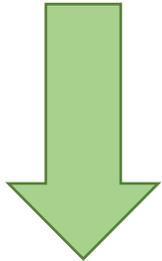


Risk stratification: Prior to First Covid-19 Vaccination or Booster

Clinical history that does not fall into the orange or red boxes. For example:

- chronic urticaria / angioedema
- food / venom / latex allergy
- non-urticarial rash
- non-anaphylactic reaction to medications
- non-specific symptoms with multiple medications
- anaphylaxis to a specific drug (e.g. Penicillin, NSAIDs)
- systemic mastocytosis



Vaccinate in the community with any age-appropriate Covid-19 vaccine

Check for clinical history that may be in keeping with a PEG allergy (this is very rare):

- History of immediate anaphylaxis* to multiple#, different drug classes, with the trigger unidentified
- History of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (e.g. depot steroid injection, laxative)
- History of recurrent idiopathic anaphylaxis that has not been investigated by Immunology

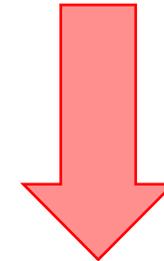


Consider discussion with Immunology (via Advice and Guidance pathway) to ensure low probability of a PEG allergy

Then vaccinate in the community with any age-appropriate Covid-19 vaccine

Individuals with confirmed diagnosis of immediate onset, systemic reaction (could be urticaria, angioedema or anaphylaxis) to any component of the Covid-19 vaccine

- Pfizer/Moderna: PEG
- AstraZeneca: Polysorbate 80, L-histidine



Refer for supervised vaccination (as per local arrangements) with the appropriate alternative vaccine (e.g. AstraZeneca, Pfizer, Moderna)

Notes

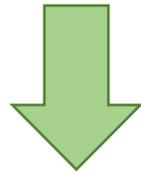
* immediate onset: within 2 hours of medication exposure

multiple = 2 or more medications

Risk stratification: Reaction after Covid-19 Vaccination

Clinical history that does not fall into the red box. For example, reactions including:

- vasovagal episodes
- non-urticarial skin reaction
- non-specific symptoms
- large local reaction at site of injection
- localised urticaria without systemic symptoms
- self-limiting/mild delayed urticaria / angioedema
- immediate onset*, systemic reaction (e.g. urticaria, angioedema) to any Covid-19 vaccine without features of anaphylaxis



Can proceed with next dose of the same vaccine in the community

- for any immediate reactions, observe for at least 30 minutes
- for urticarial / angioedema reactions, give antihistamine pre-medication 30 minutes before vaccination

For any suspected allergic reactions that required medical intervention in hospital, consider discussion with Immunology (via Advice and Guidance pathway) before proceeding with above plan

Notes

* immediate onset: within 2 hours of medication exposure

^ AstraZeneca vs Pfizer/Moderna vaccines have different excipients which are not known to cross-react in a clinical setting

Immediate onset*, systemic reaction to a dose of any Covid-19 vaccine with features of anaphylaxis (e.g. hypotension, collapse, shortness of breath, required adrenaline)



Step 1:

- Refer for supervised vaccination for next dose
 - same vaccine in hospital setting or consider alternative vaccine
 - observe for at least 30 mins
 - consider antihistamine pre-medication

Step 2:

- Consider referring patient to regional Immunology department for further advice
 - GP setting → via Advice and Guidance / eReferral pathway
 - other settings → via email (nuth.immunology.allergy@nhs.net)