# **Evaluation and Management of Reactions to Vaccines Including COVID-19**

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#### **Disclosures**

None relevant to the talk





#### **Objectives**

- Upon completion of this learning activity, participants should be able to discuss CDC guidance on allergy history and COVID-19 vaccination
- Upon completion of this learning activity, participants should be able to advise patients with high-risk allergy histories on COVID-19 vaccination
- Upon completion of this learning activity, participants should be able to integrate an algorithmic approach into evaluation of first dose COVID-19 vaccine reactions





#### Severe Allergic Reactions to Vaccines are Rare

Vaccine	Documented reaction	Approximate rate	Potential allergen	
Diphtheria and tetanus toxoids and acellular pertussis (DTaP)	Serious allergic reaction <sup>12-14</sup>	1 per 1,000,000 doses <sup>13</sup>	Infanrix syringe contains latex11	
Measles, mumps, and rubella	Immune thrombocytopenic	1 per 20,000 doses <sup>19,20</sup>	Contains neomycin and gelatin <sup>8</sup>	
	Serious allergic reaction14-19,21	< 1 per 1,000,000 doses <sup>19,22,23</sup>		
Measles, mumps, rubella, and varicella	Febrile seizure <sup>14,15,17-21,24</sup>	8.5 per 10,000 doses <sup>20</sup>	Contains neomycin and gelatin <sup>8</sup>	
Meningococcal	Serious allergic reaction <sup>14,25</sup>	Rare <sup>25</sup>	Menomune and Bexsero contain latex <sup>11</sup>	
Rotavirus	Intussusception <sup>12,26</sup>	1 per 20,000 to 100,000 doses <sup>26</sup>	Rotarix contains latex in oral applicator of diluents <sup>11</sup>	

- 33 anaphylaxis cases after administration of 25,173,965 vaccinations
- 1.31 (95% CI, 0.90-1.84) cases per million vaccine doses
- 100% recovered with no deaths
- Attributed to different components or excipients in vaccines

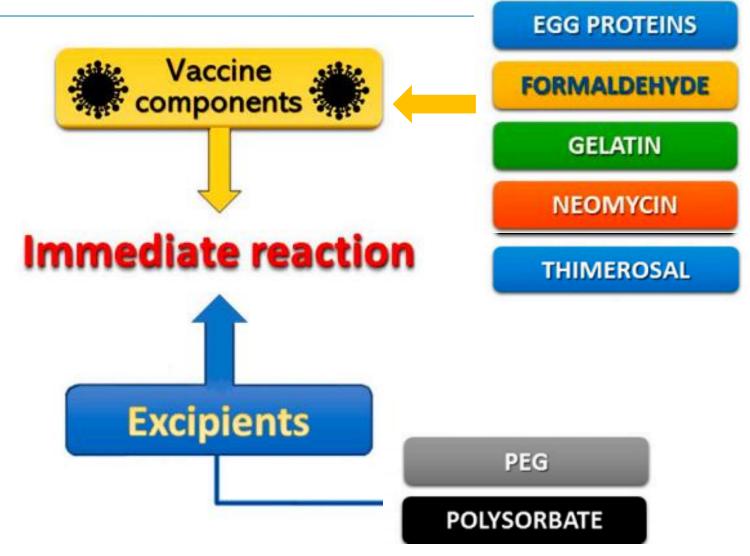








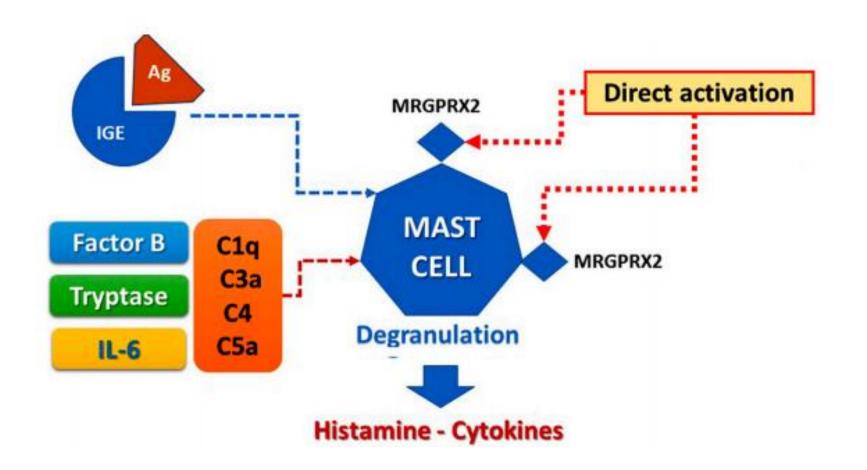
Vaccine Components and Excipients as the Cause of Reactions







