

Summary

It is very important that all Albertans that are able receive the COVID-19 vaccine to protect themselves, stop the spread, and to end the pandemic.

- Across all of the guidelines reviewed, there were almost no medical reasons that mean someone is not able to get one of the COVID-19 vaccines, although some conditions should be reviewed by a specialist before decisions are made.

The guidance reviewed can be synthesized and summarized as:

- Those people who had a documented severe allergic (anaphylactic) reaction to a first dose of vaccine or to a known vaccine ingredient should be seen by an allergist to determine how best to get them the vaccine. It may mean they need to take a different version of the vaccine.
- Someone that developed a very rare reaction such as myocarditis to the first dose of the vaccine should wait to receive their second dose until advised to do so by their specialist.
- Some individuals should receive an mRNA vaccine (Pfizer or Moderna) rather than a viral vector vaccine (AstraZeneca/COVISHield). This may include individuals that are pregnant, those living with some specific chronic diseases, and those that had particular types of reactions to the first dose of that vaccine.
- Support for physicians and patients who need assessment for any of these possible reasons for delay, exemption, or need for a different vaccine is recommended (that is, creation of a pathway for assessment and referral).
- Almost all Albertans can receive the COVID-19 vaccine, and should. If individuals have specific questions about their eligibility for the vaccine, then they should speak with their family doctor or call HealthLink.

Table 1. INITIAL dose of COVID-19 vaccine: synthesis of considerations for vaccine exemption, deferral, or modified administration in specific populations

Population	Recommendation
Individuals for whom the first dose should be formally deferred for further exemption assessment, or for a resolution of a potentially complicating condition:	
Severe allergic reaction/anaphylaxis following receiving/ingestion of any component of COVID-19 vaccine (refer for Allergy Assessment Pathway)	<ul style="list-style-type: none"> • Defer until assessment completed by an allergist/immunologist; assessment may or may not result in exemption • COVID-19 vaccination using a different type of vaccine may be considered for re-immunization • If immunization with a different platform is offered, individuals should be observed for at least 30 minutes after immunization
Current confirmed diagnosis of myocarditis or pericarditis from any cause	<ul style="list-style-type: none"> • mRNA COVID-19 vaccination should be deferred until myocarditis or pericarditis resolve • Specialist referral should be considered
Persons who received antiviral monoclonal antibody therapy or convalescent plasma for COVID-19 treatment	<ul style="list-style-type: none"> • These people may not mount a vaccine response • Interim suggestion: deferral of vaccination for 3 months is suggested (based on antibody half-life). • Expert clinical opinion should be sought on a case-by-case basis
Individuals with current COVID-19 infection	<ul style="list-style-type: none"> • Defer vaccination until person has recovered from the acute illness and more than 10 days have elapsed since symptom onset. (Some guidance suggests vaccination 3 months after acute illness.)
Individuals for whom vaccination is recommended after appropriate counselling and informed consent (based on multijurisdictional risk – benefit assessment)	
Pregnant, breastfeeding, or those of childbearing years	<ul style="list-style-type: none"> • mRNA COVID19 vaccine is recommended for individuals in the authorized age group who are pregnant, breastfeeding, or planning to become pregnant (see appendix for additional information on vaccines and pregnancy, lactation and fertility).
Previous severe allergic reaction to any injectable therapy unrelated to a component of COVID-19 vaccines (e.g., intramuscular, intravenous, or subcutaneous vaccines or therapies)	<ul style="list-style-type: none"> • People with prior reactions to other therapies or vaccines may be routinely vaccinated and do not need referral • An extended period of observation post-vaccination of 30 minutes should be provided
History of other allergies (allergy not related to a component of authorized COVID-19 vaccines)	<ul style="list-style-type: none"> • Can receive COVID-19 vaccines without any special precautions
Specific to AstraZeneca/COVISHIELD COVID-19 Vaccine	Recommendation
Previous diagnosis of capillary leak syndrome	<ul style="list-style-type: none"> • Rare reports of patients with CLS developing symptoms after AstraZeneca/COVISHIELD COVID-19 vaccine. • mRNA COVID-19 vaccine should be offered

Table 2. SECOND dose of COVID-19 vaccine: considerations for vaccine exemption, deferral, or modified administration in specific populations

Population	Recommendation
EXEMPTION: Severe allergic reaction/anaphylaxis following COVID-19 vaccination as assessed through Allergy Assessment Pathway	<ul style="list-style-type: none"> Defer until assessment completed by an allergist/immunologist; assessment may or may not result in exemption for second dose COVID-19 vaccination using a different type of vaccine may be considered for re-immunization If immunization with a different platform is offered, individuals should be observed for at least 30 minutes after immunization
DEFERRAL: History of severe allergic reaction/anaphylaxis following the first dose of mRNA vaccine PENDING Vaccine Allergy Assessment Pathway	<ul style="list-style-type: none"> Designation is time limited Requires referral to Vaccine Allergy Assessment Pathway Some patients with either immediate or late local reactions to dose one may safely receive a second dose of the same product
DEFERRAL with reassessment: Diagnosed with myocarditis or pericarditis following the first dose of an mRNA COVID-19 vaccine	<ul style="list-style-type: none"> Further mRNA COVID-19 vaccination should be deferred until more evidence is available Designation is time limited Referral to cardiologist for reassessment in 6-12 months is suggested
Specific to dose 2 of AstraZeneca/COVISHIELD COVID-19 Vaccine	Recommendation
Individuals with Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT) following AstraZeneca/COVISHIELD COVID-19 vaccine	<ul style="list-style-type: none"> Should not receive a second dose of a viral vector COVID-19 vaccine An mRNA COVID-19 vaccine should be offered (mixed schedule)
Individuals with thrombosis with thrombocytopenia or designated coagulation disorders including DVT, cerebral, or MI or CVA that have a temporal association with vaccination*	<ul style="list-style-type: none"> An mRNA COVID-19 vaccine should be considered (mixed schedule) Referral to thrombosis specialist for management around second vaccination dose

*Relevant definitions can be found at <https://open.alberta.ca/dataset/4d885a4c-f9b3-4434-bf5a-5accb63e22a1/resource/c6c6c92d-1015-4c79-ae4a-b9daf9628086/download/health-aip-aefi-covid-19-2021-07-15.pdf>

Practical Guidance

1) There are no medical conditions that are universally identified as absolute medical exemption for initial COVID-19 vaccination. There may be a small number of persons with medical exemptions assigned after a formal assessment process, or for whom deferral of a second dose or use of an alternate vaccine (anaphylaxis to COVID-19 vaccine, mRNA associated myo/pericarditis) is currently recommended. Referral for appropriate specialist assessment of some conditions may be required.