

One COVID-19 vaccine has been approved for use in the UK (as of early December 2020). There are other vaccines either being considered for approval or still being developed, and these will only be available on the NHS when they have been thoroughly tested to make sure they are safe and effective.

Are the vaccines safe?

The Medicines and Healthcare products Regulatory Agency (MHRA) is an executive agency of the Department of Health and Social Care in the UK and is responsible for the approval of any vaccine that is used in the UK, including those for COVID-19. As part of this approval process, they closely examine all the evidence about the vaccines, including a rigorous assessment of how well they work, and their safety.

Provisional guidance on COVID-19 vaccination has now been published in the Green Book and is available on the gov.uk website.¹ The Green Book provides the evidence and rationale behind the UK vaccination schedule and is constantly updated.

Will the vaccine worsen my skin disease?

So far, there is no evidence that COVID-19 vaccines make your skin disease worse and no reason to think they would. As part of the roll-out of any vaccine including the COVID-19 vaccines, any safety concerns would be reported formally by your doctor or yourself (using the COVID-19 Yellow Card reporting system),² including any problem with the skin.

I am taking an immunosuppressant – is it safe for me to have the COVID-19 vaccine?

People taking medicines that affect the immune system (for example, prednisolone, methotrexate, ciclosporin and biologics) must avoid 'live' vaccines. The three COVID-19 vaccines that are being considered in the UK (as of December 2020) are not 'live' vaccines and have no COVID-19 virus in them. If you are unsure you should discuss with your doctor.

Many people on immunosuppressants are in the clinically extremely vulnerable (shielded group) and are considered to be at very high risk of severe illness from COVID-19. Given the level of risk seen in this group as a whole, the most recent advice³ is that this group should be offered the COVID-19 vaccine alongside those 70-74 years of age, except for pregnant women and children (see below).

I have been offered the vaccine – should I stop my immunosuppressant or biologic therapy?

Currently, we do not have any information on whether being on an immunosuppressant or biologic therapy will reduce the effectiveness of the vaccine, although this is an area of active

⁽¹⁾https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941450/Greenbook_chapter_14a_v2.pdf (Accessed 7th December 2020)

⁽²⁾<https://coronavirus-yellowcard.mhra.gov.uk/> (Accessed 7th December 2020)

⁽³⁾<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation> (Accessed 7th December 2020)

research. A person taking such medication may not respond as well to the vaccine,⁴ therefore, government advice on reducing the risk of COVID-19 infection should still be followed.⁵ However, in general, once a person is established on a treatment for their skin condition, and it is working well, we do not advise stopping or delaying further treatment if they need a vaccination (for example, the 'flu vaccination).

Are there situations where the COVID-19 vaccine is NOT recommended?

There are very few people where COVID-19 vaccines cannot be used. The vaccine should not be given to those who have had a previous severe allergic reaction to a COVID-19 vaccine, or any of its components.

The MHRA has updated its advice that any person with a history of anaphylaxis⁶ to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine, and that a second dose of the vaccine should not be given to anyone who has experienced anaphylaxis after being given the first dose.⁷ Such reactions should be formally reported using the COVID-19 Yellow Card reporting system.²

Is it safe to receive the vaccine if I have already had a COVID-19 infection or positive antibodies test result?

There is no evidence of any safety concerns from vaccinating people with a past history of COVID-19 infection or with detectable COVID-19 antibodies (as of December 2020).

Can I receive the vaccine if I am pregnant?

Although the available data do not indicate any safety concern or harm, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. Usually, vaccination will be postponed until after the baby has been born. If you are pregnant and have been offered the vaccine, this may be because there are specific reasons that the potential benefits of vaccination are especially important during your pregnancy. If this is the case, then you should discuss with your doctor.

Will the vaccines be offered to children and teenagers?

COVID-19 vaccine trials have only just begun in children, and therefore, there are very limited data on the safety and effectiveness in this group. Compared with adults, children and young people whose immune system are not suppressed have a very low risk of catching COVID-19

⁽⁴⁾https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941452/Information_for_healthcare_professionals.pdf (Accessed 7th December 2020)

⁽⁵⁾<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020> (Accessed 7th December 2020)

⁽⁶⁾<https://www.nhs.uk/conditions/anaphylaxis/> (Accessed 11th December 2020)

⁽⁷⁾<https://www.gov.uk/government/news/confirmation-of-guidance-to-vaccination-centres-on-managing-allergic-reactions-following-covid-19-vaccination-with-the-pfizer-biontech-vaccine> (Accessed 11th December 2020)

and rarely suffer from severe forms of the disease or death due to COVID-19 infection. Therefore, COVID-19 vaccines are not routinely recommended for those under 18 years of age.

Given the increased risk of exposure to infection and outbreaks in institutional settings, vaccination may be considered for children and young people with serious neurological disabilities (including cerebral palsy, severe autism, and Down’s syndrome) who spend regular time in institutional settings. As there are limited data on the use of COVID-19 vaccines in those under 18 years of age, vaccination should be restricted mainly to older children (for example, those aged 12 year and older), who have a higher risk of acquiring COVID-19 and becoming ill from infection.

How will the vaccine be prioritised?

The Joint Committee of Vaccination and Immunisation (JCVI),⁸ which advises UK health departments on immunisation, have set out a prioritisation list for people most at risk. Evidence from the UK indicates that the dangers from COVID-19 infection increases with age in both healthy adults and in adults with underlying health conditions. Those over the age of 65 years have the highest risk. Residents in care homes for older adults have been greatly affected by the COVID-19 pandemic and will be given the highest priority (see Table 2 below from the Green Book). Clinically extremely vulnerable patients are currently listed as a priority.

Table 2. Priority groups for vaccination advised by the JCVI*

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 18 years of age)
5	All those 65 years of age and over
6	Adults aged 18 to 65 years in an at-risk group (Table 3 from the Green Book) ¹
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

*Please note this is an evolving situation and the priority grouping may change at short notice⁵

⁽⁸⁾<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation> (Accessed 7th December 2020)

Who is in the clinically extremely vulnerable group?

There are two ways an individual may be identified as clinically extremely vulnerable:

- if you have one or more of the conditions listed on the government website,⁵ (combined potentially with medication you are on)⁹ or
- a hospital clinician or GP has added you to the Shielded Patients list because, based on their clinical judgement, they deem you to be at higher risk of serious illness from COVID-19 infection.

How do I know if I am registered as clinically extremely vulnerable?

Your doctor will have registered you as clinically extremely vulnerable and you should have received a letter during the recent lockdown/restrictions to confirm this. If you have not received a letter, and believe that you are in this group, then please contact your dermatology team or GP.

If I am in the clinically extremely vulnerable (shielded) group how will I be notified about vaccination?

If you have been registered as clinically extremely vulnerable, then there is nothing further that you need to do. You will be contacted when appropriate.

What if I am at risk due to the medication I am taking, but not in the clinically extremely vulnerable group?

Currently, the advice is that you will be in the priority group 6 (see table above) to receiving the vaccine.

Additional resources:

1. [International Psoriasis Council statement on the COVID-19 vaccines](#)
2. [Crohn's and Colitis UK FAQ on the COVID-19 vaccines](#)

⁽⁹⁾<https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6946> (Accessed 7th December 2020)