



COVID 19 VACCINATION

IMPORTANT INFORMATION FOR VASCULITIS PATIENTS

With the imminent arrival of two or more covid vaccines, many people with vasculitis are understandably confused and worried about safety and suitability of the new vaccines for vasculitis patients.

So, on your behalf, we consulted one of the most respected authorities on vasculitis in the land. The reply indicated that there is insufficient clear evidence at present to offer robust answers to some of those pressing questions.

- 1) **Are the vaccines safe?**
- 2) **Are the vaccines safe for people who are immune suppressed?**
- 3) **Will the vaccine be effective people for who are immune suppressed – especially those who are taking rituximab?**
- 4) **Which vaccine is best for people taking immune suppressing drugs?**
- 5) **Will the vaccine need regular booster doses?**

The central message is that **if you have active vasculitis, that is the most significant threat for you. Do not stop or reduce your usual vasculitis medication unless you are instructed to do so by your vasculitis consultant.**

1) Are the vaccines safe? Patient safety is always the first consideration when developing and when approving all new medicines. As the vaccines depend on copying only a tiny part of the DNA of the virus, it is not possible to catch the virus from the vaccine. The UK's MHRA (Medicines & Health Regulatory Authority) is recognised world-wide as being one of the most thorough & stringent medicines regulators.

2) But are they safe for immune suppressed patients? There have not so far been any vaccine trials specifically investigating use in immune suppressed patients. However there is no reason to suspect that these patients will experience abnormal or undesirable effects from the vaccine. Take-home message is – “If you are offered the vaccine, then do have the vaccine”

3) Will people who are immune suppressed respond less well to the vaccine? This is a grey area. There is insufficient evidence so far to know how well people who are immune suppressed will respond to the vaccine.

In general terms, as people get older, their immune systems become less effective at responding. Some vaccines offer different types with “adjuvants” to make them more effective in elderly patients. So far we know of no variants of the covid vaccine being made with this variation. All the usual immune suppressing drugs (azathioprine, cyclophosphamide, methotrexate, mycophenolate, rituximab etc) impair the response of the immune system. Evidence-based advice on how best to use the vaccine in such patients is not yet available. Unlike the other drugs, which are given daily or weekly, Rituximab is usually given in widely spaced (4-6 monthly) infusions. In this case, all vaccines should be 4-5 months *after* an infusion or 1-2 months before the next infusion.

4) Which vaccine is best for those on immune suppressing drugs? So far there is no evidence to suggest that any of the vaccines is superior or inferior in terms of effectiveness or duration of effect.

5) Will there be a need for periodic booster doses of vaccine? A million dollar question to which no-one yet has an answer!

The most important advice for all who are currently “shielding” is to carry on shielding –even if you have had the vaccine. As more people are vaccinated, the risk of catching covid will reduce, so you will benefit from “herd immunity” of others.

Like the current ‘flu vaccine, the covid vaccine does **not** guarantee that you won’t catch covid, but it *should* ensure that you do not have serious, life-threatening symptoms.

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