#### Pathophysiology of Vaccine Induced Reactions







## What do we know about the Pfizer-BioNTech and Moderna COVID vaccines?

Desc	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine		
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) alvcoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) alvcoprotein of SARS-CoV-2		
Lipids	2[(polyethylene glycol)-2000]-N,N- ditetradecylacetamide	1 monomethoxypolyethyleneglycol-2-3-dimyristyglycerol with polyethylene glycol of average molecular weight 2000 (PEG2000-DMG)		
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-an-glycero-3-phosphocholine		
	Cholesterol	Cholesterol		
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexylde- canoate)	SM-102 (proprietary to Moderna)		
Salts & Sugars	Potassium chloride	Tris buffer containing sucrose and sodium acetate		
	Monobasic potassium phosphate			
	Sodium chloride			
	Dibasic sodium phosphate dihydrate			
	Sucrose			











### What is Polyethene Glycol (PEG)?

Common, water-soluble ingredient in many products

- Used as a laxative
- Excipient in many pharmaceutical products
- Fused to protein medication to slow clearance from blood

$$H = 0$$





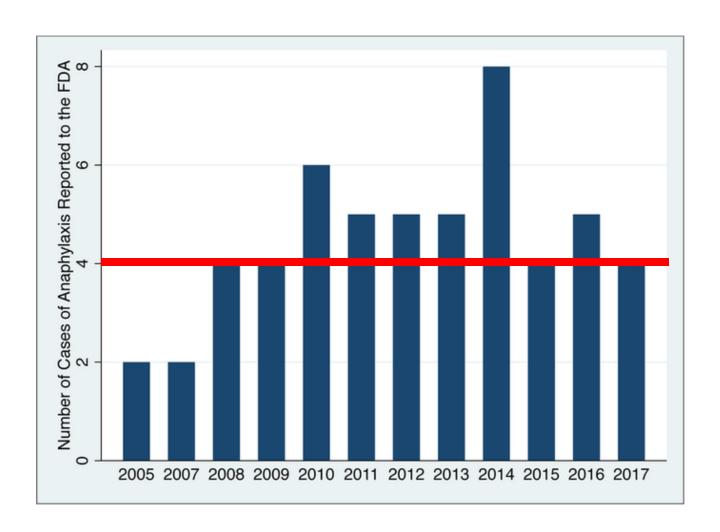








## **Anaphylaxis to PEG is Rare**

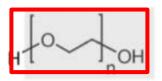


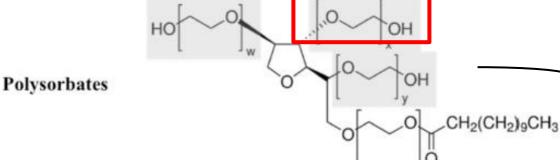




#### **Are Polysorbates Important?**

#### Polyethylene Glycols







Tdap, Influenza, HPV, Hepatitis, DTaP + IPV, Rotavirus, Zoster, Meningococcal group B





#### **COVID-19 Vaccine Development Timeline**







### Five Allergic Reactions (December 17, 2020)

#### **United Kingdom**

- Three patients with allergic reactions, two potentially anaphylactic
- Patients had a prior history of food or medication allergy
- All fully recovered
- 135,000 vaccinations (as of 12/16/20) but no patients with severe allergies being vaccinated

#### United States

- Two patients with presumed anaphylactic reactions (Alaska)
- Case #1: No prior allergic history, flushing and shortness of breath at 10 min, required two doses of epi followed by drip
- Case #2: Eye puffiness, light headedness, and scratchy throat at 10 min, treated with epi
- Symptoms were during the 15minute observation period recommended by the CDC





