

## Women's College Rheumatology Clinic | COVID-19 Vaccination Information

The available COVID-19 vaccines are highly effective in reducing your risk of COVID-19 infection, and in particular, severe infection requiring hospitalization. Although there is no direct data on the safety and efficacy of COVID-19 vaccines in people with rheumatic disease, there is no reason to expect that vaccine-related harm will outweigh the expected vaccine benefits as a result of your rheumatologic condition. Based on data and expert opinion, we strongly recommend people with rheumatic diseases get the COVID-19 vaccine.

*The following FAQ apply to your rheumatological condition and immunomodulating medications. It is based on recommendations from the Canadian Rheumatology Association (CRA), American College of Rheumatology (ACR), and National Advisory Committee on Immunization (NACI) as of April 22, 2021. Please check our website for updates when the vaccine is available to you. If you have questions related to other medical conditions or non-rheumatology medications, please speak to your family doctor or relevant specialists.*

### **1. Should I get the vaccine?**

Yes! We recommend the vaccine to almost all our rheumatology patients, except those with life-threatening illness (e.g., in the ICU for any reason). Beyond known allergies to vaccine components, there are no other known reasons to avoid taking the COVID-19 vaccination for people with rheumatic diseases. If you have had an anaphylactic or allergic reaction to another vaccine before, please speak to your primary care provider before receiving the COVID-19 vaccine.

### **2. Why should I get the vaccine?**

All current vaccines against COVID-19 seem to be highly effective. People with rheumatic diseases can be at higher risk for worse outcomes compared to the general population, which is why getting protection from the vaccine is so critical. The vaccine can prevent you from catching COVID-19. It can also make COVID-19 infections less severe if you do catch the virus.

### **3. Was the vaccine tested in people with rheumatic diseases?**

No. However, it is very common to approve and use vaccines that have not been studied in people with rheumatic disease specifically. We strongly believe that the expected benefit of getting the vaccine outweighs any potential risks.

### **4. Will my rheumatology medications make the vaccine less effective?**

Immunomodulatory rheumatology medications can theoretically make the COVID-19 vaccine less effective. Holding certain medications may help your body's immune response to the vaccine. **NOTE:** if you are taking any of these medications for non-rheumatologic conditions, such as Crohn's or ulcerative colitis, speak to your other specialist(s) for these conditions before making any changes to your medications. **NOTE:** the current COVID-19 vaccines are NOT live vaccines. Please be aware that LIVE vaccines cannot be received while you are taking any BIOLOGIC medication.

We are suggesting the following, based on the American College of Rheumatology recommendations.

Medication:	COVID-19 Vaccine?	Special Instructions
Methotrexate	*YES	*If you are doing well, stable & in remission, it is suggested that you SKIP 1 DOSE (1 week) of Methotrexate AFTER receiving EACH dose of vaccine.
XELJANZ / Tofacitinib RINVOQ / Upadacitinib OLUMIANT / Baricitinib	*YES	*If you are doing well, stable & in remission, it is suggested that you STOP taking this medication for 7 DAYS AFTER receiving EACH dose of vaccine.
Prednisone	*YES  <b>Speak to your Rheumatologist</b>	*If your dose is UNDER 20mg per day, no modifications have to be made to your prednisone dose, or the timing of your vaccine.  *If your dose is OVER 20mg per day, speak with your Rheumatologist about the timing of your vaccine
Anti-TNFs (Enbrel, Humira, Simponi, Cimzia, Remicade/Infliximab)	*Yes	*No need to make any changes to your medication when receiving first & second dose of vaccine.
Other biologics: Actemra, Cosentyx, Taltz, Stelara, Kevzara, Tremfya	*Yes	*No need to make any changes to your medication when receiving first & second dose of vaccine.
RITUXAN / Rituximab	*YES <b>In ALL CASES speak to your Rheumatologist</b>	*If you have already received your medication, your Rheumatologist may suggest that you schedule your FIRST vaccine dose approximately 4 weeks BEFORE your NEXT scheduled dose of Rituximab (5 months after your last infusion.  *After your SECOND vaccine your Rheumatologist may suggest that you WAIT 2-4weeks to receive your next Rituximab infusion.
ORENCIA / Abatacept <i>INJECTABLE</i>	*YES	*If you are doing well, stable & in remission, it is suggested NOT TO TAKE your Abatacept injection both 1 week BEFORE & 1 week AFTER your FIRST vaccine ONLY. *With SECOND vaccine dose, take Abatacept as usual – no changes.
ORENCIA / Abatacept <i>INTRAVENOUS (IV)</i>	*YES	*If you are doing well, stable & in remission, it is suggested that you get the vaccine 4 weeks AFTER your last Abatacept infusion – JUST BEFORE you are due for your next infusion. *WAIT 1 week AFTER you vaccine before you get this next Abatacept infusion.
CYTOXAN / Cyclophosphamide	*YES <b>In ALL CASES speak to your Rheumatologist</b>	*Time your Cyclophosphamide dose so that it is 1 week AFTER both first dose & second dose of vaccine.
	*YES	*No need to make any changes to your medication when receiving first & second dose of vaccine.
All other medications prescribed by the Rheumatologist can be continued.	*Yes	*No need to make any changes to your medication when receiving first & second dose of vaccine

### **5. Will the vaccine flare my rheumatologic disease?**

Unlikely. However, a theoretical risk for a flare does exist. There is also a theoretic risk of disease flare from COVID-19 infection. Overall, the expected benefit of getting the COVID-19 vaccine outweighs the potential risk of a disease flare.

### **6. What if I am refused the vaccine because I have an autoimmune disease?**

Please inform your rheumatologist. You should not be refused the vaccine because you have an autoimmune disease. Consultation with a health care provider and/or a physician letter is not required for vaccination.

### **7. Which vaccine should I get?**

There are four approved COVID-19 vaccines in Canada: Moderna, Pfizer-BioNTech, AstraZeneca (AZ) and Johnson & Johnson. The recommendations in this FAQ sheet are for these vaccines only based on data and expert opinion on April 22, 2021. Please check this FAQ for updates when you are planning for your vaccine. Please also check recommendations from the [National Advisory Committee on Immunization](#) (NACI) when you are planning your vaccine.

There have been recent concerns around blood clots with the AZ vaccine that have occurred very rarely in some people after they received the AZ vaccine. As of April 23, 2021, the AZ vaccine is currently not available in Ontario to adults under the age of 40. If you are younger than 40, at this time you are only eligible for the Moderna, Pfizer or Johnson & Johnson COVID-19 vaccines. If you are older than 40, we recommend you get the vaccine that is available to you. For more information, see [NACI](#).

### **8. Do I still need to continue strict preventive measures after I get the vaccine?**

Yes, following the COVID-19 vaccination, you should continue to follow all public health guidelines regarding physical distancing, wearing a mask, and other preventive measures.

**Please contact your rheumatologist if you have additional questions about COVID-19 vaccination and check for updates when the vaccine is available to you.**

*This FAQ document was created using recommendations from the American College of Rheumatology, Canadian Rheumatology Association, National Advisory Committee on Immunization (NACI), and Thrombosis Canada. This is updated as of April 23, 2021 and may change as new evidence becomes available.*