

Support Group meeting information

We asked you to send in questions that you had about the vaccine, thank you very much to everyone who replied we have some great questions and observations. Our speaker today is Kate Newman ILD pharmacist.

The government aims to give 1st dose vaccine to the top 4 groups priority risk group list by mid Feb 2021. There are 2 vaccines being used at the moment- Pfizer and AstraZeneca, you will receive one of these vaccines.

You will go to the same place for both doses and will receive the same vaccine. You will get a blue card for information which has the batch number and brand of vaccine on it. If you are in hospital when you are due your 2nd dose they will try and get hold of the same brand if they can. This link will take you to information about the COVID vaccination programme.

<https://www.gov.uk/government/collections/covid-19-vaccination-programme>

There was a question about the 3 month gap between 1st and 2nd dose. The reason for this is so that more individuals get some vaccine in such unprecedented times. The British Society for Immunology state that it is clinically preferable to give as per guidelines however are pragmatic and accept the government rationale from the Chief Medical Officer and Joint Committee to extend to 3 months to aim to protect more people in the short term.

<https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources>

There is no evidence that either vaccine stops you getting the virus or passing it on.

We had some questions about allergies.

Here is a link to the British Society of Allergy and Clinical Immunology (BSACI) for further information about allergies and the vaccine <https://www.bsaci.org/category/covid-19/>

The BSACI has advised that:

- individuals with a history of immediate onset-anaphylaxis to multiple classes of drugs or an unexplained anaphylaxis should not be vaccinated with the Pfizer BioNTech vaccine. The AstraZeneca vaccine can be used as an alternative (if not otherwise contraindicated)
- individuals with a localised urticarial (itchy) skin reaction (without systemic symptoms) to the first dose of a COVID-19 vaccine should receive the second dose of vaccine with prolonged observation (30 minutes) in a setting with full resuscitation facilities (e.g. a hospital)
- individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to the first dose of a COVID-19 vaccine can receive the second dose of vaccine in any vaccination setting

Very few people cannot have the vaccine at all and it is only if you have anaphylaxis to excipient within the vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local

immunisation or health protection team. The vaccine should not be given to those who have had a previous systemic allergic reaction (including immediate-onset anaphylaxis) to:

- a previous dose of the same COVID-19 vaccine
- any component (excipient) of the COVID-19 vaccine

Kate has sent me this information to share with you for your interest (any questions about this we will send to Kate for further explanation!) The Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 contains polyethylene glycol (PEG), which is from a group of known allergens commonly found in medicines and also in household goods and cosmetics. Known allergy to PEG is extremely rare but would contraindicate receipt of this vaccine. (Sellaturay P et al, 2020). Patients with undiagnosed PEG allergy may have a history of unexplained anaphylaxis or of anaphylaxis to multiple classes of drugs (see precautions). The AstraZeneca vaccine does not contain PEG and is a suitable alternative.

Kate has sent me this information about the excipients in Pfizer and if anyone has an allergy to anything please speak to the healthcare professionals in the vaccine clinic and they can check everything for you.

Alcohol allergy: The excipients in the Pfizer vaccine are: This vaccine contains polyethylene glycol/macrogol (PEG) as part of ALC-0159.

- ALC-0315 = (4-hydroxybutyl) azanediy)bis (hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- cholesterol
- potassium chloride
- potassium dihydrogen phosphate
- sodium chloride
- disodium hydrogen phosphate dihydrate
- sucrose
- water for injections

Q- Can we have the vaccine of on anticoagulation?

- A) Yes if you are stable in your treatment you can have an IM injection, should be via a fine needle and pressure should be applied for at least 2 minutes.

Kate has added some further information on this for your interest

Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication/ treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/ treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up-to-date with their scheduled INR testing and whose latest INR is below the upper level of the therapeutic range, can receive intramuscular vaccination. A fine needle (23 or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site without rubbing for at least 2 minutes (ACIP 2019). The individual/parent/ carer should be informed about the risk of haematoma from the injection.

Q- What common side effects have been reported?

A) The vaccines are well tolerated as age goes up. Some of the usual side effects can include some arm pain, headache, and muscle pain. Side effects are similar in both vaccines.

Q- How effective is the vaccine.

A) Neither vaccines are 100% effective, you will have some immunity after approx. 2 weeks, need 2nd dose for full effectiveness.

Q- When can we stop shielding.

A) Not at the moment, you will be guided by the government and local restrictions. Link for your information <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/>

Key Points

The vaccine is safe, there are some minor side effects and it may make you feel a bit under the weather.

You will know if you have had anaphylaxis, as a rule if you do not carry and EpiPen you do not have anaphylaxis. All vaccine centres are staffed by teams who have carried out vaccine specific training. The centres are equipped to respond to anaphylaxis. Everywhere that does vaccines has access to anaphylaxis kits.

