





Interim Guidance Notes on Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings

就基層醫療中常見疾病的新冠疫苗接種暫塌指引 (As of April 22, 2021)



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Preface

The world has been beleaguered by the coronavirus disease 2019 (COVID-19) for almost one and a half years. At the time of writing, there have been over 166 million confirmed cases of COVID-19, including over 3.4 million deaths, in 223 countries, areas or territories reported to WHO¹. COVID-19 has been a major disruption to the world. Not only is it a major threat on lives, COVID-19 has serious impacts on the economy, culture, ecology, politics, and other areas of the society in general. Many countries came to an almost standstill during different stages of the pandemic since it was declared on 11th March 2020.

Vaccination remains the best countermeasure to reduce the burden of COVID-19. Such is the gravity of this novel infectious disease and thus the need to contain it as soon as possible that the world has witnessed unprecedented progress in the development of COVID-19 vaccines within the first year of discovery of the viral infection. Around the world, countries like Israel, the United Kingdom and United States of America commenced their vaccination campaigns in December 2020. Hong Kong was not far behind and rolled out its mass vaccination against COVID-19 on 26th February 2021. Initial confidence appeared high amid hopes of travel resumption and ensuring safety of loved ones. That was short-lived, however, with the announcement of the first fatality case following vaccination a few days later. Subsequent reports of adverse events following immunisation (AEFI), particularly further deaths, as required by the city's stringent pharmacovigilance system, caused a plunge in COVID-19 vaccine confidence amongst the public and probably some healthcare workers, too!

While it is generally agreed that people with chronic medical disorders are at higher risk of COVID-19 infection and subsequent complications, including needs for intensive care treatment and increased mortality rendering them priority groups for vaccination, uncertainties remain amongst clinicians who care for these patients. For example, many clinicians are unsure if patients with diabetes, hypertension or hyperlipidaemia should be vaccinated in fears of the development of cardiovascular thrombotic events while indeed, there is no evidence yet to suggest COVID-19 vaccination increases the risk of acute thrombotic stroke or myocardial infarction. Patients are advised to have their blood pressure and glycaemic control optimised prior to vaccination because the unstable disease may potentially confuse the issue should they subsequently develop an acute AEFI. There are other questions too! "Should my patient with other comorbidities be vaccinated?". "What about anaemia, autoimmune disorders, food and drug allergies, past or current cancer, chronic liver diseases, chronic infectious diseases, previous organ transplantation, etc?". "Are the two currently available COVID-19 vaccines safe?". "What precautions should I take?".

The Federation of Medical Societies of Hong Kong is to be congratulated for collating guidance notes on COVID-19 vaccination for various patient groups from her member societies, including the Hong Kong Association for the Study of Liver Diseases, the Hong Kong Cancer Therapy Society, the Hong Kong Society for Infectious Diseases, the Hong Kong Society for HIV Medicine, the Hong Kong Society of Haematology and the Hong Kong Society of Rheumatology. The Hong Kong Institute of Allergy and the Hong Kong Society of Transplantation have further contributed to the pool of guidance notes by their direct submission to the Department of Health. These 7 sets of guidance notes, together with the regularly updated Interim Guidance Notes issued by the Department of Health, provide useful references for clinicians to advise their patients.

Trust and confidence are fragile commodities, even in the best of times. We now live in an environment where individuals and communities are susceptible to misinformation and overreact easily. Proper guidance is important, and the Federation, in partnership with the Department of Health, has taken a significant first step in this direction. Clinicians who now have a better understanding of the situation should in turn educate their patients and the public for a successful vaccination campaign and return Hong Kong to normalcy.

