

18.02.2021

COVID-19 Vaccination of Patients Prior to Immunosuppression

Reference:

A. Immunisation Against Infectious Disease (the [Green Book](#)) Chapter 14a. - COVID-19- SARS-CoV-2.

1. Recent changes to national guidance on COVID-19 vaccination contained within Immunisation Against Infectious Disease (the Green Book) provided clarity over the vaccination of patients prior to starting immunosuppression. In summary the guidance is as follows:

Individuals with immunosuppression may not make a full immune response to vaccination. As there is no evidence on response in immunosuppressed individuals there is also no evidence upon which to base advice on the optimal timing of delivery.

Specialists may advise their patients based on their knowledge and understanding of their immune status and likely immune response to vaccination, but should also consider the risk from COVID-19 and the patient's likelihood of exposure. The small number of patients who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response.

Where possible, it would also be preferable for the 2-dose schedule to be completed prior to commencing immunosuppression. This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression. Any decision to defer immunosuppressive therapy or to delay possible benefit from vaccination until after therapy should not be taken without due consideration of the risks from COVID- 19 and from their underlying condition.

2. Key elements of the above guidance are that, where clinically appropriate, COVID-19 vaccination should be completed prior to starting immunosuppressive therapy and that a decision on the timing of a potential second dose, earlier than the current NHS England guidance of a 12 week period between two vaccine doses should be also considered. The timing of a potential second dose would be governed primarily by clinical factors, as outlined above.
3. Primary Care staff are advised of this specific guidance and as necessary facilitate vaccination if requested by secondary care colleagues.

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