Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

COVID-19 FAQS

Last updated 24th January 2022

IDFA has compiled the following FAQ document to address some of the most commonly asked questions around COVID-19.

What other measures can prevent the spread of COVID-19?*

Until we know more about how vaccines prevent the spread of COVID-19, and how long immunity lasts due to the vaccine, it is important that the following measures continue to be followed, even if you are vaccinated.

If you follow the actions listed below this will help reduce the spread of COVID-19 and other infections.

- **Get vaccinated**
  Vaccination reduces the risk of developing COVID-19 and the spread of COVID-19. People over the age of 18 who are severely immunocompromised due to certain treatments or conditions are recommended to have a third dose 2 - 6 months after the second dose to achieve a high level of protection against COVID-19. A booster (fourth) dose is then recommended 4 months after the third primary dose.**

- **Wash hands regularly**
  It is important to wash hands regularly to reduce the spread of COVID-19 and other infections, even if you are vaccinated.
- **Cover your mouth when you cough or sneeze and practice physical distancing**
  Cover your mouth when you cough or sneeze and keep a physical distance from other people, to reduce the risk of inhaling droplets or aerosols that contain virus.
- **Stay home if you are unwell and follow regulations**
  People who are unwell should stay home, avoid contact with other people and follow local health regulations.
- **Be aware of COVID-19 symptoms**
  If you have COVID-19 symptoms or have had contact with a person who has COVID-19, get tested and follow local health regulations.
- **Seek medical help**
  If you have a positive COVID-19 test result, seek medical help and follow local health regulations.

For further information go to www.allergy.org.au/members/covid-19

Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

*Source: ASCIA: COVID-19 Vaccination FAQ - Australasian Society of Clinical Immunology and Allergy (ASCIA)

**Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

What can my family members do to protect me from COVID-19 if I have an immunodeficiency?

The recommendations for family members of people with immunodeficiency is generally much the same as for others with respect to reducing risk of transmission to others in the family including vulnerable people such as the elderly and the unvaccinated.

Importantly, they need to ensure all eligible members of the family are vaccinated.

We'd recommend the following website for practical tips and information: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19

Do vaccines work in primary immunodeficiency?

Yes. It is likely that the response is not as good as in immunocompetent individuals, but there have been many recent studies published that demonstrate that vaccines offer protection against COVID-19 in PID, even for those patients who do not have their own antibody production. Importantly, the COVID-19 vaccinations have been shown to be safe in PID, with a similar safety profile to the rest of the population.*

*Source: IDFA Medical Advisory Panel

Are COVID-19 vaccines safe for people with immunodeficiencies or autoimmune conditions?*

The Pfizer, Moderna and AstraZeneca vaccines are safe for people with immunodeficiencies and autoimmune conditions, who are not considered to be at greater risk of vaccine allergy compared to the general population.

People with immunodeficiencies and/or autoimmune conditions should follow the usual advice from their clinical immunology/allergy specialist or rheumatologist regarding vaccinations or ask for specific advice regarding the COVID-19 vaccine.

People with immunodeficiencies should have a booster dose after completion of their primary vaccination course (whether this was two or three doses) according to current guidelines.

IDFA Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

In Australia a third COVID-19 vaccine dose has been recommended for people who are severely immunocompromised by the Australian Technical Advisory Group on Immunisation (ATAGI), which includes people with primary immunodeficiency (PID) disorders, also known as inborn errors of immunity (IEI).

The ATAGI recommendations have been prepared in consultation with ASCIA, and are available at: https://www.health.gov.au/news/atagi-statement-on-the-use-of-a-3rd-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised

The recommended interval for the third dose is two to six months after the second dose of vaccine. People with PID/IEI who had a second dose more than six months ago should receive a third dose whenever this is feasible.

ATAGI also recommends a third COVID-19 vaccine dose for recipients of haematopoietic stem cell transplant (HSCT) or chimeric antigen receptor T-cell (CAR-T) therapy (within 2 years of transplantation), people on some Immunosuppressive therapies and some people with advanced or untreated HIV.