### CDC Guidance: Risk Stratification (Dec 2020)

#### **Higher Risk**

 Severe allergic reaction to an injectable medication or vaccine containing PEG or polysorbate

Referral to Allergy (May Be Ineligible for mRNA Vaccine)

#### **Medium Risk**

- Severe allergic reaction to a vaccine or injectable without PEG or polysorbate
- Severe allergic reaction from another cause (e.g., food, drugs, bee sting, or latex)

**30 Minute Observation** 

#### **Lower Risk**

**15 Minute Observation** 





#### Role of the Allergist: Pre-Vaccine

Patient Directed

- Do you have a history of a severe allergic reaction to an injectable medication (intravenous, intramuscular, or subcutaneous)? \*
- 2. Do you have a history of a severe allergic reaction to a prior vaccine?\*
- 3. Do you have a history of a severe allergic reaction to another allergen (e.g., food, venom, or latex)?
- 4. Do you have a history of a *severe* allergic reaction to polyethylene glycol (PEG), a polysorbate or polyoxyl 35 castor oil (e.g. paclitaxel) containing injectable or vaccine?

Answer "yes" to question 4 Answer "yes" to questions 1, 2 or 3 Answer \*no" to all 4 questions

Allergist Risk Assessment and First Vaccine Dose Recommendation

#### **Higher Risk**

- History of potential anaphylaxis to an injectable medication or vaccine containing PEG, PEG derivates, or polysorbate with lack of proven tolerance since incident reaction
- History of potential anaphylaxis to oral PEG (eg, Miralax)

Clinical Phenotyping
Expanded Skin Testing§
(May Be Ineligible for mRNA Vaccine)

#### **Medium Risk**

- History of potential anaphylaxis to a vaccine or injectable medication without PEG or polysorbate
- History of potential anaphylaxis to food, drugs, venom, or latex¶
- · History of idiopathic anaphylaxis

Routine Vaccination with 30 Minute Observation

#### Lower Risk

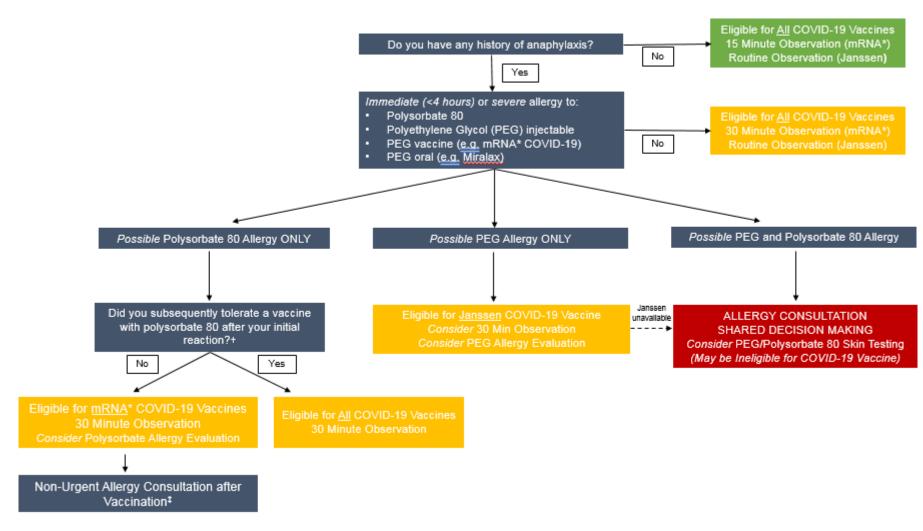
- History of food, drug(s), venom, or latex allergy except anaphylaxis
- Any prior reaction to vaccines except anaphylaxis
- Mastocytosis/mast cell activation
- Allergic rhinitis and asthma

Routine Vaccination with 15 Minute Observation





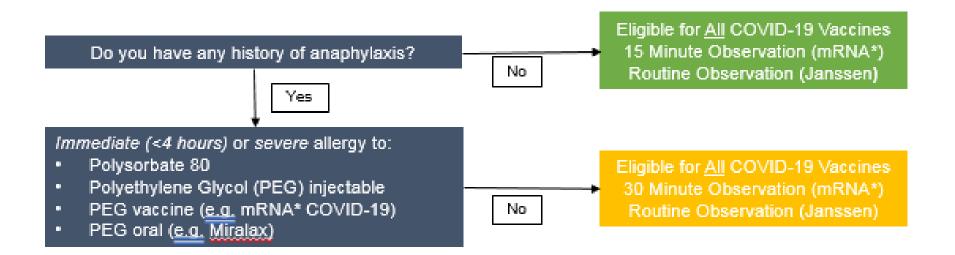
#### **Updated Algorithm: Pre-Vaccination**