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Introduction

- Individuals with chronic diseases and advanced age have increased risk of morbidity and mortality from COVID-19 infection¹. The benefit of COVID-19 vaccination among those with stable clinical conditions generally exceeds the risk unless there is contraindication.
- 2. With the commencement of vaccination programme in Hong Kong and the intense surveillance and reporting of adverse events following immunization (AEFI), there is heightened public concern over vaccination in persons with chronic diseases of whom some serious AEFIs were reported. Moreover, the medical profession sees the need of clinical guidelines to facilitate their assessment and management of these patients for COVID-19 vaccination.
- 3. This interim guidance notes should be read together with the *Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong (As of Jan 7 2021)*¹, *Consensus Interim Recommendations on the Use of CoronaVac in Hong Kong (As of February 19 2021)*², and *Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong (As of March 18 2021)*³ issued jointly by the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) and Scientific Committee on Vaccine Preventable Diseases (SCVPD) and the Chief Executive's Expert Advisory Panel.
- 4. This document is a living document which will be updated from time to time according to the latest development and continuous communication and consultation with relevant specialists, academic and professional organizations. This version is updated in consultation with the SCEZD and SCVPD, and the Chief Executive's Expert Advisory Panel.

Department of Health

Interim Guidance Notes

- 5. This Interim Guidance Notes aim to assist primary care and relevant doctors on their assessment and optimization of patients with common medical diseases for **CoronaVac** vaccination. It must be emphasized that the information is based on expert opinion on the management of common clinical conditions.
- Persons with contraindications for CoronaVac should not receive CoronaVac. Subject to the modification of an individual's condition for suitability of vaccination, health service providers shall exercise clinical judgement to decide the best timing for COVID-19 vaccination as below.

| Do not allow | Persons with: | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| vaccination, i.e. with contraindications | history of allergic reaction to CoronaVac or other inactivated vaccine, or any component of CoronaVac (active or inactive ingredients, or any material used in the process); or | | |
| | previous severe allergic reactions to vaccine (e.g. acute anaphylaxis, angioedema, dyspnea, etc.), unless advised by specialists in Immunology and Allergy; or | | |
| | • severe neurological conditions (e.g. transverse myelitis, Guillain–Barré syndrome, demyelinating diseases, etc.); or | | |
| | uncontrolled severe chronic diseases; or | | |
| | pregnant and lactating women | | |
| To defer | Persons with: | | |
| vaccination, until medical | severe chronic disease not under satisfactory control; or | | |
| condition is in | acute/ unstable disease requiring treatment/ medical attention; or | | |
| | undergoing treatment adjustment to better control the disease | | |
| To proceed to vaccination | Persons without the above situations* (including persons with stable chronic diseases can proceed to vaccination) | | |

^{*}This document and table aims to cover common medical conditions encountered in primary care settings. Please also refer to the vaccination fact sheet and package insert accessible via https://www.covidvaccine.gov.hk/pdf/CoronaVac_ENG_PI_brief.pdf

- 7. Regarding management of some chronic diseases, health service providers could refer to local^{4, 5} and overseas references^{6, 7} in making clinical judgement. One of the local references is the Reference Frameworks⁴ published by the Primary Healthcare Office at https://www.fhb.gov.hk/pho/main/frameworks. html?lang=2. For conditions requiring specialist care, reference can be made to the advice of respective professional associations (please refer to the Annex for details).
- 8. Subject to clinical judgement, patients with (a) severe chronic disease not under satisfactory control, especially those with symptoms, (b) acute/ unstable disease requiring treatment/ medical attention, and (c) undergoing treatment adjustment to better control the disease would generally have to defer vaccination. This applies to, for example, diabetes mellitus (control reflected by clinical and relevant blood monitoring) and hypertension (control reflected by repeated blood pressure monitoring, evidence of end organ damage etc.). Achieving better/ stable control of the disease(s) with appropriate therapy is recommended before considering vaccination. Evidence of clinical disease should be taken into account for assessment when dyslipidaemia alone is encountered. Notwithstanding individual assessment, patients with recent acute myocardial infarction or stroke should defer vaccination for generally 3 to 6 months with good recovery and stable control.
- 9. In particular, the following advice could be referenced for some common medical diseases⁴. Professional judgement on a patient-by-patient basis has to be exercised as is always in the case of clinical practice.
 - (i) Diabetes Mellitus: Patients with stable clinical condition can proceed to vaccination. Reference for general management of diabetes mellitus in primary care settings can be available at https://www.fhb.gov.hk/pho/rfs/ english/pdf_viewer.html?file=download32&title=string260&titletext=string 259&htmltext=string259&resources=01_en_DM_A4. One can consider deferring vaccination, until better control is achieved, having regard to
 - HbA1c, fasting blood sugar, or
 - · Adjusting drug dosage for better control, or
 - Newly develop acute symptoms of complications
 - (ii) Hypertension: Patients with stable clinical condition can proceed to vaccination. References for the management of hypertension in primary care settings can be available at https://www.fhb.gov.hk/pho/rfs/english/ pdf_viewer.html?file=download33&title=string261&titletext=string259&ht mltext=string259&resources=01_en_HT_A4. One can consider deferring vaccination, until better control is achieved, having regard to
 - Systolic blood pressure, diastolic blood pressure, or
 - Adjusting drug dosage for better control, or
 - Newly develop acute symptoms of complications

