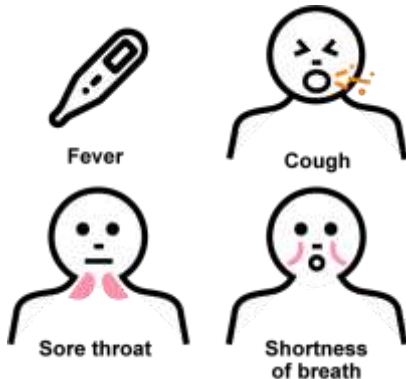
✓ **Stay home if you are unwell and follow regulations**

People who are unwell should stay home, avoid contact with other people and follow local health regulations.



✓ **Be aware of COVID-19 symptoms**

If you have COVID-19 symptoms or have had contact with a person who has COVID-19, get tested and follow local health regulations.



✓ **Seek medical help**

If you have a positive COVID-19 test result, seek medical help and follow local health regulations.



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