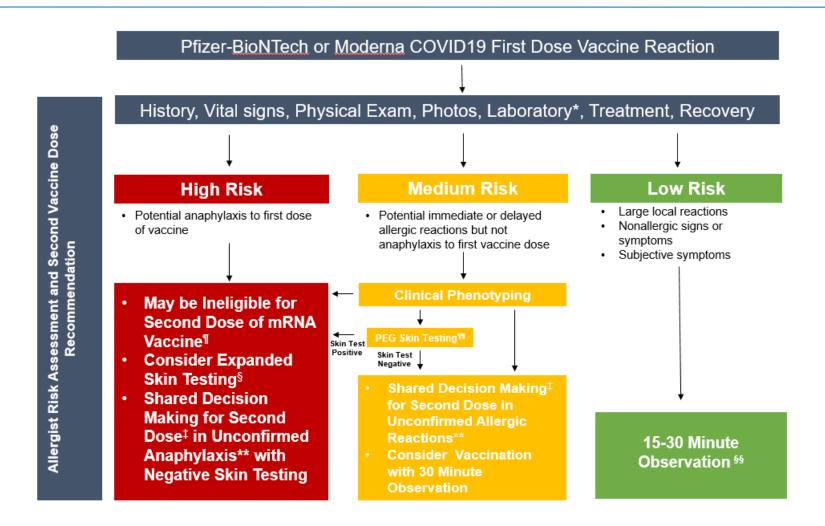
#### **Updated Algorithm: Pre-Vaccination**







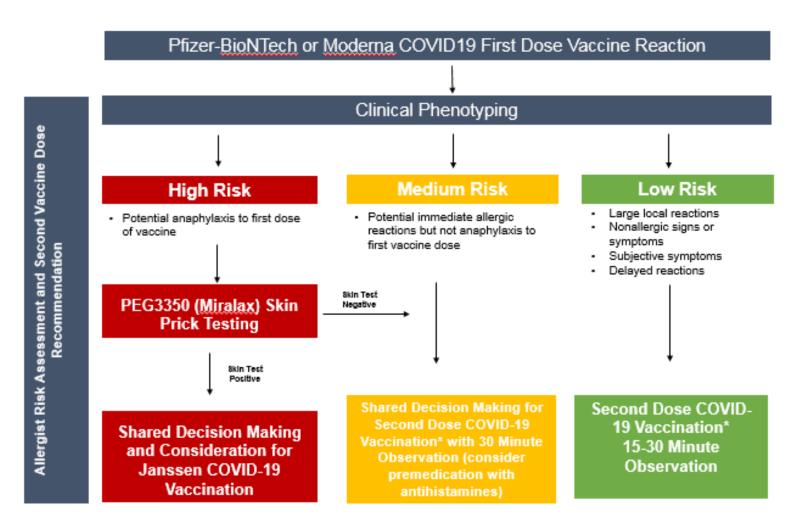
#### Role of the Allergist: First Dose Reaction







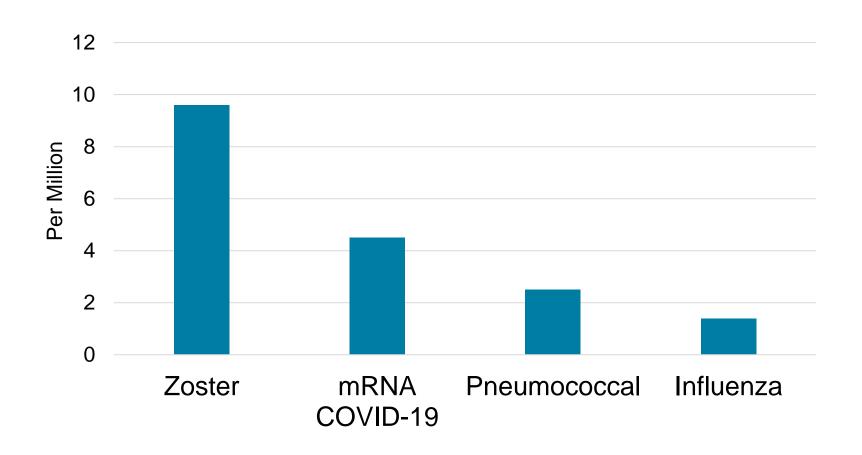
## Updated Algorithm: After First Dose mRNA Vaccine Reaction







