Covid-19 Vaccination:
Advice of the EADV Task Forces

In the frame of the current Covid-19 vaccination process, the Task Force Office asked for the advice of the Task Forces concerning specific precautions to be taken for patients affected with distinct diseases related to Dermatology and Venereology.

Sexually Transmitted Infections (STIs)

Prof. H. de Vries, chair of the STIs Task Force, addressed the below recommendation:

"Based on the composition and mechanism of action of vaccines against COVID-19 - including the Russian Sputnik-V (vaccine) - we can assume that they should be safe for people living with HIV. Vaccines developed by Moderna and Pfizer contain only mRNA - no live microorganisms - and the Russian vaccine contains genetically modified adenovirus without the capacity for multiplication.

However, immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 vaccine.The term 'immunocompromised' is still often used to describe people living with HIV, though it is often NOT considered to apply to people with an undetectable viral load or high CD4 count. Still, that warning does not exempt immunocompromised people from getting the vaccine."

Psoriasis

Prof. L. Puig, co-chair of the Psoriasis Task Force provided the following comment:

"In a nutshell, since currently approved or under development SARS-Cov-2 vaccines are not live or attenuated*, there should be no contraindication for their administration to psoriasis patients under treatment with biologics. It is worth to be noted that data on disease occurring following live or attenuated vaccines (e.g., BCG, yellow fever) correspond to anti-TNF treated patients, that yellow fever (re)vaccination has been reported without complications in those patients and that the potential decrease in production of antibody titers in patients treated with anti-TNF agents have not been associated with decreased efficacy, and have not been reported for patients been treated with other biological classes."

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Table 1 – Examples of Non-Live COVID-19 Vaccines in Late Stage Development, Under Regulatory Review or Approved

Vaccine Name	Vaccine Platform	Manufacturer	Clinical Stage
BNT162	mRNA-based vaccine	Pfizer, BioNTech	In use
mRNA-1273	mRNA-based vaccine	Moderna	In use
CoronaVac	Inactivated vaccine (formalin with alum adjuvant)	Sinovac	Ph 3
Covaxin	Inactivated vaccine	Bharat Biotech; National Institute of Virology	Ph 3
No name announced	Inactivated vaccine	Wuhan Institute of Biological Products, China National Pharmaceutical Group (Sinopharm)	Ph 3
Sputnik V	Non-replicating viral vector	Gamaleya Research Institute, Acellena Contract Drug Research and Development	Ph 3
AZD1222	Replication-deficient viral vector vaccine (adenovirus from chimpanzees)	The University of Oxford; AstraZeneca; IQVIA; Serum Institute of India	Ph 3
Ad5-nCoV	Recombinant vaccine (adenovirus type 5 vector)	CanSino Biologics	Ph 3
JNJ-78436735 (formerly Ad26.COV2.S)	Non-replicating viral vector	Johnson & Johnson	Ph 3
NVX-CoV2373	Nanoparticle vaccine	Novavax	Ph 3
INO-4800	DNA vaccine (plasmid)	Inovio Pharmaceuticals	Ph 2/3
VIR-7831	Adjuvant recombinant plant-derived vaccine	Medicago; GSK; Dynavax	Ph 2/3

More on **https://covid-nma.com/vaccines/mapping/**

Auto Immune Blistering Diseases (AIBD)

Prof. E. Schmidt, on behalf of the AIBD Task Force, provided an update of general recommendations (see "Guidance for patients with Autoimmune Blistering Diseases during the COVID-19 pandemic") and formulated the advice underneath regarding vaccination against SARS-CoV2 for patient with AIBD:

"Two SARS-CoV-2 vaccines have been approved by European Medicines Agency (EMA) so far, the vaccine from Biontech/Pfizer and from Moderna. Both vaccines are based on the mRNA technology. By this technology, the genetic information to produce the coronavirus spike (S) protein, that is important for the entry of the coronavirus to human cells, i.e. the infection, is coded on small parts of genetic molecules, the so-called messenger ribonucleic acid (mRNA). During the vaccination mRNA with the genetic information of the coronavirus S protein is provided to the person to be vaccinated. The vaccinated individual will produce for some time the coronavirus S protein which is then recognized by the immune system. Subsequently, immune cells and neutralizing antibodies are produced that can immediately attack the SARS-CoV2 virus in case of contact with the virus. In this case, COVID-19 disease is prevented or the COVID-19 disease is much milder than without vaccination.

Both vaccines are so called non-live vaccines, which mean that they cannot transfer you COVID-19 since only a single protein of the coronavirus is injected. The vaccines also will not change your genetic information nor is the genetic information for the coronavirus S protein integrated in your genes.

Both vaccines can be used safely in patients with AIBD also when under treatment with immunomodulating or immunosuppressive drugs (see above). **Vaccinations should preferably be given when the AIBD disease is in a quiet phase; it is also preferred to vaccinate before planned immunosuppression if feasible.** A vaccination is most effective when the amount of, or level of immunosuppression is low; however, the risk of a flare of the AIBD disease is real, and therefore it is not advised to decrease your immunomodulating or immunosuppressive drugs before being vaccinated.

Provisional observations may disfavour vaccination within three months after application of rituximab since earlier vaccination may not be fully effective.

At present, it is still advised for vaccinated individuals to adhere to all above mentioned preventive measures until more information are available if the vaccinated person can still transfer the SARS-CoV2 virus to non-immune individuals.

In summary, **it is recommended that every AIBD patient from an EU country is vaccinated with one of the EMA-approved vaccines** to prevent COVID-19**.**"

Atopic Dermatitis/Eczema

A last recommendation regarding vaccination of atopic dermatitis (AD) patients came from Prof. M. Deleuran, on behalf of the ETFAD, the European Task Force on Atopic Dermatitis:

"Nearly all AD patients should be vaccinated according to their local or national vaccination plan, as very few AD patients have an increased risk of anaphylactic reactions to any Covid-19 vaccine. Vaccination should not be delayed in patients with an acute eczema flare, but treatment should be initiated concomitantly.

Precautions should be taken where patients have a history of anaphylaxis to drugs in general, especially to vaccinations and in patients with systemic mastocytosis or idiopathic anaphylaxis. All these patients should undergo a drug allergy diagnostic work-up for allergy prior to vaccination.

Clear contraindications exist at the moment only for patients with documented severe allergic reactions to ingredients of the respective Covid-19 vaccines i.e.polyethylene glycol (PEG) present both in the BioNTech/Pfizer (Comirnaty) and the Moderna (mRNA-1273) vaccines."

Rare Skin Diseases/Genodermatoses

Vaccination against SARS-Cov-2 is essential to protect the whole population, including patients with rare skin diseases.
The experts from the different ERN-Skin genodermatoses groups, who are also members of the Genodermatoses Task Force, have summarized their recommendations **here**, taking account of specific cases and treatments for patients with main groups of genodermatoses.

Prof. Bauer on behalf of the Genodermatoses Task Force encourages vaccination, especially for patients with disorders that likely affect the immune system and can be associated with COVID-19 complications. As the currently available messenger-RNA (mRNA) vaccines are not live vaccines, they should pose no risk to patients with immunodeficiency conditions, nor those undergoing immunosuppressive treatment.
The vaccines do not alter the patients' genetic information, given that the genetic information of the virus is not integrated into the genome of the infected cells.

However, unless new data on these safety issues are made available, the current vaccines should be discussed with caution for patients with a history of serious anaphylactic reaction, it means severe urticaria with angioedema associated with general signs, or even shock, in addition to the need to carry an adrenaline pen.

Ultimately, this vaccination is a matter of personal choice.

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