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COVID-19 VACCINATION FOR PEOPLE WITH IMMUNODEFICIENCIES

1. What the difference is between THIRD PRIMARY DOSE and a booster?

There is NO DIFFERENCE in the vaccine dose being used in the autumn of 2021 for 3rd primary doses or boosters. Either Pfizer or Moderna mRNA vaccines can be offered.

A THIRD PRIMARY DOSE / 3RD primary dose is an EXTRA DOSE given to SOME patients with immune problems or on medications that suppress the immune system. This is part of the initial course of vaccination. This dose is given at least 8 weeks after the 2nd dose.

A BOOSTER DOSE is being offered to ALL people age over 50 and those under 50 with specific health conditions. The idea is to boost the immune response in these people to protect them from waning antibody levels. The booster is also being offered to adult household contacts of people with weakened immune systems who may not respond well to vaccination. The vaccine is given approximately 6 months (or 180 days) after their 2nd dose of COVID-19 vaccine.

2. Why are some patients being offered a THIRD PRIMARY DOSE?

Although two doses is usually enough for most patients, if you suffer from an immune problem or are on medications that suppress the immune response this might not be the case. For this reason, a limited number of patients are recommended to have a 3rd primary dose as part of their initial vaccine course to enhance their response to vaccination.

3. What are the timings of the THIRD PRIMARY DOSE?

A third primary dose is given at least 8 weeks after the second dose of the vaccine. If you are on or due to start immunosuppressive treatment, speak to your specialist team about when you should get your third dose of the vaccine, as they will be able to time this around your treatment in order for the vaccine to have the best chance of working. For individuals who are on regular, long term immunosuppressive therapy, or have a constant problem with their immune system the timing of the third primary dose is likely to be less important.

4. Who should get a THIRD PRIMARY DOSE?

In September 2021, the [JCVI announced](#) that people who have severely suppressed immune systems at the time of their first and second doses of the vaccine would be able to get a third

dose. This includes individuals with an inherited or acquired immunodeficiency at the time of their vaccination or individuals who were on immunosuppressive or immunomodulatory medication prior to or at the time of vaccination.

If in doubt, please check with your specialist team or GP.

Individuals with an immunodeficiency state include:

- Blood cancers including patients with acute and chronic leukaemias, lymphomas, myeloma, Waldenstrom's macroglobulinaemia. For other blood cancers or if you are recovered or recovering from your blood cancer, please check with your specialist as to whether your immune system is likely to have been affected. You will be eligible for a 3rd primary dose if you have received stem cell transplant in the previous 24 months or received a stem cell transplant more than 24 months ago but had ongoing immunosuppression or graft versus host disease (GVHD)
- HIV/AIDS if current CD4 count is <200 cells/ μ l for adults or children
- Primary or secondary immune deficiencies

Individuals on a therapy, that affects the immune system, at the time of or around vaccination including:

- **Solid organ transplant** recipients on immunosuppressive therapy in the previous 6 months
- Cancer **chemotherapy or radiotherapy** in the last 6 months
- **Prednisolone** (oral steroids) 20mg or more a day for more than 10 days in the previous month or 10mg a day or more in the previous 3 months
- **Methotrexate** 20mg or higher per week
- **Azathioprine** 3.0mg or greater per kg (of patient weight) per day
- **6-mercaptopurine** 1.5mg or greater per kg (of patient weight) per day
- **Mycophenolate** 1g or greater per day in the previous 3 months. If you are on combinations of these drugs please check with your hospital specialist.

You would be eligible for a 3rd primary dose if you received any of the following treatments in the 3 months before your 2nd vaccine:

Anti-TNF biologics: infliximab, adalimumab, etanercept, golimumab, certolizumab pegol

Other biologics: tocilizumab, abatacept, ustekinumab, secukinumab, belimumab

JAK inhibitors: baricitinib, tofacitinib, upadacitinib, filgotinib

5. Which vaccine will be used for THIRD PRIMARY DOSES ?

The JCVI are recommending that one of the mRNA vaccines (Pfizer or Moderna) should be used for third primary doses. This will be the case regardless of which vaccine you had before. This will mostly be the Pfizer vaccine as it is the most available mRNA vaccine at the moment in the UK.

Where neither can be offered, for example for those who have an allergy to either vaccine, the JCVI advise that the Oxford/AstraZeneca vaccine can be used for those who received this

vaccine for their first and second doses. We suggest that for these unusual cases that the specialist is contacted and they may want to take advice from a specialist allergist or immunologist.

6. Is it OK to mix vaccines?

Because the JCVI are recommending the mRNA vaccines for third primary doses and boosters, this means that people who previously received the AstraZeneca vaccine are now likely to receive the Pfizer or Moderna vaccine as their third dose. Studies suggest that mixing different types of vaccines in a vaccine course is safe and may give a better immune response, and offer improved protection.

7. If I get a THIRD PRIMARY DOSE will I also need a booster (4th dose)?

Yes. It is anticipated that patient that require 3 doses for their primary course will still need a 'booster' or 4th dose. It is anticipated that this will be 6 months after their 3rd primary dose in the spring of 2021. More information on this should come out over the next few months.