- 10. When patients' chronic diseases are in better control, the suitability for COVID-19 vaccination should be revisited and, where appropriate, patients should be advised for vaccination for personal protection.
- 11. The Department of Health would continue to engage professional input from academic and professional organizations to keep abreast of the latest development and update this guidance notes as need and as appropriate.

Department of Health April 2021

Acknowledgement

The Department of Health would like to thank the Federation of Medical Societies of Hong Kong, Hong Kong Institute of Allergy, Hong Kong Society of Transplantation, The Hong Kong Association for the Study of Liver Diseases, The Hong Kong Society of Rheumatology, The Hong Kong Society of Haematology, Hong Kong Cancer Therapy Society, and The Hong Kong Society for Infectious Diseases and Hong Kong Society for HIV Medicine for their contributions to the interim guidance notes.

- 1. Centre for Health Protection, Department of Health. Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong. Accessed on 12 March 2021. Available at https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations on the use of covid19 vaccines inhk.pdf.
- 2. Centre for Health Protection, Department of Health. Consensus Interim Recommendations on the Use of CoronaVac in Hong Kong. Accessed on 12 March 2021. Available at https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_coronavac_in_hk_as_of_19_feb_2021.pdf.
- 3. Centre for Health Protection, Department of Health. Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong. Accessed on 30 March 2021. Available at https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid_19_vaccines_mar_18_21.pdf.
- 4. Primary Healthcare Office, Food and Health Bureau. Reference Frameworks. Accessed on 12 March 2021. Available at https://www.fhb.gov.hk/pho/main/frameworks. html?lang=2.
- Chan KK, Szeto CC, Lum CCM, et al. Hong Kong College of Physicians Position Statement and Recommendations on the 2017 American College of Cardiology/ American Heart Association and 2018 European Society of Cardiology/European Society of Hypertension Guidelines for the Management of Arterial Hypertension. Hong Kong Med J. 2020;26(5):432-437. doi: 10.12809/hkmj198330. PMID: 33089788.
- 6. Flack JM, Adekola B. Blood pressure and the new ACC/AHA hypertension guidelines. Trends Cardiovasc Med. 2020;30(3):160-164.
- 7. World Health Organization. Diagnosis and management of type 2 diabetes (HEARTS-D). 2020. (WHO/UCN/NCD/20.1). Accessed on 12 March 2021. Available at https://apps.who.int/iris/bitstream/handle/10665/331710/WHO-UCN-NCD-20.1-eng. pdf?sequence=1&isAllowed=y



Consensus Statements from the Hong Kong Institute of Allergy



Some people may be at higher risk of COVID19 vaccine associated allergic reactions, including those with:

- Suspected allergic reaction(s) to prior COVID19 vaccination
- History of anaphylaxis or at risk of anaphylaxis*
- History of severe 'immediate-type# allergic reactions to multiple foods or more than one class of drugs











Full excipient lists should be mandated and made available in all product inserts of registered drugs to facilitate evaluation of COVID19 vaccine associated allergic reactions.