### **Vaccine Anaphylaxis Rates: United States**







### J&J COVID-19 Vaccine and Allergic Reactions

- One hypersensitivity reaction likely related to the vaccine, not classified as anaphylaxis, was reported
  - urticaria two days after vaccination and angioedema of the lips without respiratory distress four days after vaccination
- One case of anaphylaxis among 110,000 in an ongoing open-label study in South Africa has been reported





#### Case 1

23-year-old female with history of tree nut anaphylaxis, hives after sulfa antibiotics and ulcerative colitis.

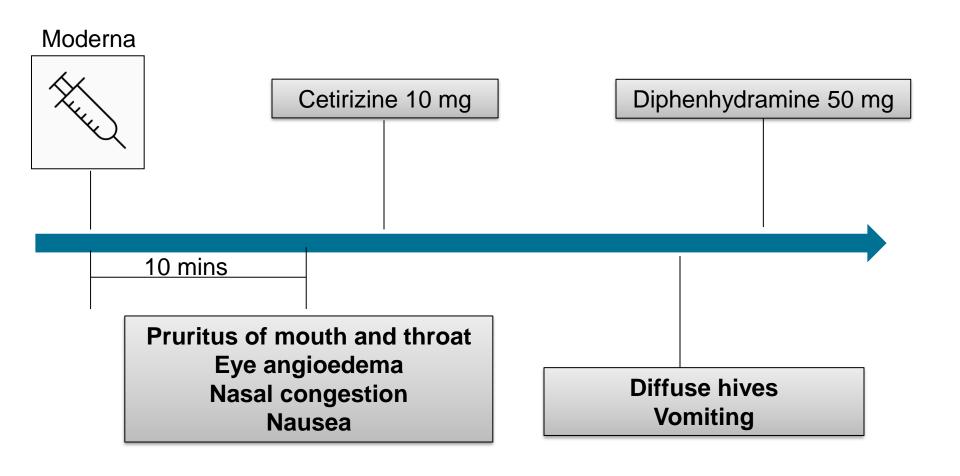
No history of vaccine or injectable medication allergic reactions.

No known allergy to polyethylene glycol.