*Source: ASCIA: COVID-19 Vaccination FAQ - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Should immunodeficiency or autoimmune treatments be stopped to have a COVID-19 vaccine?*

It is important that regular treatments for immunodeficiencies and autoimmune conditions are continued, because stopping these treatments can place people with these conditions at greater risk from COVID-19.

Vaccination should occur on a different day (if possible) from regular infusion treatments, such as immunoglobulin (Ig) or immunosuppressant infusions. For example, people on monthly intravenous immunoglobulin (IVIg) may be advised by their specialist to be vaccinated two weeks after an IVIg infusion. This avoids confusion about the cause of side effects or allergic reactions, if they occur in response to the COVID-19 vaccine or the infusion treatment.

*Source: ASCIA: COVID-19 Vaccination FAQ - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Are there any people who should not receive the COVID-19 vaccine?*

People who have anaphylaxis in response to the first dose of the COVID-19 vaccine should be referred to a clinical immunology/allergy specialist to be assessed before they consider receiving a second dose,

IDFA Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

People with a confirmed allergy to ingredients in a vaccine (such as PEG) should discuss having another type of vaccine that does not contain that ingredient with their clinical immunology/allergy specialist.

*Source: ASCIA: COVID-19 Vaccination FAQ - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Is there a risk of supply issues of plasma/immunoglobulin in Australia due to the current situation with COVID-19?*

Although there is no current overall shortage of immunoglobulin (Ig) products in Australia, the NBA is actively managing the allocation of Ig products to ensure no shortage emerges. This reflects the status of global supply issues for plasma derived products together with national arrangements put in place by the NBA for products from a number of suppliers that are intended to mitigate supply risks that have been exacerbated by the impacts of COVID-19.

This increased supply pressure means that, for new patients, an alternative imported Ig product may be authorised for supply under the national blood arrangements instead of a product that might have been otherwise specified. Facilities are therefore encouraged to hold at least two imported Ig products to ensure an adequate availability of supply.

*Source: National Blood Authority, Australia

What are some tips that vulnerable people can use to advocate for themselves and keep safe when they need to get a PCR test or attend ER?*

Wear a mask (surgical if possible, not cloth), practice social distancing, communicate your medical condition to the medical staff. Bring a letter from your GP or specialist if possible.

*Source: IDFA Medical Advisory Panel

Why is a booster needed?*

Studies show that the immunity created by COVID-19 vaccines begins to wane over time.

A booster dose strengthens your immune system and helps to maintain a high level of protection against serious illness from the COVID-19 virus.

*Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

IDFA Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

What is the difference between a third dose and a booster?*

A primary course of a vaccine is the number of doses it takes to achieve a good level of protection against a disease.

- For the COVID-19 vaccines available in Australia, a primary course is two doses for most people.
- For people who received a recognised overseas vaccine, a primary course could be one or two doses, depending on the type of vaccine.
- For some people who are severely immunocompromised due to certain treatments or conditions, a third dose is recommended as part of a primary course to achieve similar levels of protection.

A booster is an extra dose of a vaccine, given sometime after the primary course. It 'boosts' the immune system and helps to maintain a high level of protection from the disease.

- You may be familiar with other vaccines that have boosters, such as tetanus and whooping cough (pertussis).

*Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

Who is eligible for a booster vaccination?*

Eligibility for booster vaccination includes people aged 18 years and over who received their second dose of a COVID-19 vaccine at least 4 months ago.

People who are severely immunocompromised due to certain treatments or conditions are recommended to have a third dose 2 - 6 months after the second dose to achieve a high level of protection against COVID-19. A booster (fourth) dose is then recommended 4 months after the third primary dose.

*Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

I'm immunocompromised and have had/am having a third dose of a COVID-19 vaccine. Do I still need a booster?

Your third dose helps to build an immune response similar to people who are not immunosuppressed.

People who are severely immunocompromised and are recommended to receive a third primary dose of a COVID-19 vaccine are now also recommended to have an additional booster (fourth) dose.

*Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

IDFA Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

What is the best duration between COVID-19 vaccinations for children (5 – 11 year olds) with an immunodeficiency?*

It is important that your child receives 2 doses of the Pfizer COVID-19 vaccine, 8 weeks apart, for their primary course. The dosing interval can be shortened to a minimum of 3 weeks in certain situations, e.g. as part of a local outbreak response or before your child starts any immunosuppressive treatment. Your provider will advise if your child's second dose should be given earlier.

The second dose is likely to prolong the duration of protection against COVID-19. Unless there are special circumstances, it is better for your child to get their second dose 8 weeks after the first (rather than a shorter interval) because better immune responses are more likely after a longer interval.

*Source: Australian Government Fact Sheet, Last updated 20 December 2021

Severely immunocompromised children aged 5 to 11 years are now recommended to receive a 3rd primary dose of COVID-19 vaccine, 2 to 4 months after their second dose, in line with other severely immunocompromised age cohorts.

*Source: ATAGI, Last updated 17 January 2022, Recommendations on the use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised (health.gov.au)

Are children (5-11 year olds) with an immunodeficiency able to have booster shots?*

Booster doses are not currently recommended for those aged under 18 years, including those who are immunocompromised.

There are currently only very limited data on the safety of repeated mRNA vaccine doses in this age group.

ATAGI will advise if a booster dose is required for children and young people (aged under 18) in the future.

*Source: NSW Health Booster vaccination - frequently asked questions - Vaccination (nsw.gov.au)

Do rapid antigen tests work in primary immunodeficiency?

Yes. These tests rely on detection of antigen which is produced by viral replication, not detection of antibody like some diagnostic tests (these traditional serologic tests can be difficult to interpret in PIDs with antibody deficiency).

PID patients still produce the same COVID antigen if they are infected and therefore RATs work just as well in immunodeficiency as they do for the rest of the population. These tests don't perform quite as well as PCR testing and sometimes a PCR test will still be required.*

IDFA Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

*Source: IDFA Medical Advisory Panel

What medicine support service is available for me if I'm isolating at home due to COVID-19?

The COVID-19 Home Medicines Service is available for people in home isolation and for vulnerable patient groups who wish to limit their potential exposure to novel coronavirus (COVID-19) in the community.

This service supports the use of home medicines delivery options available through pharmacies enabling patients to have their Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions delivered to their home.

The service is available to:

· people isolating themselves at home on the advice of a medical practitioner, for confirmed COVID-19 cases;

· people who meet the current national triage protocol criteria for suspected COVID-19 infection after consultation with either the national COVID-19 hotline, state COVID-19 hotlines, a registered medical or nursing practitioner or COVID-19 trained health clinic triage staff;

· people aged over 70;

· Aboriginal and Torres Strait Islander people aged over 50;

· people with chronic health conditions or who are immunocompromised;

· parents with new babies and people who are pregnant.

On 16 December 2021 a further extension to the COVID-19 Home Medicines Service was announced to 30 June 2022, with eligibility reset to the evolving pandemic situation. From 1 February 2022 the service is available to:

· People directed to quarantine or isolate under public health orders because they are either,

o COVID-positive; or

o a close contact of a COVID-positive patient; or

o receiving COVID treatment; or

o Those who are immunocompromised.

Immune Deficiencies Foundation Australia

PO Box 742, Wollongong, NSW 2520
1800 100 198
info@idfa.org.au

In the case where there are existing contracts in place for the delivery of medicines to residential aged care facilities, Home Medicines Service deliveries cannot be made to residents of residential aged care facilities. Otherwise, this service is available to all patients meeting the above eligibility criteria.

If you receive your PBS or RPBS medicines in a Dose Administration Aid, you will be eligible for this service. Speak to your prescriber or pharmacist if you are unsure.

The service is available for home delivery of medicines from any pharmacy approved to dispense and supply PBS and RPBS medicines.

Speak with your pharmacist if you are unsure.

To qualify for the COVID-19 Home Medicines Service each single delivery to an eligible person's home must include at least one of the following items:

· a PBS medicine or

· a RPBS medicine.

You can order other items to be delivered to you from the pharmacy, if it is part of the same order.

You can receive the service no more than once per month.

For more information: [covid-19-national-health-plan-home-medicines-services-information-for-consumers.docx (live.com)]