

Hong Kong College of Dermatologists Position statements on COVID-19 vaccination in people with inflammatory skin disease (26 June 2021)

General comments regarding COVID-19 vaccination

- People with inflammatory skin diseases may have disturbed immune systems due to their illnesses or medication. There is no evidence to show that they are more liable to acquire SARS-CoV-2. However, there is emerging data to show that individual person due to his/her underlying disease severity, immunomodulating therapy and/or comorbidities is more susceptible to develop more severe COVID-19.
- Hong Kong College of Dermatologists (HKCD) acknowledges the current global and local status of the COVID-19 epidemic and its impact on the physical, psychological and social well-being of people including those with skin disease no matter whether or not they are on treatment, and so supports the local Centre for Health Protection recommendations on COVID-19 vaccination for the local population.
- In general, patients with inflammatory skin disease should be encouraged to receive COVID-19 vaccination, as the benefit from protection exceeds the risk of adverse reactions to vaccination. Though people on immunomodulating drug treatment may mount less robust immune responses to the COVID-19 vaccine, evidence to date suggests that most individuals on biologic or conventional immunomodulating treatment can be successfully immunized with no increased incidence of adverse effects.
- It is preferable to give the vaccination when the disease is under stable control.
- There is no absolute contraindication for vaccination in people with inflammatory skin diseases. People taking immunomodulating agents including but not limited to prednisolone, methotrexate, ciclosporin and biologics can receive the mRNA vaccine that has been approved in Hong Kong. Despite the manufacturer of the locally available inactivated vaccine stating in its insert that precaution is required for use in people with impaired immune function, it also recommends that vaccination of this product should be based on individual considerations. We therefore recommend people with skin diseases receiving immunomodulating agents to discuss with their attending dermatologists the suitability and appropriate timing of vaccination.
- Routine allergy tests including skin prick test is not indicated for people with eczema, chronic spontaneous urticaria or those who report having an exacerbation of their inflammatory skin diseases after eating certain food. Besides, due to issues related to standardization, validity and so interpretation, skin prick test should only be conducted by doctors who have relevant training.*

- People with chronic inflammatory skin diseases and other coexisting medical conditions should follow the precautions and guidelines issued by the Centre for Health Protection accordingly. They should discuss with their attending doctors for the choice and best timing of vaccination.
- To date, globally more than 1.7 billion people have had at least one dose of COVID-19 vaccine and there has not yet been any safety signal of concern linked to people with a particular inflammatory skin disease. There is no evidence that COVID-19 vaccines worsen common inflammatory skin diseases including eczema, psoriasis and chronic spontaneous urticaria, and so not substantiating any cause of concern to delay vaccination.
- As part of the local COVID-19 vaccination programme, pharmacovigilance programmes monitoring the safety of the vaccines involved have been enhanced and put in place. To date, there has been no specific safety signal identified concerning any particular dermatological disease in addition to what has been published.
- Should any vaccine recipient have any safety concerns, he/she should inform his/her attending doctor. Should any doctor encounter any patient with a suspected adverse clinical event following vaccination, he/she should report it formally to the Drug Office of the Department of Health.
- People with skin diseases should continue to follow the most current guidance and precautions issued by the Centre for Health Protection to protect themselves against COVID-19 even after vaccination.

*Supplementary information after 26 June 2021: as up to 30 June 2021, there were 4 cases of anaphylaxis, reporting rate = 0.0001% [0.11 cases per 100,000 doses administered] and 2 cases of anaphylactoid reactions, reporting rate = 0.00005% [0.05 cases per 100,000 doses administered] in Hong Kong. We recognize that some people may be at higher risk of COVID-19 associated allergy reactions including those with 1) suspected allergy reaction to prior COVID-19 vaccination (practically means after the first dose); 2) history of anaphylaxis or at risk of anaphylaxis (mere skin rash including urticarial without respiratory distress or circulatory involvement is unlikely to be anaphylaxis); 3) history of severe immediate-type allergy reactions to multiple foods or more than one class of drugs (here refers to severe immediate type allergy reaction, not just erythema or itchiness). In such a circumstance, referral to relevant specialist in immunology and allergy for assessment should be considered.