Having your vaccine just protects you. After the vaccine if you get covid the aim is that you will get a much milder form. It means your body will be able to fight it and covid will not be as severe.

Remember people like you will not have been in clinical trials so we will not know how you will respond.

It is key to continue shielding as per government guidance, we are waiting for the daily figures and hospital numbers to come down before there will be any discussion about reducing any restrictions.

It might take us another year to really know how things are going to be long term.

When you go for your vaccine let the staff know if you have any allergies, you are likely to be ok with mild allergies.

Q- What is the difference between particles and disease?

A) We worry about the disease as the disease is when you become unwell.

Q- Can you have the vaccine if you have a hypersensitive pneumonitis ILD and do not know what the trigger is?

A) Yes you should still have the vaccine as you will not have an allergic reaction.

Q- Does the Pfizer vaccine cause a problem/ trigger response in inflammation (for example with Rheumatoid arthritis ILD diagnosis)

A) Not as far as we are aware, not listed to date.

Comment- There were concerns about queuing as people were close together at one site and some not wearing masks.

It is worth asking people if they would mind standing 2m away from you. The staff in the centres will be following PPE and hygiene guidance both with you and between patients. You can get lanyards from Action for Pulmonary Fibrosis at [Action for Pulmonary Fibrosis – UK charity \(actionpf.org\)](http://ActionforPulmonaryFibrosis.org) if you cannot wear a mask or want people to keep their distance.

Q- Are there any trials about the vaccine and people who have had COVID already?

A) If you have had COVID you need to wait for 30 days until you have your vaccine

Q- How long do you think we will need to isolate?

A) We do not know and wait for government guidance however we may see some relaxing of restrictions in April May time however we need to watch what the government will do. It may not be until August that the vulnerable have all got some protection from the vaccine.

We might know by the summer how well the vaccine is working.

Q- Can partners be vaccinated at the same time as you?

The guidance says no however you can ask when you have your vaccine done, some of the group have been successful by asking.

Comment- carers are now up to group 6 in the government priority group for vaccine.

Q- How is the shelf life of the Pfizer vaccine been dealt with and do we have faith in that process?

- A) There are very clear and precise guidance in place before centres can access the Pfizer vaccine.
- B) There are significant cross checks and date checks in place.
- C) We do not go outside the allotted defrost time.

Comment- Pharmacy led centre- had a good set up and was very reassuring.

Q- When is it safe to come to the research centre after the vaccination.?

A) The research centre is in a separate area of the hospital, the staff comply to PPE regulations. It is an individual discussion between the research team and you. Some research is on hold as it is not lifesaving. If you have concerns you should ring the research nursing team which is a separate team to the ILD nurses. The research number is 0161 291 5388 The time to think about contacting research could be about 2 weeks after your vaccine as you will have had some response by then.

Q- Is it safe to visit hospital for appointments?

- A) We are being as safe as we can but you could consider delaying your appointment until 2 weeks after your vaccine. There is usually a reason if we do face to face appointments and we have already considered the risk vs benefit of this appointment before we invite you.

Q- Pulse oximeters given to COVID patients on the news.

- A) This was a news item about the virtual COVID wards which is to monitor patients that have gone home with COVID before we may normally have discharged them. They go home with a temporary pulse oximeter whilst they are followed up by the service.

General comment about pulse oximeters, there are often differences in real reading verses the reading you can get at home i.e. the contact is not good enough, you may have cold hands. These readings may not reflect what your real results are.

If you do need to call an ambulance and your oxygen level is usually low, please let the paramedic know your usual rate and give them good information about your disease to help them make a safe decision about you and where is most appropriate for you to be. We would prefer you were managed at home if it is safe to do so but please if you are unwell and need a hospital admission for treatment and tests come in.

Comment- One of our group has written to their MP about PF and the MP has asked to meet them. They want some evidence so welcome to contact Dr Chaudhuri and some of the group advised them to contact Steve Jones at Action for Pulmonary Fibrosis.

Comment- Impressed with how smooth the vaccine process was.

Q- Attending for lung function.

- A) Government advise is to keep appointment, if you have had a local lung function test recently ask the team to forward it.

The last thing Kate has asked me to share is to ask you to complete a yellow card if you have any side effects to the vaccination – you can find this at:

<https://coronavirus-yellowcard.mhra.gov.uk/>

Here is a list of websites that Kate used for her research

There is a list of vaccination sites

at: <https://www.england.nhs.uk/coronavirus/publication/vaccination-sites/>

British Society for Immunology information:

<https://www.immunology.org/policy-and-public-affairs/briefings-and-position-statements/COVID-19-vaccine-dosing-schedules>

Government press release:

<https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact>

PHE information:

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Summary of product characteristics:

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine>

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

That was the close of the meeting.

Thanks to everyone who attended.

Helen, Tracey and Katie.