

Canadian Rheumatology Association Position Statement on COVID-19 Vaccination

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Highlights of Changes

- Updated to include AstraZeneca (Oxford; Serum Institute of India) and Johnson & Johnson vaccines
- Updated to advocate for early prioritization of Covid-19 vaccination for immunosuppressed patients and that the second dose of the Covid-19 vaccine not be delayed for these patients.

There are currently four COVID-19 vaccines approved by Health Canada: PfizerBioNTech, Moderna, AstraZeneca (Oxford; Serum Institute of India), and Johnson & Johnson. The goal is to have the majority of Canadians vaccinated. Prioritization of which groups will receive the COVID-19 vaccine has been set by Health Canada, and initially targets the most vulnerable including the elderly and health care workers. Canadians will be offered vaccination when they meet the requirements from the prioritization list.

The Canadian Rheumatology Association (CRA) provides the following updated recommendations regarding the COVID-19 vaccine for patients with rheumatic diseases:

1. Individuals deemed eligible by Health Canada prioritization to receive the COVID-19 vaccine and who have an autoimmune rheumatic disease, or are immunosuppressed due to treatment, should receive any of these vaccines. As recommendations change frequently, decision on which vaccine is appropriate should be based on the most current public health recommendations. Patients should also be counseled about the unknown vaccine safety profile in these populations, in addition to the unknown effectiveness and the potential for lower vaccine response in those who are immunosuppressed. Even after vaccination, patients, particularly those who are immunosuppressed, will need to continue to follow all current public health guidelines to protect themselves against COVID-19.
2. In addition to the above, currently individuals between 16 and 18 years of age will only be eligible for the Pfizer BioNTech COVID-19 vaccine. However, this vaccine will not be offered routinely to children below 16 years of age due to limited data. When Health Canada's prioritization permits vaccination for those below 18 years of age, children with rheumatic diseases between 12-15 years of age may be offered the Pfizer vaccine on a case-by-case basis if they are deemed at high risk for COVID-19 exposure and disease, provided informed consent is obtained about the absence of data in this age group.
3. There is currently no data to make a recommendation of whether DMARDs should be withheld at any point during the COVID-19 vaccination schedule. Studies on influenza vaccination have suggested that withholding 2 doses of methotrexate following vaccination

improves vaccine response. It is unknown if this holds true for the COVID-19 vaccine or for other DMARDs. Concerns for potential disease flare should be considered when making these decisions.

There may be provincial variability regarding vaccine availability. Patients should be encouraged to get vaccinated as soon as the Covid-19 vaccine is offered to them, regardless of which one it is, based on the most current public health recommendations.

The CRA advocates for early prioritization of COVID-19 vaccination for individuals receiving immunosuppressive treatments. The CRA also recognizes emerging evidence that points to suboptimal antibody response after first dose of the COVID-19 vaccine in these patients. In order to optimize benefit of vaccination, the CRA advocates that the second dose of the COVID-19 vaccine not be delayed for immunosuppressed patients.

Rheumatology patients should not be disadvantaged in receiving the COVID-19 vaccine because of diagnosis, treatment, where they live or because of an access issue due to a disability. The CRA shares the same goal as NACI and Health Canada in wanting to achieve equitable access to the COVID-19 vaccine and therefore highlights the importance of this issue.

Please note that there may be provincial differences in the interpretation of Health Canada's COVID-19 vaccination plan. For pregnant and breastfeeding women, please see SOGC recommendations below.

This statement will be updated as more information becomes available.

References

Government of Canada:

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

National Advisory Committee on Immunization:

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British Society for Rheumatology:

<https://www.rheumatology.org.uk/practice-quality/covid-19-guidance>

British Society for Immunology:

<https://www.immunology.org/news/bsi-statement-covid-19-vaccines-for-patients-immunocompromised-immunosuppressed>

Centers for Disease Control and Prevention:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Comité sur l'immunisation du Québec:

<https://www.msss.gouv.qc.ca/professionnels/vaccination/piq-vaccins/covid-19-vaccin-a-arn-messenger-contre-la-covid-19/>

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http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccination_recommendations_special_populations.pdf

Lancet:

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Global Rheumatology Alliance:

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JAMA:

Boyarsky BJ, Werbel WA, Avery RK, et al. Immunogenicity of a Single Dose of SARS-CoV-2 Messenger RNA Vaccine in Solid Organ Transplant Recipients. JAMA. Published online March 15, 2021. doi:10.1001/jama.2021.4385