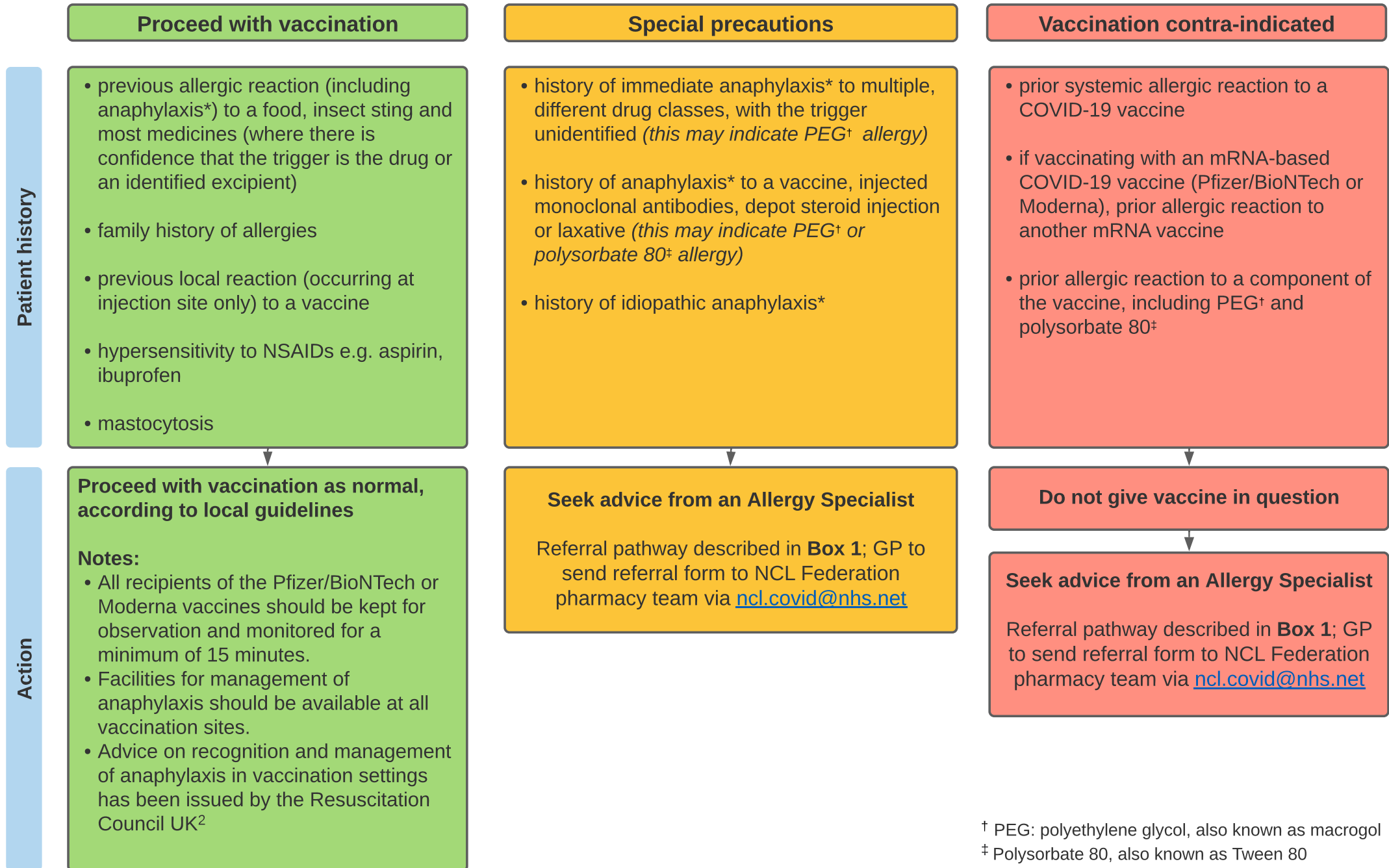


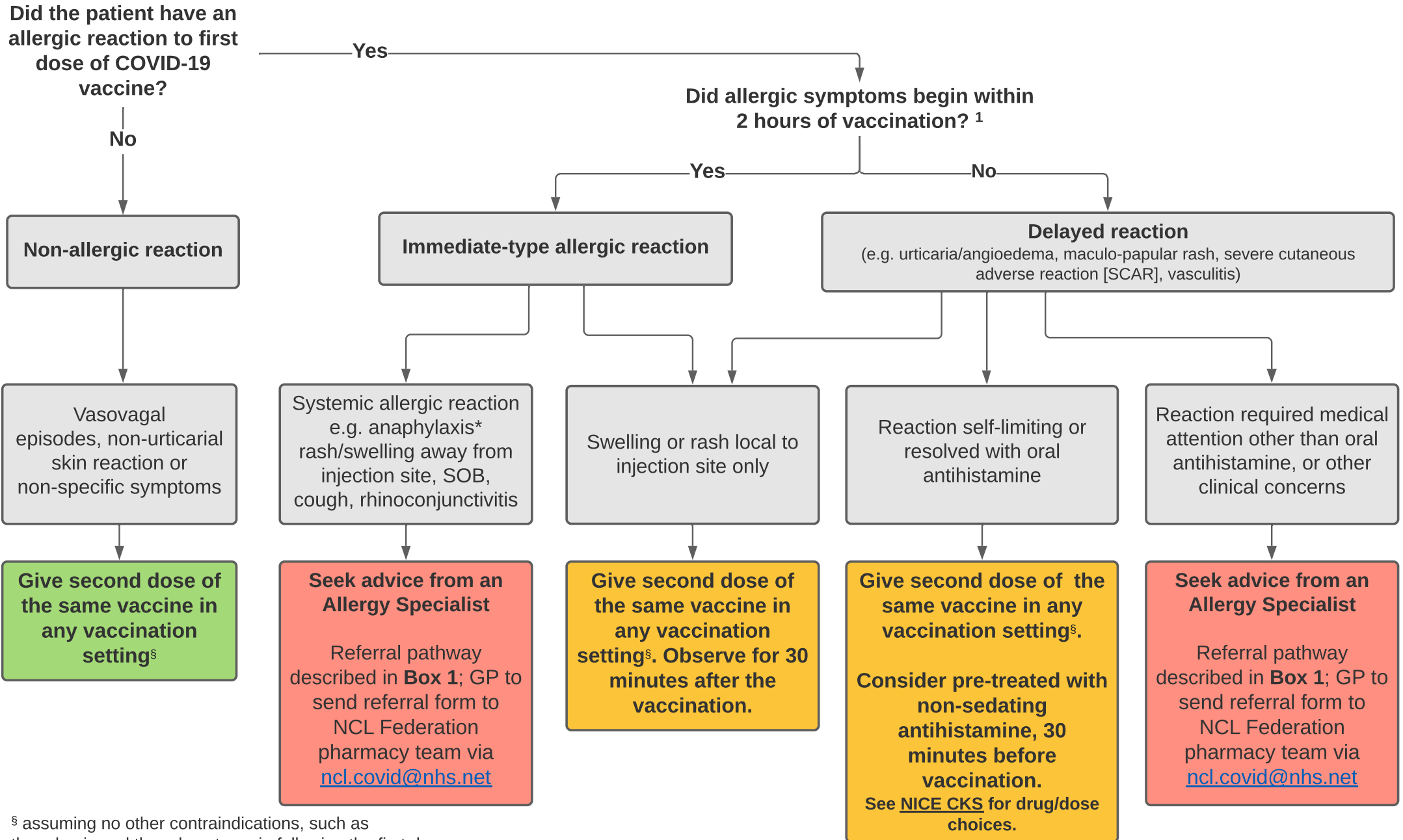
Management of patients with a history of allergy (before first vaccination)



[†] PEG: polyethylene glycol, also known as macrogol

[‡] Polysorbate 80, also known as Tween 80

Management of patients who reacted to the first dose of COVID-19 vaccine



[§] assuming no other contraindications, such as thrombosis and thrombocytopenia following the first dose

BOX 1:

Process for seeking advice from UCLH Allergy & Immunology Service

- Large-scale vaccination centres are asked to refer patients back to their GP for individual case review.
- The GP is asked to follow the advice in these algorithms.
- Where advice from an allergy service is required, send referral form to NCL Federation pharmacy team via ncl.covid@nhs.net. This form will be triaged by pharmacists and UCLH Specialist Allergy & Immunology service.
- Possible outcomes will include advice to GP or acceptance into clinic.

* Refer to [Green Book \(Chapter 8\)](#) for advice on confirming anaphylaxis; excerpt below:

Anaphylaxis is likely when all of the following three criteria are met:

- sudden onset and rapid progression of symptoms
- life-threatening airway and/or breathing and/or circulation problems
- skin and/or mucosal changes (flushing, urticaria, angioedema).

The following supports the diagnosis:

- exposure to a known allergen where the patient is already known to be allergic.

Remember:

- skin or mucosal changes alone are not a sign of an anaphylactic reaction
- skin and mucosal changes can be subtle or absent in up to 20% of reactions (some patients can have only a decrease in blood pressure, i.e. a circulation problem)
- there can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence).

Most anaphylactic reactions occur in individuals who have no known risk factors