Prior to vaccination, people should be risk of COVID19 vaccine associated allergic



following COVID19 vaccination is suspected, blood for serum tryptase **should** be saved from 30 minutes to 4 hours (preferably within 2 hours) of symptom

People should be routinely observed for at least 15 minutes after COVID19 vaccination. Those at higher risk of COVID19 vaccine associated allergic reactions should be observed for at least 30 minutes after vaccination.

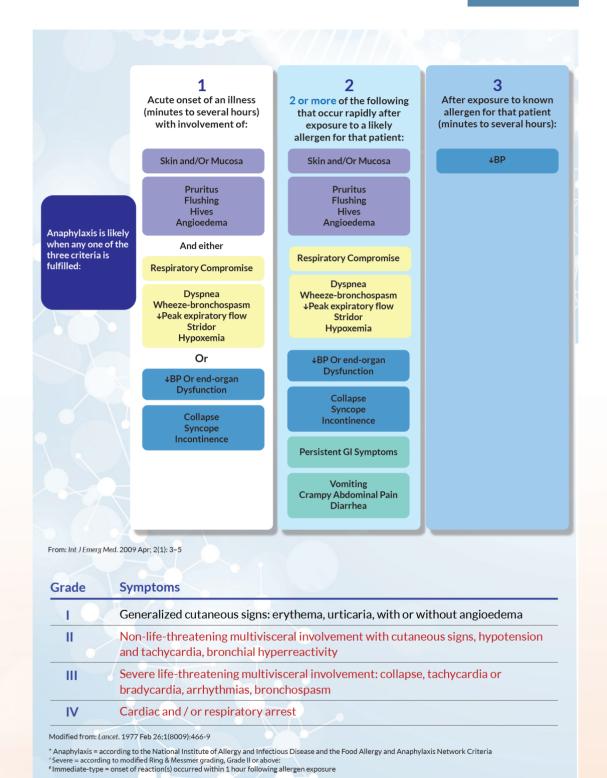






People with suspected allergic reactions following COVID19 vaccination should be referred for Allergist evaluation.





The consensus statements from the Hong Kong Institute of Allergy is available at (http://www.allergy.org.hk/doc/HKIA%20-%20Consensus%20Statements.pdf)



Hong Kong Society of Transplantation

COVID-19 vaccine in solid organ transplant recipients

Introduction

The novel coronavirus (COVID-19) pandemic has infected more than 100 million patients worldwide and resulted in 2 million deaths. It is caused by the SARS-CoV-2 virus that leads to pneumonia and organ dysfunction. Solid organ transplant recipients are vulnerable, and they are prone to developing complications when they are infected.

Types of COVID-19 vaccine and common side effects

There are several vaccines under manufacturing and used in clinical trials. The HKSAR Government planned to provide these three vaccines to the public:

- 1. Inactivated virus (Sinovac Biotech (Hong Kong) Limited)
- 2. mRNA technology (collaboration between Fosun Pharma and BioNTech)
- 3. Non-replicating viral vector (collaboration between AstraZeneca and the University of Oxford)

Individuals should receive two doses of the same vaccine in order to build up sufficient protection according to the manufacturer. The availability of vaccine is subjected to the approval of use by the regulatory party. According to the trial results, side effects are usually mild and self-limiting, and rarely severe. Common side effects include pain and swelling at injection site, fever, chills, headache and tiredness.

Should transplant recipients receive COVID-19 vaccine?

Although transplant recipients should not receive live attenuated vaccinations (such as measles and intranasal influenza vaccines), the current vaccines for COVID-19 are NOT live attenuated vaccines. Vaccines for coronavirus make use of inactivated virus, mRNA or nonreplicating viral vector as a mechanism of action. In other words, they do not pose a known risk to immunosuppressed patients.

It is necessary to be mindful that the **protective effect and duration** of the vaccines may be lower in solid organ transplant recipients than in general population.

At present, there was no COVID-19 vaccine clinical trial conducted on solid organ transplant recipients. In other words, there is **limited** data regarding the efficacy and safety profile. As many countries have begun rolling out the COVID-19 vaccination programme, we expect more clinical information, especially regarding its use in solid organ transplant recipients, to be available in near future.

