



POSITION STATEMENT OF IADVL - KARNATAKA ON COVID-19 VACCINATION

Covid-19 vaccine in dermatology

- **Covid- 19 vaccines are not contraindicated in individuals afflicted with:**
 - ▶ Eczema, atopic dermatitis, psoriasis, vitiligo, lichen planus, urticaria
 - ▶ Connective tissue disorders such as lupus erythematosus, dermatomyositis
 - ▶ Fungal infections, viral infections, bacterial infections, leprosy, tuberculosis
- Patients with HIV, irrespective of the viral load or CD4 count, and/or on antiretroviral therapy are recommended to take the vaccine.
- Administration of an antiviral drug at any interval before or after vaccination is unlikely to impair the development of a vaccine mediated protective antibody response.
- Procedures such as electrocautery, cryotherapy, lasers, chemical peels, excisions, biopsy, hair transplantation are not contraindicated before or after the vaccination.
- Dermal fillers to be scheduled 2 weeks before or after the vaccination, in view of case reports on swelling post vaccination.
- If a person tests COVID positive after first dose, the next dose of vaccination can be taken 3 months after recovery. If tested positive for infection after both doses, then no need for revaccination.
- Vaccination is safe during pregnancy and lactation.

Covid vaccination and Allergy

- Most people with a history of anaphylaxis/urticaria can receive a COVID-19 vaccine. However, it is obligatory to be under hospital observation at vaccination centre for at least 30 minutes post vaccination.
- The only allergy related contraindications are:
 - ▶ Type 1 hypersensitivity reaction (Severe urticaria/angioedema/ anaphylaxis) occurring within < 4 hours of first dose of vaccination.
 - ▶ Anaphylaxis to any components of the COVID-19 vaccine (such as Polysorbate).
- Persons reporting confirmed anaphylaxis to a first dose of a COVID-19 vaccine should not receive a second dose of that same vaccine type.
- Anyone who has had mild allergic signs such as urticaria with the first dose (developed > 4 hours of first dose) would preferably need an observation at the vaccination centre for 30 minutes after the second dose.
- Delayed reactions can occur hours to days later and include localized pain, burning, swelling and redness at the injection site. These reactions are not IgE mediated, are often self-limited and do not contraindicate administration of future doses of the same vaccine.



- Maculopapular rash following the first dose is not a contraindication for the next dose of vaccination.
- If a localized/ diffuse vesicular /petechial rash occurs at distant site from area of injection, do consult your dermatologist.

Covid vaccination and immunosuppressive therapy

- Ideally, COVID-19 vaccination should be completed at least two weeks before initiation of immunosuppressive therapies.
- Patients already receiving immunosuppressive therapy, especially those who are at a risk of disease flare on dosage reduction or cessation of immunotherapy, may receive nonviral or inactivated SARS-CoV-2 vaccine subtypes (Covishield or Covaxin respectively) without significant modification of ongoing treatment.
- Nonviral SARS-CoV-2 vaccine subtypes (Covishield) is recommended for patients on biologic therapy.
- Both the vaccines have a good safety profile with minimal to no risk of adverse events.
- **Efficacy of the vaccination:**
 - ▶ Antibody levels vary depending on the immunotherapy (Refer Table - 1)
 - ▶ Fair to good antibody response is expected for most biologics (Refer Table -1)

Table 1: Antibody levels following vaccination in patients receiving immunotherapy/ biologics

Drugs and biologicals	Antibody levels following Inactivated virus (Covaxin) & Non replicating viral vectors (Covishield)
Retinoids, Apremilast, Thalidomide, Omalizumab, Anakinra, IVIG	Likely ++ (Insufficient data)
Azathioprine, Cyclosporine, Methotrexate, Mycophenolate mofetil, Systemic corticosteroids (Prednisolone), Rituximab	+/- (Variable)
JAK inhibitors (Tofacitinib), Ustekinumab, Adalimumab, Etanercept	+ (Fair)
Secukinumab, Dupilumab	++ (Good)



- **To possibly improve chances of appropriate vaccination response, clinicians may consider temporary discontinuation of the following drugs from the vaccination day until:**
 - ▶ 1 week for JAK-inhibitors and cyclosporine
 - ▶ 2 weeks for methotrexate and azathioprine
- **Alternatively, the lowest dose possible may be used, for example:**
 - ▶ 2.5 mg/kg/day cyclosporine
 - ▶ 1 mg/kg/day azathioprine
 - ▶ 7.5 mg/week methotrexate
 - ▶ Systemic steroids (prednisolone) < 20mg/ day
- Consider checking antibody titres after vaccination and using additional vaccinations, if needed, to boost the level of protective antibodies.

Covid vaccination and other vaccines

- A 14-day buffer between shots is recommended for elective immunizations such as shingles vaccine, but not for emergency vaccines such as tetanus vaccine.

Disclaimer notice:

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Sources:

Gresham LM, Marzario B, Dutz J, Kirchhof MG. An evidence-based guide to SARS-CoV-2 vaccination of patients on immunotherapies in dermatology. *J Am Acad Dermatol.* 2021;84(6):1652-1666. doi:10.1016/j.jaad.2021.01.047.

Cutaneous reactions reported after Moderna and Pfizer COVID-19 vaccination: A registry-based study of 414 cases. (Article in press) DOI: <https://doi.org/10.1016/j.jaad.2021.03.092>.

<https://vaccine.icmr.org.in/covid-19-vaccine>