



**ARA COVID-19 Vaccination for People with autoimmune inflammatory rheumatic diseases
(AIRD)
22 April 2021**

Why is it important for me to have the vaccine?

Some diseases (including rheumatoid arthritis) are caused by the body's immune system, which usually protects us from infection. When the immune system is affected by arthritis or drugs to treat the condition, the risk from COVID-19 may be increased.

If you get vaccinated, you will be less likely to get COVID-19. Even if you are infected, it is more likely to be a milder illness.

People who catch COVID-19 can become very unwell. Many people will need hospital treatment even if they do not have a health condition.

What vaccination will be available?

Two COVID-19 vaccines are currently available in Australia – the AstraZeneca (Oxford) vaccine and the Pfizer (Comirnaty) vaccine. **Both are suitable for rheumatology patients whose immune system may not be strong.** The AstraZeneca vaccine is a viral vector vaccine. The Pfizer vaccine uses messenger RNA (mRNA).

Other vaccines are likely to be available in Australia later in 2021. The COVID-19 vaccines which will be available in Australia are safe for people with arthritis and people taking drugs that suppress the immune system, even if the condition is active. This is because none of these is a "live" vaccine.

On April 8th the national vaccine rollout changed to recommend the use of the Pfizer vaccine over the AstraZeneca vaccine in adults aged < 50 years who have not already received a first dose of AstraZeneca vaccine.

The AstraZeneca vaccine can be used in adults aged under 50 years where the benefits are likely to outweigh the risks for that individual and the person has made an informed decision based on an understanding of the risks and benefits.

People who have had their first dose of the COVID-19 AstraZeneca vaccine without any serious adverse events can safely be given their second dose. This includes adults under the age of 50. People who have had blood clots associated with low platelet levels after their first dose of COVID-19 AstraZeneca should not be given the second dose.

People over the age of 50 can receive either vaccine as the benefits of the AstraZeneca vaccine continue to outweigh the risk of adverse effects in this age group.

Protection from COVID-19

Both the AstraZeneca and Pfizer COVID-19 vaccines are very good at stopping serious illness caused by COVID-19.

This is what the trials found:

- AstraZeneca (Oxford) vaccine: Prevented COVID-19 in about 7 in every 10 people (70%), and with no severe cases from 14 days after the first injection.
- Pfizer (Comirnaty) vaccine: Prevented COVID-19 in over 9 in every 10 patients (95%) and starts to work around 10 days after the first dose.

Need for a second dose

The AstraZeneca vaccine will require a second dose, usually 12 weeks after the first dose. The Pfizer vaccine will require a second dose, usually 21 days after the first dose.

The first dose does provide some protection. The second dose gives more long-term protection from COVID-19.

Will the drugs that I take for my condition affect the way the vaccine works?

Some people who are taking drugs that suppress the immune system may be given advice to continue avoiding exposure to COVID-19 after they have had the vaccination. This is because their medications could mean their immune system doesn't respond as strongly to the vaccine as people who don't take these drugs. **This does not mean you should stop your treatment, because this can result in a flare of your condition which puts you at greater risk from COVID-19.** Everyone in Australia will need to follow Government advice on reducing the spread of COVID-19, even after they have had the vaccine.

Can I have other vaccinations (e.g. influenza vaccine) at the same time as the COVID-19 vaccination?

The administration of any other vaccination on the same day as the COVID-19 vaccine is not recommended. The preferred minimal interval between another vaccination and the COVID-19 vaccine is 14 days. You do not need to delay your influenza vaccine until you complete the course of two COVID-19 vaccines.

Should I delay my rituximab treatment so that I can have the COVID-19 vaccination?

To ensure the best response to the COVID-19 vaccination, it is recommended that vaccination is performed towards the end of a rituximab dosing cycle or before initiation of rituximab therapy. Please discuss the timing with your rheumatologist.

Should I continue to take methotrexate when I have the COVID-19 vaccination?

There is some evidence that responses to the COVID-19 vaccine are reduced in people treated with methotrexate. Therefore, interruption of methotrexate therapy during COVID-19 vaccination may be considered, but only in patients with stable rheumatic disease at low risk of flare, or those for whom protection from COVID-19 is of particular importance. **This decision to hold methotrexate for one or two doses following each vaccination should be individualised and discussed with your treating Rheumatologist.**

What about other disease modifying antirheumatic drugs (DMARDs)?

Currently there is very little evidence that other DMARDs reduce protection from the vaccine. Continuing DMARDs will often be the safest option to prevent disease flares. Information is being reviewed constantly to inform such recommendations.

For more information on the use of rituximab, methotrexate and other DMARDs with the COVID-19 vaccine please go to the practical information section of the draft Australian Living Guidelines. The link is here: <https://app.magicapp.org/#/guideline/LqRV3n/rec/EZ6z8E>

Can I have surgery after having the COVID-19 vaccine?

Surgery guidelines recommend people do not have major surgery and vaccines within one week of each other. This is because both surgery and the vaccine can cause a fever.

Can I have the COVID-19 vaccine if I am pregnant or breastfeeding?

These vaccines haven't been tested during pregnancy. At this time the Australian and New Zealand Governments support the use of an approved COVID-19 vaccination in breastfeeding women.

Breastfeeding women do not need to stop breastfeeding to receive the vaccine. More information can be found here; https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/News/RANZCOG-ABA-NZBA-COVID-19-vaccination-and-breastfeeding-infographic-final.pdf
You can talk to your midwife and/or rheumatology healthcare team if you are not sure what to do.

Can children have the COVID-19 vaccine?

Trials for the vaccine in children have only just begun, so it's generally not recommended for children under 16. It's also known that children and young people are at a very low risk of COVID-19 generally. It's possible these recommendations may change once more adults have had the vaccination.

Are there any side effects?

Some people will get mild side effects. These can include pain where the injection goes in, tiredness, headache and aching of muscles. Serious reactions like allergic reactions are extremely rare. People with a history of severe allergic reactions can be vaccinated but should be monitored for 30 minutes after receiving the AstraZeneca vaccine. If you have any concerns about the vaccine, ask your doctor, nurse or pharmacist.

In the 2 weeks after your vaccine if you have severe, persistent headaches that are different from "usual" and do not settle with paracetamol or other painkillers seek medical advice as soon as possible.

What about reports of blood clots with the AstraZeneca vaccine?

Experts have examined reports of people with unusual clots after COVID-19 vaccination with the AstraZeneca vaccine reported mostly from the United Kingdom and Europe. Several cases have also been reported in Australia.

The Australian authorities and specialists have reviewed the situation and made the above changes to recommendations for the AstraZeneca vaccine for people under 50, noting the benefits of the AstraZeneca vaccine for those over 50 continue to outweigh the risk of side effects. More information can be found here; <https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

When will people with rheumatology conditions receive the vaccine?

In Australia we are currently in Phase 1B which includes people with rheumatic diseases (except osteoarthritis and fibromyalgia). General practices and Aboriginal Community Controlled Health Services have appointments available, with numbers increasing over a 4-week period. Phase 1B includes more than 6 million Australians, so please be patient. You can check your eligibility using this Australian government website: <https://covid-vaccine.healthdirect.gov.au/eligibility>

Do you still need to have the vaccine if you have had COVID-19?

It is possible for people who have already had COVID-19 to have the vaccine for it. It is not known yet how long the antibodies made by your body in response to COVID-19 last, so a vaccine could offer more protection or boost any antibodies your body has already made.

An Australian Government COVID vaccine fact checker is available at; <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true>

The ARA will update this advice as new information becomes available.