It should be remembered that patients with organ transplant have more risk of severe disease and even death after infection by the SARS-CoV-2 virus. To balance the risk and benefits, the **transplant recipients are recommended to receive the vaccine, unless there is other contraindication**. If you have concern about whether you have other contraindication to vaccine, please refer to the Hong Kong HKSAR government updated COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) and discuss with your doctor.

Should transplant candidates receive COVID-19 vaccine?

In general, vaccine immunogenicity is often diminished in the setting of organ failure. Furthermore, we do not suggest vaccination to patients who have just received solid organ transplantation or those

Annex 2

on high dose immunosuppression treatment. As such transplant candidates should be immunized as early in the course of their disease as possible.

What precautions should transplant recipients and their family members take?

We recommend solid organ transplant recipients to continue infection control measures, including wearing surgical mask properly, maintaining personal hygiene, and adhering to social distancing measures to minimize chance of infection. They should also receive annual influenza vaccination.

We also suggest vaccination to family members of transplant recipients in order to reduce the chance of cross infection.

Reference

COVID-19 Thematic Website, HKSAR Government: https://www.coronavirus.gov.hk COVID-19 Vaccination Programme, HKSAR Government:

https://www.covidvaccine.gov.hk

COVID-19 Information, American Society of Transplantation:

https://www.myast.org/covid-19-information

COVID-19 Vaccine, Centers for Disease Control and Prevention:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/

Prepared on 5 March 2021





Guidance Notes from the Hong Kong Association for the Study of Liver Diseases, collated via the Federation of Medical Societies of Hong Kong

Scenario: What if I have chronic liver diseases?

- Patients with chronic liver diseases (CLD) like cirrhosis, hepatocellular carcinoma are at risk of severe COVID-19 infection. However, patients with advanced CLD, receiving immunosuppressive therapy and liver transplant recipients have not been included in most of the vaccine studies and as such data on effectiveness and safety are lacking in these populations. Therefore, there are large knowledge gaps in various areas related to liver disease and vaccination that require further studies for clarification.
- Based on current knowledge, there is no evidence to contradict the safety
 and immunogenicity of currently approved vaccines in patients with CLD and
 hepatobiliary cancer. Adult persons with stable CLD should consider receiving
 COVID-19 vaccine unless they are having the contraindications as stated by the
 pharmaceutical companies or the Department of Health.
- Currently, there are insufficient data to recommend one vaccine over the other in patients with CLD.
- Patients with CLD who are receiving antiviral therapy for HBV or HCV or medical therapy for primary biliary cholangitis or autoimmune hepatitis should continue these medications for their liver disease as usual and NOT withhold their medications while receiving the COVID-19 vaccines. Patients with hepatocellular carcinoma undergoing locoregional or systemic therapy should also be considered for vaccination without interruption of their treatment. However, patients with recent infections or fever should not receive the COVID-19 vaccine until they are medically stable.
- All patients with CLD, including vaccine recipients, should continue to mitigate their risk of SARS-CoV-2 exposure, such as masking, social distancing and hand washing.
- COVID vaccination is a rapidly evolving area and the recommendation in patients with CLD may also change with time. If in doubt, please discuss with your doctor before vaccination.

- AASLD expert panel consensus statement: vaccines to prevent COVID-19 infection in patients with liver disease. February 2, 2021. https://www.aasld.org/sites/default/ files/2021-02/AASLD-COVID19-VaccineDocument-February2021-FINAL.pdf.
- 2. Cornberg M, Buti M, Eberhardt CS, Grossi PA, Shouval D. EASL position paper on the use of COVID-19 vaccines in patients with chronic liver diseases, hepatobiliary cancer and liver transplant recipients. J Hepatol. 2021 Feb 6:S0168-8278(21)00081-7. doi: 10.1016/j.jhep.2021.01.032. Online ahead of print.