Frequency and severity of adverse drug reactions may be different between first and second doses

- [AstraZeneca vaccine](#)
 - Frequency and severity of local and systemic reactions are lower after dose 2 than dose 1 of the AstraZeneca vaccine.
- [Pfizer-BioNTech vaccine](#)
 - Frequency of local reactions are similar after dose 1 & 2 (e.g. pain at injection site; redness; swelling)
 - Frequency and severity of systemic reactions are higher after dose 2 than dose 1 (e.g. fever; fatigue; headaches; chills; vomiting; diarrhoea; muscle pain; joint pain).
- [Moderna vaccine](#)
 - Frequency of pain at injection site are similar after dose 1 & 2
 - Frequency of other local reactions are higher after dose 2 than dose 1 (e.g. erythema; swelling; lymphadenopathy)
 - Frequency and severity of systemic reactions are higher after dose 2 than dose 1 (e.g. fever; fatigue; headaches; chills; vomiting; diarrhoea; muscle pain; joint pain).

All adverse effects to COVID-19 should be reported via MHRA Yellow Card system <https://coronavirus-yellowcard.mhra.gov.uk/>

- **Mild/moderate adverse effects:** Encourage patient to self-report
- **Immediate significant adverse effects:** Healthcare professional to complete local incident report. Follow up reporting via Yellow Card and CARS (Clinical Advice and Response Service; england.london-covid19voc@nhs.net) will be actioned.
- **Delayed significant adverse effects:** Healthcare professional to report via Yellow Card and CARS.

Version control

- 1.0 New advice for 'before first vaccination' (now relevant to all vaccines) and combined with previous advice for 'reacted to the first dose of vaccine'.
- 1.1 Amended Box 1 to include NCL Federation Pharmacists triage stage.
- 1.2 Amend to red boxes to make it clearer that GPs should refer via email