

American College of Allergy, Asthma, and Immunology Q & A about the risk of Allergic Reactions to the Pfizer-BioNTech/Moderna COVID-19 Vaccine

Q: Is it possible that someone may have an allergic reaction to the vaccine?

A: Allergic reactions to vaccines, in general, are rare with the incidence of anaphylaxis estimated at 1.31 in 1 million doses given.

Q: Are there adverse reactions to the COVID vaccine?

A: If you are receiving the mRNA COVID vaccine, you should expect local (e.g., pain, swelling, skin rash at the injection site, some swelling of the lymph nodes on the same side as the vaccinated arm) and systemic e.g., fever, fatigue, headache, chills, muscle pain, joint pain or inflammation) post-vaccination symptoms. These are expected side effects, not allergic reactions. They usually resolve within a few days.

Q: What if I have had an allergic reaction to any vaccine?

A: If you have had a true allergic reaction to a vaccine, then please discuss with your doctor

Q: Should someone with general allergies get the vaccine?

A: Individuals with common allergies to medications, foods, inhalants, insects and latex are no more likely than the general public to have an allergic reaction to the Pfizer-BioNTech/Moderna COVID-19 vaccine. Benefits of the vaccine likely outweigh the risks

Q: Who should not take the vaccine?

A: The Pfizer-BioNTech/Moderna COVID-19 vaccine should not be administered to individuals with a known history of a severe allergic reaction to polyethylene glycol or polysorbate (a substance found in some medications and foods). Polysorbate is not a component of the m-RNA vaccines but can cross react with polyethylene glycol.

Individuals who have had a severe or immediate allergic reaction, within 4 hours after getting the first dose of the COVID-19 vaccine should not get a second dose.

Q: Can the vaccine be given to immunocompromised (immunodeficient) patients?

A: The Pfizer-BioNTech/Moderna COVID-19 vaccine is not a live vaccine and can be administered to immunocompromised (immunodeficient) patients. *It is possible that immunocompromised patients may have a diminished immune response to the vaccine.*

Q: When and where should a person get the vaccine?

A: (*WHEN*)- The first vaccines are expected in Virginia by the end of 2020 and will be provided to healthcare workers and residents of long-term care facilities. Additional doses are expected in early 2021 and will be provided to more Virginians but the timeline is not yet known. Availability will increase in the coming months. To learn more we recommend you visit the VA Dept. of health website: [VDH.virginia.gov/coronavirus/vaccination](https://vdh.virginia.gov/coronavirus/vaccination)

A: (*WHERE*) - The Pfizer-BioNTech/Moderna COVID-19 vaccine should be administered in a health care setting where anaphylaxis can be treated. All individuals must be observed for at least 20-30 minutes after injection to monitor for any adverse reaction. All anaphylactic reactions should be managed immediately with IM epinephrine as the first line treatment.

Q: Should a person get the vaccine who has a history of having reactions to vaccines or has been diagnosed with mast cell activation syndrome/idiopathic anaphylaxis?

A: Data related to risk in individuals with a history of allergic reactions to previous vaccinations and/or mast cell activation syndrome/idiopathic anaphylaxis is very limited and evolving. *A clinical decision to administer the Pfizer-BioNTech/Moderna COVID-19 vaccine should be undertaken after discussion with the physician*

These recommendations are based on best knowledge to date but could change at any time, pending new information and further guidance from the FDA or CDC.