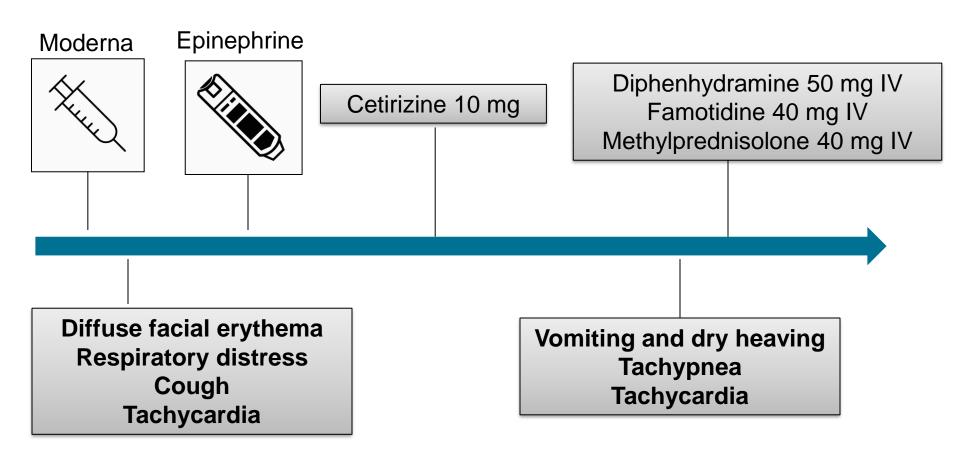
#### Case 1: COVID-19 Vaccine Dose 1







#### Case 1: COVID-19 Vaccine Dose 2







## Case 1: COVID-19 Vaccine Allergy Diagnostics

## **Tryptase**

Acute 3.7 ng/mL Baseline 3.6 ng/ML

#### **ELEVATED TRYPTASE**

>11.5 ng/mL

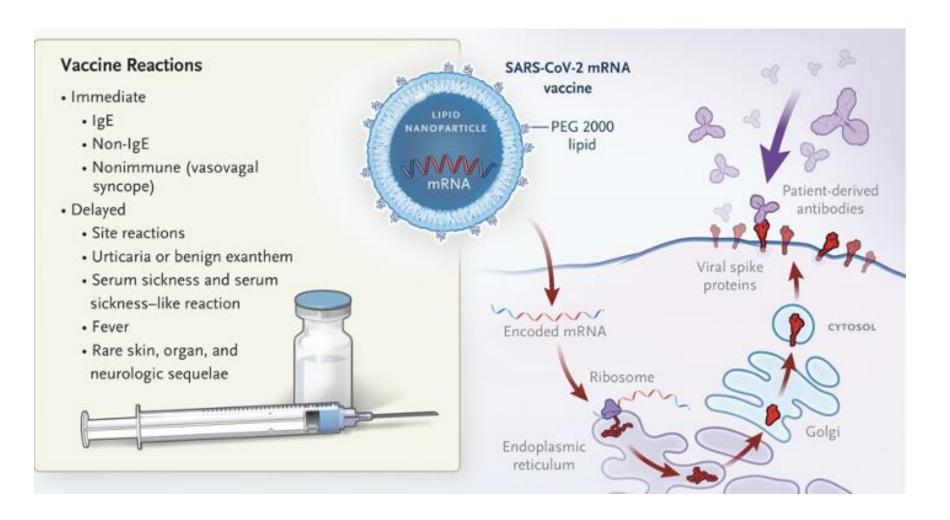
1.2 x baseline +2 ng/mL

Tryptase level 1-2 hours post reaction





## mRNA COVID-19 Vaccine Anaphylaxis







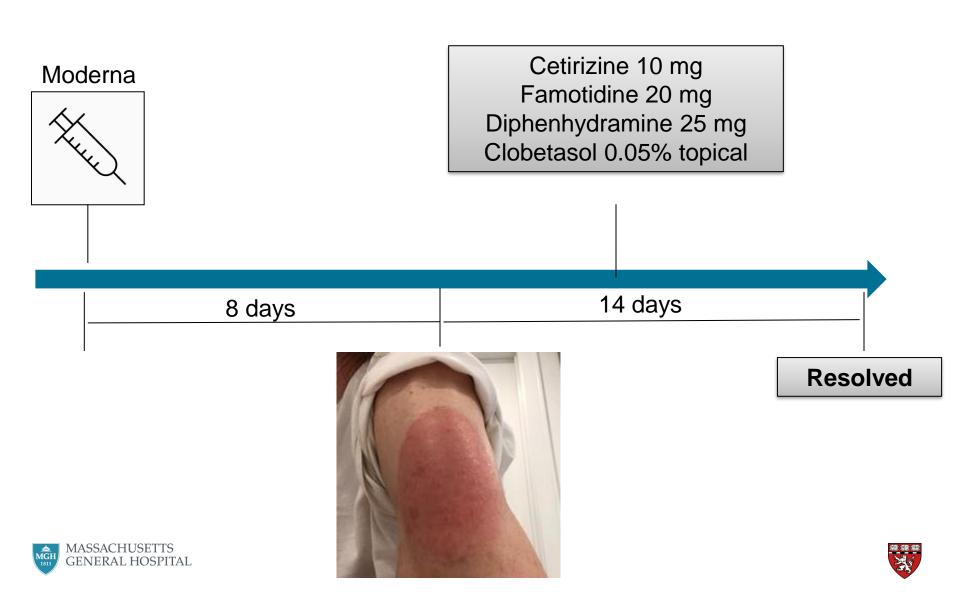
#### Case 2

61-year-old female with history of hives to iodinated contrast media.

