

Guide: Allergy and COVID-19 Vaccination

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This Guide has been developed by ASCIA, based on the current knowledge regarding COVID-19 vaccines, allergic reactions and people with allergic conditions. It will be updated when new information is available.

There is no evidence that people with immune system disorders (including allergy, immunodeficiencies and autoimmune conditions), are at any greater risk of COVID-19 vaccine allergy than the general population.

1. Vaccinate without additional precautions

Vaccinate in the community as per national recommendations, with a post-vaccination observation period of 15 minutes. This includes people with:

- History of allergy, including anaphylaxis to food, drugs, venom, or latex.
- Allergic conditions, including asthma, atopic dermatitis (eczema) or allergic rhinitis (hay fever).

2. Vaccinate with precautions*

- Immediate (within four hours) and generalised symptoms of a possible allergic reaction without anaphylaxis to a previous dose of a COVID-19 vaccine.
- Generalised allergic reaction (without anaphylaxis) to one of the ingredients in the COVID-19 vaccine to be administered (Pfizer-PEG or Astra Zeneca-Polysorbate 80).
- Prior history of anaphylaxis to previous vaccines and/or multiple drugs (injectable and/or oral) where ingredients such as PEG or polysorbate 80 may conceivably be the cause.
- A known systemic mast cell activation disorder with raised mast cell tryptase, that requires treatment.

* Precautions:

- Review or discussion prior to vaccination by a clinical immunology/allergy or vaccinology specialist, to develop a risk/benefit assessment for each patient.
- Skin testing to the vaccine and/or graded doses should be considered in some cases.
- Vaccination in a medical facility equipped for the management of anaphylaxis (such as a medical clinic with multiple doctors available, or a hospital clinic).
- Post-vaccination observation period should be at least **30 minutes**.

3. Vaccination contraindicated

- Documented anaphylaxis to one of the ingredients contained in the COVID-19 vaccine to be administered (Pfizer – PEG or Astra Zeneca - Polysorbate 80).
- Anaphylaxis to a prior dose of a COVID-19 vaccine.

Note: Anaphylaxis with one type of COVID-19 vaccine may not preclude vaccination with another vaccine, but this should only occur if the precautions listed above are met. If there is a high risk of an allergic reaction to one of the vaccines (such as a known allergy to PEG or Polysorbate 80), it may be possible to have another vaccine which does not contain the ingredient, subject to availability and medical advice.

COVID-19 vaccine side effects indicate the start of an immune response, not an allergic reaction.

- Some people will get mild, short-term side effects from vaccination, including injection site reactions, fever, joint pain, muscle aches, fatigue, headaches, or worsened eczema a day after vaccination.
- These common side effects indicate the start of an immune response, **not** an allergic reaction, which are rare. Side effects do not usually require treatment other than paracetamol for fever or discomfort.

For more information refer to the ASCIA Frequently Asked Questions (FAQ) and Position Statement about Allergy, Immunodeficiency, Autoimmunity and COVID-19 vaccination, which are available open access on the ASCIA website: www.allergy.org.au/members/covid-19#cd1