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Information
FOR HEALTH PROFESSIONALS

Guide: Immunodeficiency, Autoimmunity and COVID-19 Vaccination

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This Guide has been developed by ASCIA, based on current knowledge regarding immunodeficiency, autoimmunity and COVID-19 vaccines. It will be updated when new information is available.

COVID-19 vaccines listed below are not live-attenuated vaccines and are safe for people with immune system disorders, including immunodeficiency and autoimmune conditions.

Pfizer/BioNTech COMIRNATY COVID-19 vaccine (**mRNA-based)** has been provisionally approved by the Therapeutic Goods Administration (TGA), part of the Australian Government Department of Health, and by Medsafe in New Zealand for people 16 years and older.

Astra Zeneca/Oxford COVID-19 vaccine (viral vector) has been provisionally approved by the TGA. This vaccine will be manufactured in Australia by CSL Behring and needs to be stored at 2 to 8 degrees Celsius.

Biocelect/Novavax COVID-19 vaccine (protein subunit) has been granted provisional determination by the TGA.

The COVID-19 vaccines listed above have initially been tested in healthy adults, before being tested on more vulnerable people, to provide confidence that the vaccine is safe for use in the general population.

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

Treatments for immunodeficiencies and autoimmune conditions should not be stopped.

- People with certain pre-existing medical conditions have been identified as one of the initial priority groups for COVID-19 vaccines, including people with immunodeficiencies and autoimmune conditions, who are immunocompromised. It is important that treatments for immunodeficiency and autoimmune conditions are continued, as stopping the treatments can place people with these conditions at greater risk from COVID-19.
- COVID-19 vaccination should occur on a different day (if possible) from regular infusion treatments, such as immunoglobulin replacement therapy 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 with immunodeficiencies and autoimmune conditions should follow the usual advice from their clinical immunology/allergy specialist or rheumatologist regarding vaccinations or ask for specific advice regarding the COVID-19 vaccine.

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