Guidance Notes from the Hong Kong Society of Rheumatology, collated via the Federation of Medical Societies of Hong Kong

General comments regarding COVID-19 vaccination

- Patients with autoimmune diseases may have weakened immune systems due to their illnesses or medication, and they might be at increased risk for severe COVID-19.
- There is no absolute contraindication for vaccination in patients with autoimmune rheumatic diseases, though the current data regarding safety and efficacy is limited.
- In general, patients with autoimmune rheumatic diseases should be encouraged to receive COVID-19 vaccination, as the benefit from protection exceeds the potential risk of adverse reactions to vaccines.
- It is preferable to give the vaccination when the disease is stable (i.e. in a quiescent phase).
- Please follow the precautions / guidelines accordingly if you have other coexisting medical conditions.
- If you have specific questions on your personal conditions or drugs that you are using, please consult your rheumatologist.
- Patients with autoimmune rheumatic diseases should continue current guidance and precautions to protect themselves against COVID-19 after vaccination as they may have reduced immune response to the vaccine.





Guidance Notes from the Hong Kong Society of Haematology, collated via the Federation of Medical Societies of Hong Kong

Scenario: Can I receive COVID-19 vaccine if I have anaemia?

- It depends on the underlying cause of anaemia.
- The adult patients with thalassemia and iron overload or with sickle cell disease are encouraged to receive COVID-19 vaccine because these patients are prone to the complications of SARS-CoV-2 infection.
- It is advisable for patients with iron-deficiency anaemia to correct the iron deficiency before they receive the vaccine.

Scenario: Can I receive COVID-19 vaccine if I am on warfarin or direct oral anticoagulant?

- Individuals receiving warfarin in therapeutic range or direct oral anticoagulant (dabigatran, apixaban, rivaroxaban and edoxaban) or heparin can receive the COVID-19 vaccine.
- After the intramuscular injection of the COVID-19 vaccine, prolonged direct pressure lasting for 5 minutes or more should be applied to the injection site to reduce bleeding or bruising.

Scenario: Should immunocompromised patients receive COVID-19 vaccine?

- No clinical trial of a COVID-19 vaccine has enrolled immunocompromised patients so far.
- The risks and benefits of vaccination for immunocompromised patients should be weighed on a case-by-case basis. We need to consider the incidence of infection in the community, the vaccine formulation, the level of immunosuppression the patient has received, and the type of immunosuppressive therapy (e.g chemotherapy, transplantation).
- If there is plan for the COVID-19 vaccine, it should be given at least 2-4 weeks prior to the planned immunosuppressive therapy, transplant or splenectomy.
- If the patient is receiving or has received immunosuppressive therapy, consider vaccination 6 months after the patient has been taken off therapy to increase the likelihood of developing immunity.
- If patients have undergone hematopoietic stem cell transplantation (HSCT), inactivated vaccines are generally given at least 3-6 months after HSCT.

- 1. https://www.hematology.org/covid-19/ash-astct-covid-19-and-vaccines
- 2. https://ehaweb.org/covid-19/eha-statement-on-covid-19-vaccines/recommendations-for-covid-19-vaccination-in-patients-with-hematologic-cancer/
- 3. https://ehaweb.org/covid-19/eha-statement-on-covid-19-vaccines/recommendations-for-covid-19-vaccination-in-patients-with-non-maligant-hematologic-diseases/
- 4. ISTH Endorses Recommendations for COVID-19 Vaccinations of Patients on Anticoagulants International Society on Thrombosis and Haemostasis, Inc.





Guidance Notes from the Hong Kong Cancer Therapy Society, collated via the Federation of Medical Societies of Hong Kong

Scenario: What if I have cancer or on cancer treatment?

