

VACCINATION FREQUENTLY ASKED QUESTIONS

- It's **ALWAYS** ok to give if the 'Contra Indications' on pinnacle are checked off.
- Patients should not have either vaccine within 4 weeks of being diagnosed with Covid-19.

Updated Allergy Advice Pfizer Biontech vaccine

ALL CAN HAVE EXCEPT:

1. Patients with unknown cause of severe allergy (hospital treatment or epipen).
2. Patients with multiple causes of severe allergies (ie meds/ food or animals/ stings etc).
3. Patients with a known allergy to Polyethylene Glycol (component of Pfizer- very rare and will be in their medical record).

People with a single known severe allergy (epipen/hospital treatment etc) CAN have Pfizer.

Updated Allergy Advice Oxford Astra Zeneca.

ALL CAN HAVE...

...REACTIONS TO THE FIRST DOSE OF EITHER VACCINE

If a patient had an allergic reaction after their first dose of either vaccine- ie allergic or urticarial rash around the vaccine site or elsewhere on their body, or lip/ tongue swelling;

They should be offered a second vaccine in a hospital setting; these reactions should be reported back to the patient's own GP and coded on their medical record, their GP should discuss with them and offer referral to ULHT for a second dose in the hospital.

ALL SUCH CASES SHOULD BE REPORTED TO THE CLINICAL DIRECTOR.

**Both vaccines already give excellent cover after the first dose
(more than 70%- better than the flu vaccine).**

Allergy to penicillin- ok to give.

Very sore arm when had TB/ smallpox jab- ok to give.

On chemotherapy tablets- ok to give.

If due to start chemotherapy then should have BOTH doses TWO weeks before starting (can have second dose after 3 or 4 weeks instead of 12 weeks).

“Bleeding disorder”- had Gastro Intestinal bleed before- ok to give.

On warfarin and INR (within last 3 months) in therapeutic range-or low-OK to give.

On warfarin and most recent INR higher than range but 4 or less, ok to give but apply pressure for 2minutes. INR over 4, delay until INR under 4.

DOAC – OK to give, 30 seconds pressure.

Having Radiotherapy- Ok to give.

On long term antibiotics: ok to give.

On antibiotics for an infection but no temperature and feels well: up to the clinician on the day but try and delay for a week if possible. If not then risk Vs benefit discussion.

Currently in the Covid 19 community research program via PHE: ok to give but needs to inform research body.

Active central chest pain: DO NOT GIVE and redirected to A+E!

All reactions should be dealt with by the most senior clinician on site, ie GP or ANP; AND REPORTED TO THE .

For further advice or information please call.

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