NHS

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

Proceed with vaccination

- previous allergic reaction (including anaphylaxis*) to a food, insect sting and most medicines (where there is confidence that the trigger is the drug or an identified excipient)
- · family history of allergies
- previous local reaction (occurring at injection site only) to a vaccine
- hypersensitivity to NSAIDs e.g. aspirin, ibuprofen
- mastocytosis

Proceed with vaccination as normal, according to local guidelines

Notes:

- All recipients of the Pfizer/BioNTech or Moderna vaccines should be kept for observation and monitored for a minimum of 15 minutes.
- Facilities for management of anaphylaxis should be available at all vaccination sites.
- Advice on recognition and management of anaphylaxis in vaccination settings has been issued by the Resuscitation Council UK²

Special precautions

- history of immediate anaphylaxis* to multiple, different drug classes, with the trigger unidentified (this may indicate PEG[†] allergy)
- history of anaphylaxis* to a vaccine, injected monoclonal antibodies, depot steroid injection or laxative (this may indicate PEG[†] or polysorbate 80[‡] allergy)
- history of idiopathic anaphylaxis*

Seek advice from an Allergy Specialist

Referral pathway described in **Box 1**; GP to send referral form to NCL Federation pharmacy team via ncl.covid@nhs.net

Vaccination contra-indicated

- prior systemic allergic reaction to a COVID-19 vaccine
- if vaccinating with an mRNA-based COVID-19 vaccine (Pfizer/BioNTech or Moderna), prior allergic reaction to another mRNA vaccine
- prior allergic reaction to a component of the vaccine, including PEG[†] and polysorbate 80[‡]

Do not give vaccine in question

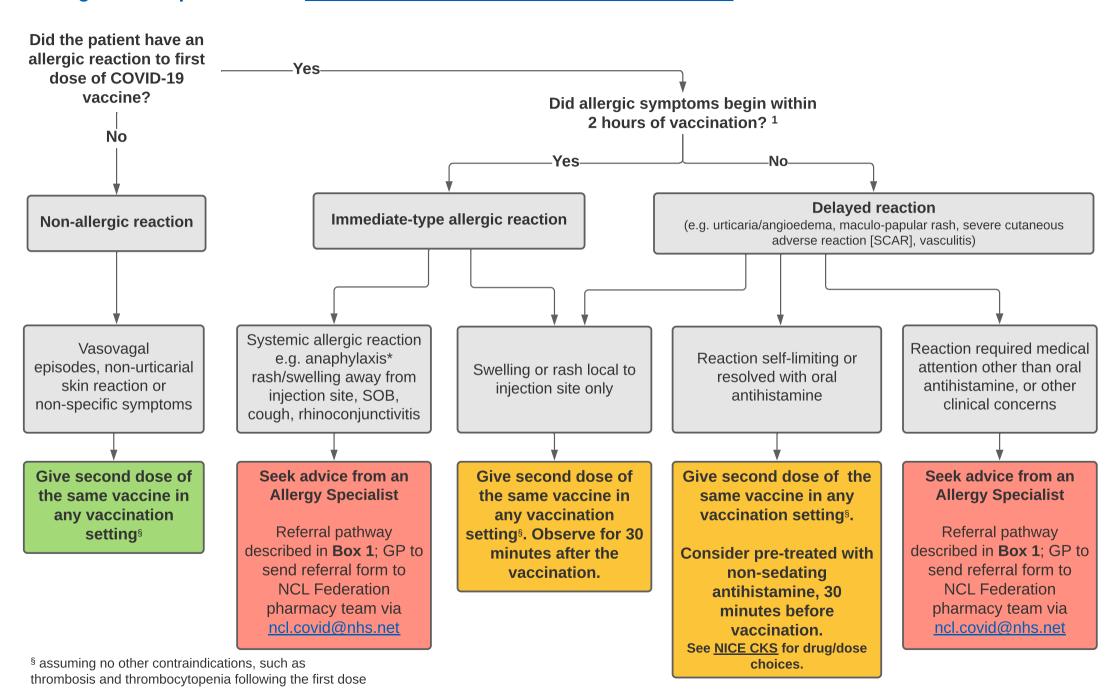
Seek advice from an Allergy Specialist

Referral pathway described in **Box 1**; GP to send referral form to NCL Federation pharmacy team via ncl.covid@nhs.net

[†] 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



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 <u>ncl.covid@nhs.net</u>. 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 <u>Green Book (Chapter 8)</u> 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 vaaccine
 - $_{\circ}$ 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

Flow diagrams based on https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a (V7) Version 1.2