

Introduction

Three COVID vaccines have been approved for use in the UK (as of February 2021), developed by Pfizer/BioNTech, Oxford/AstraZeneca and Moderna.¹ There are other vaccines either being considered for approval or still being developed, and these will only be available on the NHS when they have been tested to make sure they are safe and effective.

Are the vaccines safe?

The Medicines and Healthcare products Regulatory Agency (MHRA) is an executive agency of the Department of Health and Social Care in the UK and is responsible for the approval of any vaccine that is used in the UK, including those for COVID. As part of this approval process, they closely examine all the evidence about the vaccines, including a rigorous assessment of how well they work, and their safety.

Guidance on COVID vaccination has now been published in Chapter 14a of the Green Book and is available on the gov.uk website.² The Green Book provides the evidence and reasoning behind the UK vaccination schedule and is constantly updated.

The MHRA has issued a statement that people should continue to receive the Oxford/AstraZeneca COVID-19 vaccine as the benefits far outweigh the risks,³ including the risk of blood clots, concluding that such reaction is extremely rare and unlikely to occur in most people.⁴ However, in adults under the age of 30 without underlying health conditions, an alternative COVID-19 vaccine may be offered, if available.⁵

Will the vaccines worsen my skin disease?

There is no evidence that COVID vaccines make your skin disease worse and no reason to think they would. As part of the roll-out of any vaccine including the COVID vaccines, any safety concerns should be reported formally by your doctor or yourself (using the COVID Yellow Card system),⁶ including any problem with your skin.

I am taking an immunosuppressant or biologic therapy – is it safe for me to have the COVID vaccines?

Yes. People taking medicines that affect the immune system (for example, prednisolone, methotrexate, ciclosporin and biologics) can receive the three COVID vaccines that have been approved in the UK. If you still have concerns, then you should discuss with your doctor.

⁽¹⁾<https://www.bmj.com/content/372/bmj.n74> (accessed 8th April 2021)

⁽²⁾https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955548/Greenbook_chapter_14a_v6.pdf (Accessed 8th April 2021)

⁽³⁾<https://www.gov.uk/government/news/uk-regulator-confirms-that-people-should-continue-to-receive-the-covid-19-vaccine-astrazeneca> (Accessed 8th April 2021)

⁽⁴⁾<https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots> (Accessed 8th April 2021)

⁽⁵⁾<https://www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement/jcvi-statement-on-use-of-the-astrazeneca-covid-19-vaccine-7-april-2021> (Accessed 8th April 2021)

⁽⁶⁾<https://coronavirus-yellowcard.mhra.gov.uk/> (Accessed 8th April 2021)

Can I choose to have one vaccine over the others?

No. You will be offered whichever vaccine is available at the vaccination hub where you are booked to receive it. Adults under the age of 30 will be offered an alternative to the Oxford/AstraZeneca COVID-19 vaccine, if available.⁵

I have been offered one of the vaccines – should I stop or delay my immunosuppressant or biologic therapy?

Currently, we do not usually advise stopping or delaying immunosuppressant or biologic therapy before receiving the COVID vaccine.

We do not yet know if being on immunosuppressant or biologic therapy reduces the effectiveness of COVID vaccines.^{7,8,9} Therefore, government advice on reducing the risk of COVID infection should still be followed after your vaccination.¹⁰ However, even a reduced response to the vaccine is better than none, so you are still advised to get vaccinated even if on these therapies.

There may be situations where your doctor advises reducing or stopping your treatment. For example, if your risk of COVID is high and your skin disease is well controlled and unlikely to flare up. This should be discussed with you by your doctor on an individual basis. Do not stop any of your treatments without first discussing with your doctor.

I am about to start taking an immunosuppressant or biologic therapy for the first time – can I have one of the vaccines?

Yes. Your doctor may offer you COVID vaccination before you start your treatment to give your immune system enough time to respond to the vaccine. Ideally, the time between receiving your vaccine and starting treatment is at least 2 weeks.² Also, and where possible, it is preferable for the two-dose schedule to be completed before starting treatment, which may mean that the second dose of the vaccine needs to be given at the recommended dosing interval for that vaccine (that is, 3-4 weeks after the first dose). However, this may not be possible, depending on the severity of your skin condition and the type of immunosuppressant or biologic therapy you are about to start taking. Your doctor will discuss this with you.

⁽⁷⁾ <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19> (Accessed 8th April 2021)

⁽⁸⁾ <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca> (Accessed 8th April 2021)

⁽⁹⁾ <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna> (Accessed 8th April 2021)

⁽¹⁰⁾ <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020> (Accessed 8th April 2021)

I am taking an immunosuppressant or biologic therapy and have received my first dose of one of the COVID vaccines – can I stop shielding?

