

Risk stratification: Prior to First Vaccination

History that does not fall into the orange or red boxes.

For example:

- chronic urticaria
- food/venom/latex allergy
- non-urticarial rash
- non-anaphylactic reaction to medications
- non-specific symptoms with multiple medications
- anaphylaxis to a specific drug (with no suspected cross-reaction)
- systemic mastocytosis



Vaccinate with any available vaccine in the community

- Individuals with history of immediate onset urticarial rash or angioedema with multiple medications (oral or parenteral)
- History of idiopathic anaphylaxis that has been investigated by Immunology service



Vaccinate with AstraZeneca vaccine in community

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

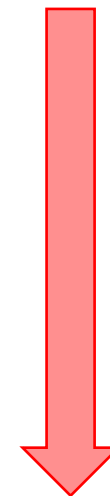


Refer to hospital (as per local arrangements) for vaccination with AstraZeneca vaccine

Consider discussion with Immunology

Individuals with known history 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



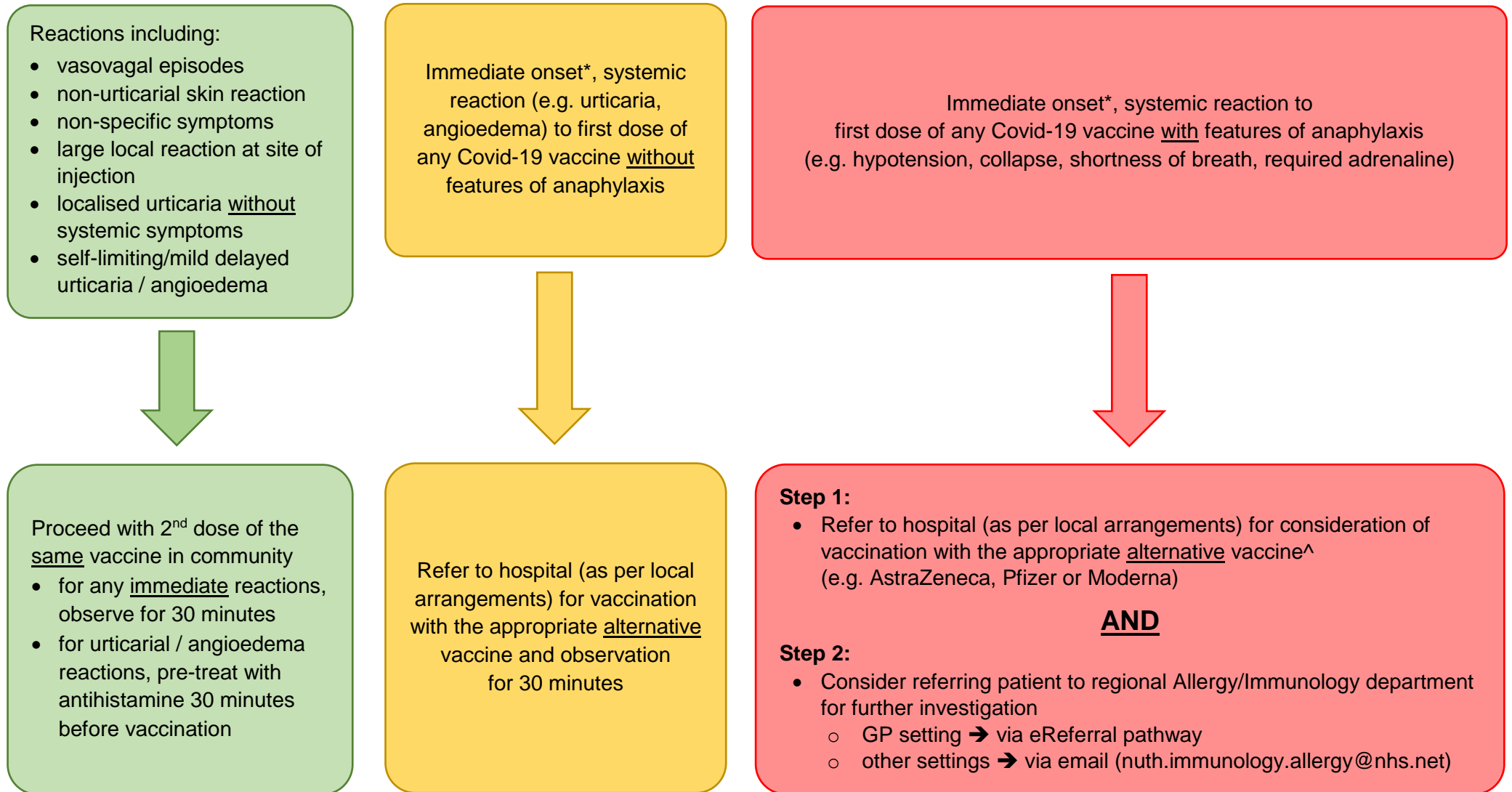
Refer to hospital (as per local arrangements) for vaccination with the appropriate alternative vaccine (e.g. AstraZeneca, Pfizer, Moderna)

Notes

* immediate onset: within 2 hours of medication exposure

multiple = 2 or more medications

Risk stratification: Reaction after First Vaccination



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