

COVID-19 Vaccine:

Information for Individuals who are Immunosuppressed and/or have an Autoimmune Condition

Public Health Factsheet

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Manitoba 

Immunization is one of the most important accomplishments in public health. Over the past 50 years, immunization has led to the elimination, containment and control of diseases that were once very common in Canada.¹ Vaccines help our immune system recognize and fight bacteria and viruses that cause diseases.

If a person has an immune system that is weakened by disease or medical treatment, this is referred to as being immunocompromised or immunosuppressed. Generally, people who have weakened immune systems are more prone to getting infections. Immunocompromised people may be able to get vaccinated on the advice of their health care provider, but this advice will depend on the state of the person's weakened immune system. In general, when immunization is recommended by a health care provider, it is thought to be safe and effective. However, disease or medical treatment may impact how well the vaccine works. For some immunocompromised individuals, an additional third dose is recommended to develop a better immune response.

Should people who have an autoimmune condition get the COVID-19 vaccine?

The National Advisory Committee on Immunization (NACI)² recommends that the COVID-19 mRNA vaccine (Pfizer or Moderna)³ should be offered to people who have an autoimmune condition, such as Rheumatoid Arthritis or Multiple Sclerosis (MS), if informed consent includes discussion about the following:

- There is limited evidence that having an autoimmune condition is an independent risk factor for severe COVID-19. However, there is good evidence that having an autoimmune condition is an independent risk factor for experiencing severe outcomes (e.g., hospitalization, death) from other infectious diseases, such as influenza.
- There is limited data on the use of the COVID-19 vaccine in people who have an autoimmune condition. However, evidence is rapidly evolving, as real-world use is happening and clinical trials are ongoing.
- Emerging real-world data suggests that COVID-19 mRNA vaccines are as safe in individuals with autoimmune conditions compared to individuals without an autoimmune condition.
- A person's response to the vaccine depends on their underlying autoimmune condition, their progression of disease and use of medications.
- People with autoimmune conditions are known to benefit from other immunizations (e.g., seasonal influenza vaccine).
- Fever is a possible side effect following immunization. This may make an autoimmune condition temporarily worse.

¹ The Public Health Agency of Canada

² Canada's National Advisory Committee on Immunization (NACI) is an independent committee of recognized experts that provides informed advice on the use of vaccines in Canada. After Health Canada approves a vaccine, NACI critically evaluates all available evidence to make recommendations about its optimal use.

³ If an individual cannot receive an mRNA vaccine, the AstraZeneca vaccine may be offered taking into consideration the limited evidence on the use of the AstraZeneca vaccine in this population, as well as considering the risk of blood clots with the AstraZeneca vaccine. The risk of blood clots does not appear to occur with the mRNA vaccines.

Should people who are immunosuppressed because of a disease or treatment get the COVID-19 vaccine?

NACI recommends that the COVID-19 mRNA vaccine (Pfizer or Moderna)⁴ should be offered to people who are immunosuppressed due to disease (e.g., organ transplant, leukemia, lymphoma, etc.) or treatment (e.g., chemotherapy, high-dose steroids, etc.) if informed consent includes discussion about the following:

- There is limited evidence that immunosuppression is an independent risk factor for severe COVID-19. However, there is good evidence that being immunosuppressed is an independent risk factor for experiencing severe outcomes (e.g., hospitalization, death) from other infectious diseases, such as influenza.
- Recent Canadian data suggests that people who are immunocompromised are hospitalized and require intensive care due to COVID-19 more often than the general population.
- Emerging real-world data suggests that COVID-19 mRNA vaccines are as safe in individuals who are immunosuppressed due to disease or treatment, compared to those who are not immunosuppressed.
- A person's response to the vaccine depends on their underlying immunocompromising condition, their progression of disease and use of medications. There is growing data that individuals with severe immunocompromise do not develop as strong of an immune response after two doses of COVID-19 vaccine compared to the general population. They are therefore at higher risk of becoming infected after being fully vaccinated than people with normal immune function.

People who are living with stable human immunodeficiency virus (HIV) are not considered to be immunosuppressed.

How many doses do I need?

At this time, individuals with one or more of the following conditions are recommended to receive a third dose of COVID-19 mRNA vaccine at least 28 days after the last dose of COVID-19 vaccine (Pfizer, Moderna or AstraZeneca):

- are receiving active chemotherapy (or immunotherapy) for cancer;
- have received a solid organ transplant and are currently receiving chemotherapy or other immunosuppressive therapy;
- were born with moderate or severe dysfunction of their immune system;
- are living with untreated or advanced HIV-AIDS; or
- are taking certain medications that severely affect the immune system.

The following people should talk to their doctor about the risks and benefits of an additional dose:

- receiving hemodialysis or peritoneal dialysis;
- on the list to receive a solid organ transplant; or
- have a ventricular assist device.

Speak with your health care provider about when the best time is for you to get your third dose. For the purposes of informed consent for third doses, discuss with your health care provider about the following:

- There is emerging evidence that suggests a third dose may produce a better immune response after two doses of COVID-19 vaccine in some immunocompromised populations.
- Data from small studies suggests that the side effects experienced after a third dose were the same as previous doses.
- Data on how well a third dose works and for how long is unavailable at this time.

⁴ If an individual cannot receive an mRNA vaccine, the AstraZeneca vaccine may be offered taking into consideration the limited evidence on the use of the AstraZeneca vaccine in this population, as well as considering the risk of blood clots with the AstraZeneca vaccine. The risk of blood clots does not appear to occur with the mRNA vaccines.

- A person's response to a third dose depends on their underlying condition, progression of disease and use of medications.
- The risk of myocarditis and/or pericarditis following a third dose of mRNA vaccine is unavailable at this time.
- The use of third doses has not been approved by Health Canada to this point.
- Other countries, including the United States and Israel, have made third dose recommendations for certain populations.

How are COVID-19 vaccine recommendations made in Manitoba?

Manitoba's Vaccine Implementation Task Force, comprised of vaccine experts from Manitoba Health and Seniors Care, critically conducts a review of:

- provincial epidemiology, to guide determination of priority populations
- clinical trial data on safety and effectiveness (*Note that for every COVID-19 vaccine, there are several clinical trials ongoing from various countries around the world.*)
- post-marketing studies, including reports of adverse events following immunization
- plans and practices of other jurisdictions in Canada and around the globe
- summaries and recommendations from national and international expert committees, including NACI

Experts from the medical community across the province are consulted in various stages of the review.

The COVID-19 landscape is constantly changing as we learn more about the disease and the vaccines that protect against it. Vaccine recommendations are subject to change as the evidence continues to evolve. Talk to your immunizer or health care provider for the most up-to-date information.

For more information

Speak with your health care provider. If you do not have a health care provider, call Health Links – Info Santé in Winnipeg at 204-788-8200 or 1-888-315-9257 (toll free in Manitoba).

Or, access the following websites:

The Manitoba government:

manitoba.ca/covid19/index.html

The National Advisory Committee on Immunization:

canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html

Please note that this factsheet was developed to accompany a COVID-19 Vaccine Public Health Factsheet and is not intended as a replacement document.
