

# Guide Use of mRNA COVID-19 Vaccines for Special Populations

## Which adults should receive an mRNA COVID-19 vaccine?

Almost everyone. The Pfizer-BioNTech and Moderna products are not live vaccines...and benefits typically outweigh theoretical risks.

Urge patients to get either vaccine series when eligible.

**History of allergic reactions.** Vaccinate most patients with a prior severe reaction to food, latex, or oral meds.

Ask if patients have had hives, wheezing, or anaphylaxis within 4 hours of exposure to any other vaccines or injectable meds. This immediate allergic reaction is a precaution to COVID-19 vaccination.

These patients CAN also be vaccinated. Balance the benefits of protecting patients from COVID-19 against the rare risk of a reaction.

Observe these patients...and those with prior anaphylaxis due to ANY cause...for 30 minutes. Others can leave after the usual 15 minutes.

Confirm that your epinephrine stock is in-date...that staff know where it is stored...and brush up on your emergency management plan.

Don't vaccinate patients with a history of an immediate or severe allergic reaction to inactive ingredients, such as polyethylene glycol (PEG) or polysorbate...or to a first COVID-19 vaccine dose.

**Special populations.** Feel comfortable vaccinating patients who are immunocompromised due to meds or conditions...pregnant...or breastfeeding. Help these patients make an informed decision...since data are limited.

For example, pregnant patients seem to be at higher risk for severe COVID-19. Educate that animal studies don't raise concerns about mRNA COVID-19 vaccines in pregnancy...and these vaccines don't affect our DNA.

Tell patients planning pregnancy that there's no evidence to suggest mRNA COVID-19 vaccines cause infertility.

**Prior COVID-19 infection.** Vaccinate these patients...even if they happen to contract COVID-19 between getting their first and second dose.

But consider delaying after a recent infection, especially if vaccine supply is limited...since reinfection within 90 days is uncommon.

Wait at least 90 days to vaccinate if patients receive convalescent plasma or monoclonal antibodies to treat COVID-19...due to possible interference with the vaccine immune response.

For now, continue to emphasize wearing masks, distancing, etc...even AFTER immunization.

Get answers to many other questions in our chart, Communicating About COVID-19 Vaccination...such as age and ethical considerations.

## Key References:

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