

- Vaccination

Should allergy sufferers take the jab?

While many people with skin conditions or allergies can take the Covid-19 vaccine, they should check with their doctors first

The Straits Times · 23 Jun 2021 · C1 · Tay Liang Kiat stlife@sph.com.sg Dr Tay Liang Kiat is a consultant dermatologist at Dermatology and Surgery Clinic. He is based at Paragon Medical Centre and Parkway East Hospital.

As Covid-19 continues its rampage across the globe, the emergency use of vaccines against the virus and its emerging variants is essential to control the escalating pandemic. But, despite robust safety data in trials, allergic reactions after vaccination are known to occur and can range from relatively benign itchy rashes to potentially life-threatening allergic reactions.

Some people, especially those with pre-existing allergies and allergic skin conditions, are understandably fearful or less enthusiastic about getting inoculated.

Singapore's Health Sciences Authority says since Covid-19 vaccinations started at the end of last year, the most commonly reported side effects were rashes and hives (46 per cent) while

14 per cent had angioedema (swelling of face, eyelids and lips).

People with a variety of skin conditions and allergies have been asking me whether it is safe for them to take the vaccine.

I have a simple way to guide them. Think of three groups: red, green or amber.

For the red group, mRNA Covid-19 vaccines are not recommended. Those with a history of severe allergic reaction to the first dose of the Pfizer or Moderna Covid-19 vaccine (or any of its components) should avoid subsequent mRNA vaccines.

Anaphylaxis is a severe life-threatening allergic reaction, with two or more of symptoms such as dizziness, hives or face/eyelid/lip/throat swelling or breathing difficulties.

Previously, anyone with a history of anaphylaxis to any medication, food, insect stings or unknown triggers fell into the red group. They are now allowed to take the vaccine.

But a small group with a history of anaphylaxis or allergic reactions to any other non-mRNA vaccines may not be suitable to vaccinate until they undergo a thorough evaluation by an allergist, due to concerns of cross reactivity between the vaccine components.

Thankfully, vaccine-related anaphylaxis is rare. Singapore's local reported rate is about 1.4 per 100,000 doses administered.

This is similar to overseas reported incidence rates of around 0.5 to 2 per 100,000 doses administered.

For the red group, more suitable non-mRNA Covid-19 vaccines are currently under evaluation and may be approved soon for local use. For those keen to vaccinate, these alternative vaccines approved by the World Health Organisation can be specially imported.

Most people would be in the green group.

Previously, people with multiple allergies were advised to defer their vaccination, but there is now increasing evidence that it is not the number of allergies, but the severity that determines whether a person can be vaccinated.

A person with multiple allergies can be vaccinated, so long as his or her allergies are not life-threatening.

The Ministry of Health has also recently given the green light to those who have previously suffered drug-related severe skin allergic eruptions such as Steven-Johnson Syndrome, toxic epidermal necrolysis and drug hypersensitivity syndrome, that they can now be vaccinated.

People with chronic skin conditions such as atopic dermatitis and psoriasis can also be vaccinated.

Many people suffer from eczema, with varying severity and rashes affecting different parts of the body. Current evidence shows that the mRNA Covid-19 vaccines do not seem to cause eczema flare-ups, and are safe for even those with moderate or severe eczema. Having eczema does not increase the risks or side effects of vaccination, but as many people with eczema have multiple allergies, it is important to check whether these allergies are severe.

Individuals with a history of allergic contact dermatitis or with positive allergy patch tests to substances such as nickel, cosmetics and fragrances can also be vaccinated.

Another common skin condition is chronic spontaneous urticaria in the absence of any physical triggers or causes. It can last for a few months or years, and people with the condition experience itchy hives of varying severity almost every day.

There is no evidence this group has a higher risk of allergic reaction to mRNA Covid-19 vaccines and they can be safely vaccinated, although a mild flare-up of the hives may occur after vaccination as their rashes are easily aggravated. This should be considered before erroneously labelling this as a vaccine allergy.

Lastly, there is the amber group. Vaccination for this group can still proceed, but pre-vaccination evaluation and vigilance may be needed.

Various immunosuppressant medications, such as cyclosporine, azathioprine, methotrexate and dupilumab, are widely used for the treatment of extensive severe eczema. For extensive psoriasis, there are many more options of biologic medication.

People on these immunosuppressant drugs can still be vaccinated and there is no evidence of any increased risk of side effects.

Short courses of systemic corticosteroids are also frequently needed to treat flare-ups of rashes that cannot be controlled by topical creams alone.

There are concerns whether patients on short- or long-term immunosuppressant medication can mount an effective immune response after Covid-19 vaccination.

Depending on the level of immunosuppression, it is generally understood that the drugs do not prevent the development of immunity after vaccination, although the immune response and protection level from the vaccine might be reduced.

It may be argued that these patients have a much lower immunity when they are on long-term immunosuppressant treatment, and a higher risk of Covid-19 infection, hence they

should be vaccinated at the earliest opportunity. Some level of protection is better than none.

The doctor and patient should make decisions jointly.

They should have discussions on the use of immunosuppressant treatment, the timing of vaccination and whether to delay non-urgent treatment until the vaccination course is completed to allow for optimal vaccine response.

While the world awaits breakthrough treatment to cure Covid-19 infection, continual strict public health infection control measures, together with more effective and safer vaccines, remain people's only hope for now.