COVID-19 Vaccine administration guidance

COVID-19 vaccine for the general population

The Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) recommended approved COVID vaccines for people ages 12 and older. COVID-19 vaccine facts.

COVID-19 vaccine for patients on immunomodulatory agents

The CDC advises that immunocompromised individuals may receive COVID-19 vaccination if they have no contraindications* to vaccination. Currently, there are no data to establish the safety and efficacy of mRNA based COVID vaccines in patients taking immunosuppressive agents, including the systemic drugs and biologic agents used in dermatology. “The CDC does not consider COVID-19 vaccine to be contraindicated in persons taking biologic or traditional immunosuppressive medications, hedgehog pathway inhibitors, and PD1 inhibitors.”¹ Therefore CDC suggests that patients should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all CDC current guidance to protect themselves against COVID-19.

Shared decision making should be made between the patients and clinicians to guide discussions about the use of oral-systemic and biologic agents during the pandemic. To review the Academy’s guidance on the use of immunosuppressive agents during the pandemic review Guidance on the use of immunosuppressive agents.

Contraindications

CDC considers a history of the following to be a contraindication to vaccination with COVID-19 vaccines:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

¹ Based on personal communication with Sarah Schillie from the CDC Clinical Inquiries Team 01/15/2021
† See Appendix C for a list of ingredients. People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna).

* Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

‡Includes people with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is a vaccine component, but in whom it is unknown which component elicited the immediate allergic reaction.

#Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. PEG and polysorbate are structurally related, and cross-reactive hypersensitivity between these compounds may occur. People with a contraindication to mRNA COVID-19 vaccines (including due to a known allergy to PEG) have a precaution to Janssen COVID-19 vaccine. Among people who received one mRNA COVID-19 dose but for whom the second dose is contraindicated, consideration may be given to vaccination with Janssen COVID-19 vaccine (administered at least 28 days after the mRNA COVID-19 dose). People with a contraindication to Janssen COVID-19 vaccine (including due to a known allergy to polysorbate) have a precaution to mRNA COVID-19 vaccines. For people with these precautions, referral to an allergist-immunologist should be considered. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVIDvax project. In patients with these precautions, vaccination should only be undertaken in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions.

Table Source: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-B
Recommendations for COVID-19 vaccinated persons

Fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

Vaccinated persons can avoid quarantine post-exposure to someone with suspected or confirmed COVID-19 if the following criteria are met:

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Previously diagnosed with COVID-19 within the last 3 months and have not developed any new symptoms.

If all the above-mentioned criterias are not met, people should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. For more information please see the latest CDC guidance.

Fully vaccinated persons should still watch for symptoms of COVID-19 especially if they around with someone sick. If they experience symptoms, they should be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. In addition, vaccinated persons should continue to follow current guidance to protect themselves and others, including all other SARS-CoV-2 testing recommendations and requirements, and state, territorial, tribal, and local travel recommendations or requirements. For additional considerations regarding quarantine or work restrictions for fully vaccinated healthcare personnel, patients, or residents in healthcare settings, please see section below.

This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford).

COVID-19 vaccine for people with facial fillers

Two of the participants in clinical trials for Moderna’s COVID-19 vaccine who had received dermal filler injections in the cheeks were reported to have developed facial swelling after receiving the vaccination. One subject had filler injections two weeks prior to the vaccination and the other 6 months prior. A third person, who had had a history of lip injection, reportedly developed lip angioedema two days after receiving the vaccination. This participant reported a similar reaction in the past following influenza vaccination.

The localized swelling resolved itself after treatment with antihistamines or steroids in all three cases. The majority of trial participants experienced only mild side effects typical with vaccines, including headache, fatigue, and pain at the injection site. In its report on the Moderna vaccine hearing, the FDA notes that “it is possible the localized swelling in these cases is due to an inflammatory reaction from the interaction between the immune response after vaccination and the dermal filler.”
Although the data is limited, having a history of fillers should NOT prevent you from getting the COVID 19 vaccine considering the limited risks vs benefits.

To read detailed information on the Pfizer and Moderna vaccine trial click the links

FDA Pfizer Trial Summary

FDA Moderna Trial Summary

FDA Janssen Trial Summary

Reporting of vaccine adverse events

The Academy is closely monitoring any reports of cutaneous side effects as the vaccine rollout gets underway and asks physicians to report cases of potential dermatologic side effects in the COVID-19 Dermatology Registry.

Additional Resources on COVID 19 vaccine administration guidance from other medical societies:

1) NPF key recommendations for the management of patients with psoriatic disease during the COVID-19 pandemic: https://www.psoriasis.org/covid-19-task-force-guidance-statements/


