**The following advice is from the British Society for Rheumatology website and can be accessed directly (rheumatology.org.uk. Please remember that we are at a very early stage of understanding the effects and side effects associated with the covid 19 vaccines. Information will be updated regularly as more information about these vaccines come to light.**

**What information is there on the new COVID-19 vaccine?**

Two vaccines are authorised by Medicines and Healthcare products Regulatory Agency (MHRA) for use in the UK: Pfizer/BioNTech and Oxford/AstraZeneca. The Joint Committee of Vaccination and Immunisation (JCVI) has not advised a vaccine preference for any specific population, saying: “Both give very high protection against severe disease… both vaccines have good safety profiles”.

**Who is vaccinated first?**

Both vaccines are recommended by the JCVI for immunosuppressed patients, but please bear in mind patients may have a diminished response to both vaccines because of their immunosuppressing medications. The information below is based on advice from the JCVI and is updated regularly.

The JCVI ranks priority groups according to risk, largely based on prevention of COVID-19-specific mortality. Many people considered **clinically extremely vulnerable** **(CEV)** are in the oldest age groups and will be among the first to receive the vaccine.

Given the level of risk seen in this group as a whole, the remainder of this group should be offered the vaccine alongside those aged 70-74 years (priority group 4, as below). There are some exceptions, including children under 16 years of age. All frontline healthcare staff eligible for seasonal influenza vaccination should be offered the vaccine.

The priority groups are ranked as follows:

1: residents in a care home for older adults; staff working in care homes for older adults

2: all those 80 years of age and over; frontline health and social care workers

3: all those 75 years of age and over

4: all those 70 years of age and over, CEV individuals (not including pregnant women and those under 16 years of age)

5: all those 65 years of age and over

6: adults aged 16-65 years who are in an at-risk group

7: all those 60 years of age and over

8: all those 55 years of age and over

9: all those 50 years of age and over

More information can be found here.

**Should immunosuppressed patients be vaccinated?**

Yes. CEV people are at high risk of severe illness from COVID-19; all are in a clinical risk group which should receive the vaccine.

**This includes:**

Individuals receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid-sparing agents such as cyclophosphamide and mycophenolate mofetil

Individuals treated with (or likely to be treated with) systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age)

Any patients who change CEV status during the roll out of the programme should be called in in their appropriate age cohort, or in priority group 6.

Some immunosuppressed patients may have a less than ideal immunological response to the vaccine.

The prescriber should apply clinical judgment to take into account the risk of COVID-19 exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from COVID-19 itself.

**Should rheumatology treatment be paused or changed?**

We've been in touch with the JCVI for more on this, and will update as soon as more information becomes available.

**What impact does rituximab treatment have on COVID-19 vaccines?**

Existing guidance prior to the pandemic is that patients should be up-to-date with vaccinations before rituximab treatment, as vaccination may not be as effective if given after. We advise that:

Where clinically possible, COVID-19 vaccines should be given four weeks or more before rituximab

Be aware that there may be a sub-optimal response to COVID-19 vaccines, especially for people within six months of the last dose of rituximab, or those who must have maintenance treatment due to their underlying clinical condition

Where clinically appropriate, consideration should be given to using alternative therapies to rituximab, because of the potential that after rituximab there may be sub-optimal response to COVID-19 vaccines. This should be on a case-by-case basis, balancing the need for rituximab and the suitability of alternative therapies for the relevant clinical situation.

**Should children and young people (CYP) receive the vaccine?**

There are very limited data on safety and immunogenicity in CYP as vaccine trials have only just begun. This group has a very low risk of COVID-19, severe disease or death compared to adults and so COVID-19 vaccines are not routinely recommended for CYP under 16 years of age. There are some exceptions, including those with neurological conditions, which can be found in the guidance here. Vaccinations for CYP with other underlying conditions will be reviewed after the initial roll-out phase.

**St. George’s Hospital**

**Centre for Rheumatology**

**January 7th 2021**