

Updated Consensus Statements on COVID-19 Vaccine Allergy Safety in Hong Kong



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- People with a history of immediate-type allergic reaction with systemic symptoms to prior COVID-19 vaccination should not receive further COVID-19 vaccination until Allergist evaluation.
- People with a history of non-immediate type allergic reaction to prior COVID-19 vaccination which required medical attention should seek Allergist advice prior to further COVID-19 vaccination.
- People with a history of severe immediate-type allergy to multiple classes of drugs may have an undiagnosed excipient (such as polyethylene glycol (PEG)) allergy and they may be vaccinated with a non-PEG-containing vaccine[^].



- Allergy testing with PEG or PEG-containing surrogates appear to be poorly predictive and should not be routinely performed. In cases where these tests are used, results should be interpreted in the context of a detailed clinical history by an Allergist.
- Patients with allergic rhinitis, asthma, atopic dermatitis, chronic urticaria, drug and food allergies, and anaphylaxis unrelated to COVID-19 vaccines (without other precautions) do not need to see an Allergist for evaluation of COVID-19 vaccine allergy risk.
- Healthcare providers should be sufficiently prepared to recognize and treat allergic reactions properly, with adrenaline and antihistamines available.
- When an immediate-type allergic reaction following COVID-19 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 COVID-19 vaccination. Those at higher risk of COVID-19 vaccine associated allergic reactions should be observed for at least 30 minutes after vaccination.



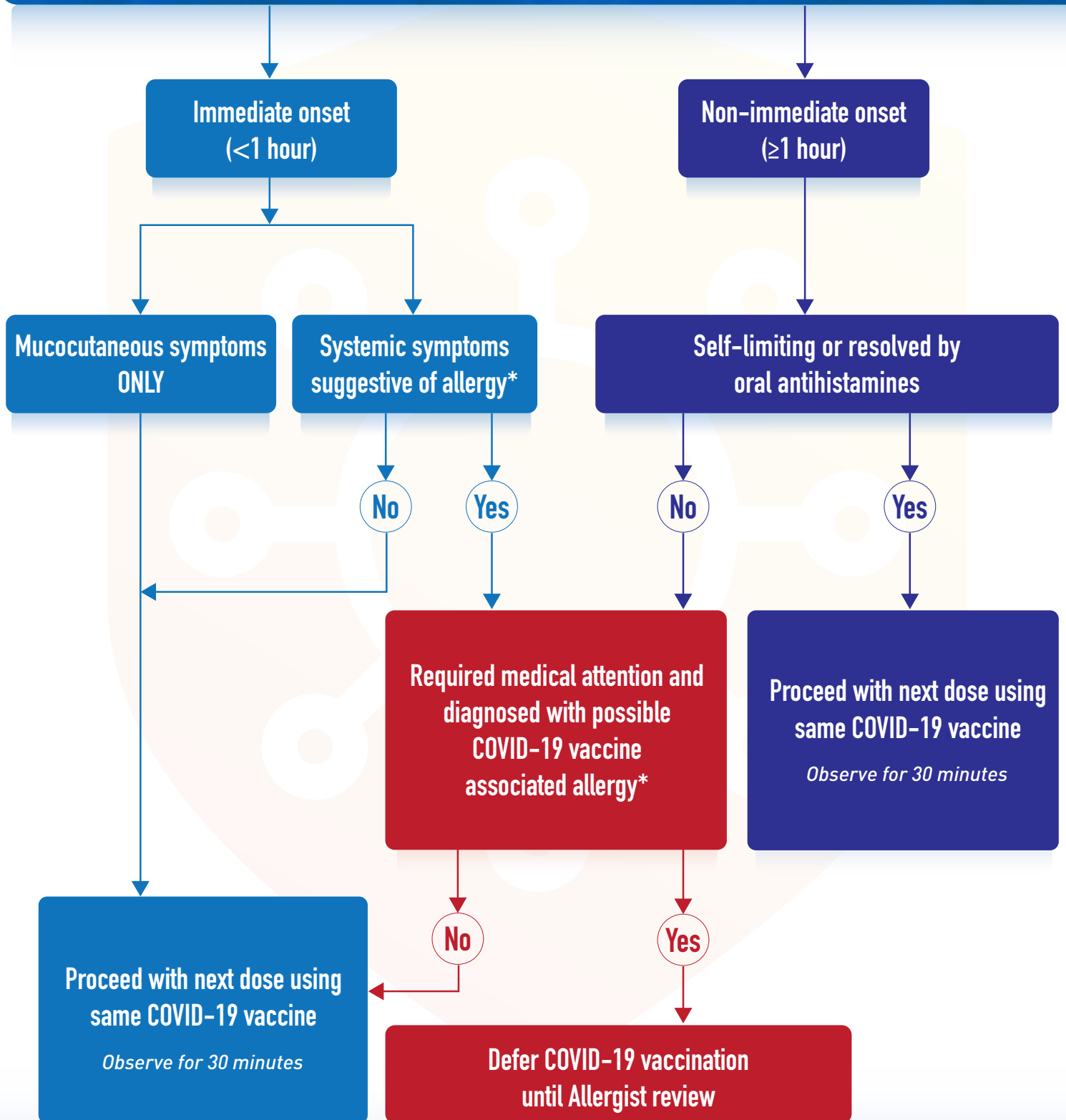
- Full excipient lists should be mandated and made available in all product inserts of registered drugs.

[^] Individuals with strong preference to receive PEG-containing vaccines may consider referral to an Allergist. Children, for whom non-PEG-containing vaccines are currently unavailable, may follow advice of a Paediatric Allergist.



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Mucocutaneous symptoms and suspected allergy following prior COVID-19 vaccination*



* Allergy = clinician diagnosed **inappropriate immune-mediated response following vaccination** (i.e. NOT reactogenic symptoms such as injection-site pain, localized rash/swelling, fever, myalgia, headache, etc.)