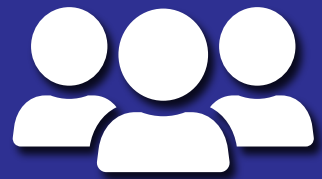




Consensus Statements on the Approach to COVID19 Vaccine Allergy Safety (VAS) in Hong Kong

Some people may be at higher risk of COVID19 vaccine associated allergic reactions, including those with:

- Suspected allergic reaction(s) to prior COVID19 vaccination
- History of anaphylaxis or at risk of anaphylaxis*
- History of severe^ immediate-type# allergic reactions to multiple foods or more than one class of drugs



People with a history of suspected allergic reaction to prior COVID19 vaccination **should not** receive further COVID19 vaccination until Allergist evaluation.



People with a history of suspected anaphylaxis or severe allergic reactions **may** be referred for Allergist evaluation prior to COVID19 vaccination.



People with a history of drug allergies to more than one class of drugs **may** be referred for Allergist review prior to COVID19 vaccination.



Full excipient lists **should** be mandated and made available in all product inserts of registered drugs to facilitate evaluation of COVID19 vaccine associated allergic reactions.



Pre-vaccination vaccine or excipient allergy testing **should not** be routinely performed, especially for people not at higher risk of COVID19 vaccine associated allergic reactions.



Prior to vaccination, people **should** be screened for factors associated with higher risk of COVID19 vaccine associated allergic reactions.



When an immediate-type allergic reaction following COVID19 vaccination is suspected, blood for serum tryptase **should** be saved from 30 minutes to 4 hours (preferably within 2 hours) of symptom onset.

People **should** be routinely observed for at least 15 minutes after COVID19 vaccination. Those at higher risk of COVID19 vaccine associated allergic reactions **should** be observed for at least 30 minutes after vaccination.

Healthcare providers **should** be sufficiently prepared to recognize and treat allergic reactions properly, with adrenaline autoinjectors and antihistamines available.



People with suspected allergic reactions following COVID19 vaccination **should** be referred for Allergist evaluation.

Anaphylaxis is likely when any one of the three criteria is fulfilled:



From: *Int J Emerg Med.* 2009 Apr; 2(1): 3-5

Grade	Symptoms
I	Generalized cutaneous signs: erythema, urticaria, with or without angioedema
II	Non-life-threatening multivisceral involvement with cutaneous signs, hypotension and tachycardia, bronchial hyperreactivity
III	Severe life-threatening multivisceral involvement: collapse, tachycardia or bradycardia, arrhythmias, bronchospasm
IV	Cardiac and / or respiratory arrest

Modified from: *Lancet.* 1977 Feb 26;1(8009):466-9

* Anaphylaxis = according to the National Institute of Allergy and Infectious Disease and the Food Allergy and Anaphylaxis Network Criteria

^ Severe = according to modified Ring & Messmer grading, Grade II or above:

Immediate-type = onset of reaction(s) occurred within 1 hour following allergen exposure