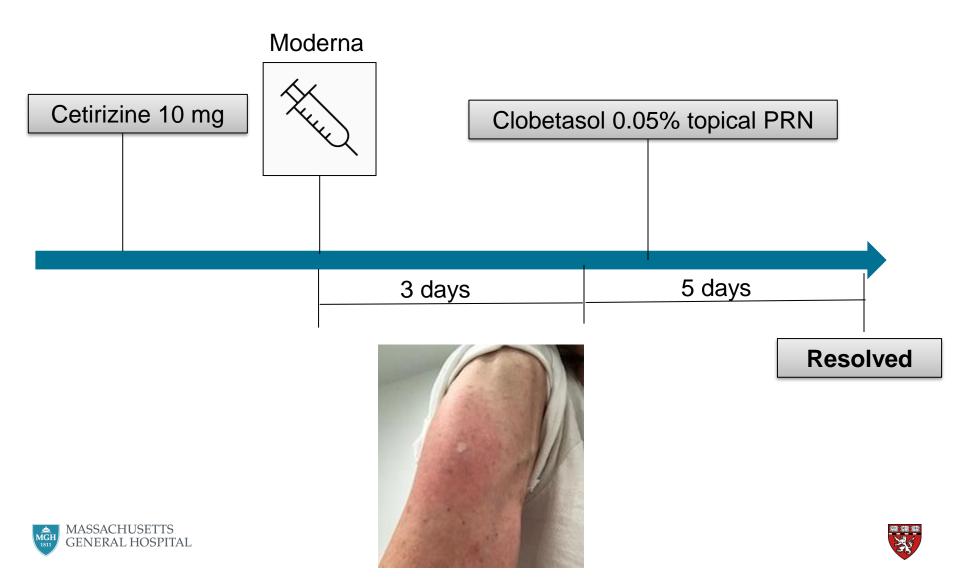




#### Case 2: COVID-19 Vaccine Dose 1



#### Case 2: COVID-19 Vaccine Dose 2



## Case Series of 12 Patients with Delayed Large Local Reactions after Moderna Vaccination



Patient 10



Patient 9



## **COVID-19 Vaccine Large Local Reactions**

Injection site reactions are **not** a contraindication to subsequent vaccination.

#### **Treatment**

- Ice
- Antihistamines
- Topical corticosteroids







### **Vaccine Hesitancy**

## Those Who Say They Will "Definitely Not" Get Vaccinated Cite A Range Of Reasons, Led By Lack Of Long-Term Information

What is the main reason you don't want to get the COVID-19 vaccine? (Open-ended responses)

Too new/Not enough information/Unsure about long-term effects	17%
Don't believe it is effective against COVID-19	8%
Don't need it (general)	8%
Vaccine ingredients/Don't know what's in it (general)	8%
Concerned about side effects	7%
Don't like/Don't get vaccines in general	6%
Not concerned about COVID-19/getting sick	6%
Don't trust (general)	5%





# Vaccine Hesitancy: What are the Most Effective Messages?

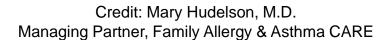
Percent who say they are more likely to get the COVID-19 vaccine if they heard each of the following:

	Total	Wait and see	Only if required	Definitely not get the vaccine
The vaccines are nearly 100% effective at preventing hospitalization and death from COVID-19	41%	66%	42%	8%
Although the COVID-19 vaccines themselves are new, scientists have been working on the technology used in these vaccines for 20 years	32%	49%	39%	6%
More than 100,000 people from diverse backgrounds and ethnicities particpated in the vaccine trials	26%	43%	28%	2%
The vast majority of doctors who have been offered the vaccine have taken it	26%	43%	29%	3%
There is no cost to get the COVID-19 vaccine	27%	41%	40%	1%

KFF COVID-19
Vaccine Monitor









### **COVID-19 Vaccine Allergy Learning Points**

- Delayed reactions are not a contraindication to second dose mRNA vaccination
- Severe immediate reactions (<4h) should be referred to allergy for further evaluation
- Skin testing to PEG may be helpful in individuals with a history of severe allergic reaction to oral PEG containing medications (e.g. Miralax or Golytely)
- Prior tolerance of a vaccine containing the excipient polysorbate 80 suggests J&J vaccine is an option (if available)