Currently, there is not enough information on this, therefore, government advice on reducing the risk of COVID infection should still be followed.¹⁰

Are there situations where the COVID vaccines are NOT recommended?

There are very few people where COVID vaccines cannot be used. You should not receive the vaccine if you have had a previous systemic allergic reaction (e.g. anaphylaxis) to:

- a previous dose of the same COVID vaccine
- any component of the COVID vaccines.

The Pfizer/BioNTech and Moderna vaccines contain polyethylene glycol (PEG). This is present in the biologic drug certolizumab pegol (Cimzia) for treating psoriasis. Reactions to PEG are very rare. However, if you have had a severe allergic reaction to certolizumab pegol (Cimzia®) you should not receive the Pfizer/BioNTech vaccine. People who have had a systemic allergic reaction either to the Pfizer/BioNTech or Moderna vaccines should not be given a dose of the other vaccine.² Such reactions should be reported using the COVID Yellow Card system.⁶

People with latex allergy are safe to receive the currently available vaccines as the rubber bung in the vials is made of bromobutyl or halobutyl rubber, and not latex. A full list of ingredients has been published for each approved vaccine.^{7,8,9}

Is it safe to receive the vaccines if I have already had a COVID infection or positive antibodies test result?

There is no evidence of any safety concerns from vaccinating people with a history of COVID infection or with detectable COVID antibodies (as of February 2021).

Can I receive the vaccines if I am pregnant?

Although the evidence so far does not indicate any safety concern or harm, there is insufficient evidence to recommend routine use of COVID vaccines during pregnancy. Usually, vaccination will be postponed until after the baby has been born. If you are pregnant and have been offered the vaccine, this may be because there are reasons that the benefits of vaccination are especially important during your pregnancy. If this is the case, then you should discuss with your doctor.

Will the vaccines be offered to children and teenagers?

COVID vaccine trials have only just begun in children, so there is little evidence on the safety and effectiveness in this group. Children and young people whose immune system are not suppressed have a very low risk of catching COVID and rarely come to harm due to COVID infection.

There is an increased risk of getting COVID in residential care homes. Vaccination may be considered for children and young people with serious neurological disabilities (including cerebral palsy, severe autism, and Down’s syndrome) who spend regular time in such settings. As there is limited evidence on COVID vaccines in children and young people, vaccination is mainly given to older children over the age of 12 who may be at higher risk of getting COVID and becoming ill from infection.

How will the vaccines be prioritised?

The Joint Committee of Vaccination and Immunisation (JCVI),¹¹ which advises UK health departments on immunisation, have set out a prioritisation list for people most at risk. Evidence from the UK indicates that the dangers from COVID infection increases with age in both healthy adults and in adults with underlying health conditions.

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 18 years of age)
5	All those 65 years of age and over
6	Adults aged 18 to 65 years in an at-risk group (Table 3 from Chapter 14a of the Green Book) ² i.e. those with underlying health conditions which put them at higher risk of serious disease and death
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

*Please note this is an evolving situation and the priority grouping may change at short notice¹⁰

Who is in the clinically extremely vulnerable group?

There are two ways an individual may be identified as clinically extremely vulnerable:

- if you have one or more of the conditions listed on the government website,¹⁰ (combined potentially with medication you are on)¹² or
- a hospital clinician or GP has added you to the Shielded Patients list because, based on their clinical judgement and national guidance, they think you may be at higher risk of serious illness from COVID infection.

⁽¹¹⁾<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation> (Accessed 8th April 2021)

⁽¹²⁾<https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6946> (Accessed 8th April 2021)

How do I know if I am registered as clinically extremely vulnerable?

Your doctor will have registered you as clinically extremely vulnerable and you should have received a letter during the recent lockdown/restrictions to confirm this. If you have not received a letter, and believe that you are in this group, then please contact your dermatology team or GP.

If I am in the clinically extremely vulnerable (shielded) group how will I be notified about vaccination?

If you have been registered as clinically extremely vulnerable, then there is nothing further that you need to do. You will be contacted when appropriate.

What if I am at risk due to the medication I am taking, but not in the clinically extremely vulnerable group?

The advice is that you will be in the priority group 6 (see table above) to receiving the vaccine.

Additional resources:

1. [International Psoriasis Council statement on the COVID-19 vaccines](#)
2. [Crohn's and Colitis UK FAQ on the COVID-19 vaccines](#)