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## COVID Vaccine Information FOR PCP Offices

As vaccines to prevent COVID-19 have rolled out across the United States and the world, there have been rare reports of allergic reactions which have been repeated in the press and raised anxiety amongst patients and providers. Anaphylaxis is a rare and treatable immediate reaction. COVID is a potentially fatal disease with very common long term sequelae.

Based on current CDC guidelines (check for updates here <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>)

### **No Allergy Consultation Required:**

- Patients with history of any allergy (food, environmental, venom, latex, oral meds) should receive the vaccine with a 15 minute observation period
- Patients with history of anaphylaxis (food, environmental, venom, latex, oral meds) should receive the vaccine with a 30 minute observation period

### **Allergy Consultation Recommended:**

- Patients with history of immediate allergic reaction (hives, angioedema, respiratory distress, anaphylaxis) to polyethylene glycol (Miralax)\*, vaccines or injectable therapies should have evaluation by an Allergist

There is a *presumption* that the polyethylene glycol matrix used to stabilize the mRNA *may* be responsible.

In the unlikely event that a patient develops an allergic reaction, please make sure the patient has a tryptase, CH50, C3, C4 and terminal complement.

Non-allergic side effects, ranging from mild to severe including local erythema/swelling, myalgias, lymphadenopathy, headache and fever are common (more so in those with history of COVID infection) and do NOT preclude future vaccination. Some patients will have delayed reactions. These do not require Allergy evaluation.

At the present time, we are unable to perform direct skin testing nor administer the vaccine in our office.

Last Updated: January 16, 2021

## COVID Vaccine Information for Nurses

### **Patients call with Question about COVID vaccine:**

Have you ever had anaphylaxis to a vaccine?

Have you ever had a severe allergic reaction to an injectable medication? Have you ever had an allergic reaction to polyethylene glycol (the main ingredient in Miralax)?

If yes to any of the above, get details of above history and forward message to MD

### **No Allergy Consultation Required:**

- \* Patients with history of any allergy (food, environmental, venom, latex, oral meds) should receive the vaccine with a 15 minute observation period
- \* Patients with history of anaphylaxis (food, environmental, venom, latex, oral meds) should receive the vaccine with a 30 minute observation period

### **Scenarios:**

1. Anaphylaxis due to the first dose of the COVID vaccine
  - a. Epinephrine. To ED.
  - b. Obtain tryptase, C5-9, CH50
  - c. Recommend avoidance of future covid vaccine for now
  - d. TELEMED WITH MD
2. Large local reaction to the vaccine, mild-moderate severity
  - a. Topical steroids: Hydrocortisone 2.5%, Triamcinolone 0.1% BID until resolved
3. Large local reaction to the vaccine, moderate-severe
  - a. Topical steroids: Triamcinolone 0.5% cream BID for 7-14 days.
4. Hives at any time after vaccination, no other symptoms
  - a. Supportive treatment with Zyrtec 10 mg BID (or Allegra 180 mg BID)
  - b. TELEMED WITH MD to discuss second dose (likely fine)
5. Fever, shaking chills, muscle aches, large local reaction
  - a. Reassurance that this is along the spectrum of normal vaccine response and that symptoms usually resolve within a few days, but may last for many days. b. Supportive care: Tylenol, ibuprofen, topical steroids if needed, rest
  - c. Can receive second dose of vaccine
6. Cough, loss of smell or taste, any respiratory symptoms, fever, chills, myalgias
  - a. Proceed to COVID testing
  - b. Call PCP to inform of symptoms
7. Swelling of facial filler after vaccination
  - a. Zyrtec 10mg BID
  - b. Prednisone 30 mg daily x 1-2 doses
8. Immunotherapy Patients: Can receive immunotherapy 48 hours before COVID vaccine and 1 week after – mostly to avoid pain/local reactions near site of vaccine