8. Who will contact me about my THIRD PRIMARY DOSE?

Good question! There is currently no fixed process for this.

You might be called from a variety of places:

- You may be recalled by the same place you had your first 2 doses (primary course)
- You may be recalled by your own GP
- You may be called by your hospital specialist or the hospital that they work at
- You may receive a letter from the NHS inviting you to book

IF IN DOUBT PLEASE SPEAK TO YOUR SPECIALTY TEAM OR YOUR NURSE SPECIALIST WHO SHOULD BE ABLE TO ASSIST

9. Where will I be able to get my THIRD PRIMARY DOSE?

Plans for the rollout use the existing networks in place for the COVID-19 vaccination programme, including:

- Local vaccination services co-ordinated by GP groups (primary care networks)
- Community pharmacies
- Some limited hospital centres
- Mass vaccination centres across the country, ensuring people can access a booster dose regardless of where they live.

The NHS should contact people directly to let them know where to get their 3rd primary dose. However, the route for be called maybe different in different parts of the country. Eligible patients are sometimes being identified from existing GP lists and sometimes by hospital specialists.

10. When should I hear about my 3rd PRIMARY DOSE ?

The announcement and roll out of the boosters has been very rapid and it will be a challenge to get all eligible half a million individuals vaccinated by the target date of 11th of October. Hopefully they will be done as soon as possible.

IF IN DOUBT PLEASE SPEAK TO YOUR SPECIALTY TEAM OR YOUR NURSE SPECIALIST WHO SHOULD BE ABLE TO ASSIST.

11. What should I do if I have not heard about my THIRD PRIMARY VACCINE?

If you think you are eligible for a 3rd primary vaccine and you haven't heard by 11th of October there are a number of things you can do. Please contact your hospital specialist to confirm that you are indeed eligible for the 3rd primary vaccine. The roll out is different in different parts of the country so it is difficult to give absolute advice about how you will be called and how to book your vaccine appointment but hopefully this will become clearer over the next few weeks. Until that time you can contact your hospital specialist, they will likely not have access to COVID-19 vaccines in clinics, but they may know how patients eligible for a 3rd dose are being delivered in their area. Alternatively, contact your GP surgery to ask for advice and to see whether they have started contacting patients eligible for a 3rd dose. A further option is to try the central covid vaccination helpline number on 119 free of charge to ask for advice.

12. What should I do if I am eligible for a THIRD PRIMARY VACCINE but have had or have already been called for a booster vaccine?

As the vaccine type and dose is the same for the 3rd primary dose or the booster vaccine in Autumn 2021 this doesn't really matter. However, it is important to make sure that you don't have a 3rd primary dose and a booster this Autumn. Even though these are the same vaccine you shouldn't have these doses so close together.

Question: I am eligible for a 3rd primary vaccine but have been called for a booster vaccine or have already had a booster vaccine this Autumn.

Answer: Great news you have had a vaccine! You will then be eligible for a booster vaccine in 6 months in spring 2022. The roll out of the spring vaccines has not yet been announced but please keep this in the back of your mind and look out for information from the government, your GP and hospital specialist or patient groups.

13. Is a THIRD PRIMARY DOSE of a COVID-19 vaccine safe for me?

The currently available COVID19 vaccines are safe for people with immune problems or on immune suppressants (including the Pfizer/BioNTech, Moderna and Oxford AstraZeneca vaccines). Studies have been done that show a 3rd dose is safe and effective at enhancing the immune response to vaccination. This is true regardless of which vaccines you had first. If you had any serious symptoms (such as an allergic reaction) with your first or second vaccine please discuss this with either your GP or hospital specialist first.

It is likely that you will have some pain at the site of the injection and you may have other side effects including feeling tired, achy, feverish or have a headache. If you do have side effects, they usually occur shortly after the vaccination and usually resolve within one to two days. If you have a more severe reaction it is important to tell your GP or consultant so they can help you and also report it to the Yellow Card Scheme.

14. Will I know if I made a response after the THIRD PRIMARY DOSE?

There is currently no routine testing in the NHS to assess the response to vaccination. We also don't yet know what results from antibody testing mean in terms of whether there is a certain level which confirms protection and how long this might last. There are research studies which are exploring this in patients with immune problems. Some of these return individuals with results back but importantly scientists are trying to understand what these results mean for patients eligible for the 3rd primary dose.

15. Can I have my flu jab at the same time as my 3rd COVID-19 vaccine dose?

Yes, the Flu and the COVID-19 vaccines can be given at the same time. However, this will be a personal decision. It is important that people take up the offer of both vaccines when they receive it, so people are encouraged to get both vaccinations as soon as possible rather than waiting for the possibility of getting them together.

16. What about pregnancy and fertility?

All information to date suggests that the COVID-19 vaccines are not only safe in pregnancy, but also have a significant impact on reducing severe illness in pregnant women. There are no medical concerns about risks to fertility and the vaccines are said to be safe for breast feeding. The COVID-19 vaccine can be combined with the whooping cough vaccination, or flu vaccine, both of which are routinely given in pregnancy.

Please see links below for more information on COVID-19 vaccination in breastfeeding or pregnancy:

<https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/>

<https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-24-combined-info-sheet-and-decision-aid.pdf>

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