- Patients with cancer are generally eligible for coronavirus disease 2019 (COVID-19) vaccination.
- Cancer patients receiving immunosuppressive therapy (e.g. chemotherapy, immunotherapy or radiotherapy) should NOT receive a live attenuated vaccine.
 The currently available COVID-19 vaccines in Hong Kong (CoronaVac an inactivated vaccine, or BioNTech mRNA vaccine) are generally considered safe in cancer patients.
- Although the immunogenicity and efficacy COVID-19 vaccine is uncertain and expected to be lower in patients receiving immunosuppressive therapy, the potential for benefit from vaccination likely outweighs these uncertainties for most.
- If you are receiving active cancer treatment, you should discuss with your oncology doctor about the best timing to receive COVID-19 vaccine in relation to your cancer treatment. It is recommended that the COVID-19 vaccination be completed for the 1st and 2nd dose either before the start of any active cancer treatment with chemotherapy, targeted therapy and/or immunotherapy or after the completion of the chemotherapy or targeted therapy. It is indeed strongly advised that patients discuss their own concerns and issues with their caring oncologists or physicians.
- Given the potential for a blunted immune response to vaccination in cancer patients, it is important to maintain adequate personal protective measures.

Scenario: What if I beat cancer 10 years ago?

 If your cancer is in remission and you are not receiving active cancer treatment, your eligibility to receive COVID vaccine is the same as for other people without cancer, provided you have no other uncontrolled active medical illnesses such as diabetes, unstable cardiovascular disease or no known history of severe allergy history.







Guidance Notes from the Hong Kong Society for Infectious Diseases and Hong Kong Society for HIV Medicine, collated via the Federation of Medical Societies of Hong Kong

COVID-19 Vaccination in People Living with HIV

People living with HIV (PLHIV) appear to be at increased risk for severe outcomes with COVID-19 compared with people without HIV. PLHIV with stable disease have been included in the COVID-19 vaccine clinical trials; but safety and efficacy data specific to PLHIV are yet to be available. Nonetheless, based on the safety profiles to date and the nature of the vaccines (non-live vaccines), there is no reason for additional concern at present. Given that the potential benefits of COVID-19 vaccines outweigh the potential risks, it is recommended PLHIV, unless with contraindications, to receive COVID-19 vaccination for personal protection. PLHIV shall always discuss with his/her HIV physicians for advice whenever needed.

Scenario: Should PLHIV receive COVID-19 vaccines?

- Unless with contraindications, PLHIV, regardless of their CD4 count, are recommended to receive COVID-19 vaccination for personal protection from COVID-19 infection as the potential benefits outweigh the potential risks.
- It is possible that the level of protection from COVID-19 vaccines may vary among PLHIV. It is advised that infection control practice in the COVID-19 pandemic such as wearing masks, hand hygiene, and social distancing shall continue with COVID-19 vaccination at the moment.

Scenario: Are COVID-19 vaccines safe for PLHIV?

- The COVID-19 vaccines¹ currently provided by the Government's vaccination programme do not contain live or attenuated SARS-CoV-2 viruses thus cannot cause COVID-19. There is currently no evidence for increased side effects in PLHIV.
- PLHIV should take into consideration factors including (1) contraindications such as allergic history and comorbidities, (2) vaccine efficacy, (3) personal choice, etc., when opting for vaccination. If PLHIV carry other co-existing medical conditions that are not under control, they shall discuss with their doctors first to see if deferral of vaccination is necessary.

Scenario: Will COVID-19 vaccines affect antiretroviral therapy?

 There is no known interaction between antiretroviral therapy and the COVID-19 vaccines so far. Thus antiretroviral therapy should be continued without interruption during the course of vaccination.

¹ For more information about the COVID-19 vaccines, please refer to the designated website of the COVID-19 Vaccination Programme at https://www.covidvaccine.gov.hk/en/vaccine.

Annex 7

- 1. US Department of Health and Human Services. Interim Guidance for COVID-19 and Persons with HIV. Accessed on 16 March 2021. Available at https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv.
- 2. US Centers for Disease Control and Prevention. The Advisory Committee on Immunization Practices'Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine United States, December 2020. Accessed on 16 March 2021. Available at https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm.
- 3. HIV Medicine Association. COVID-19 Vaccines and People with HIV Frequently Asked Questions. Accessed on 16 March 2021. Available at https://www.idsociety.org/globalassets/idsa/public-health/covid-19/covid-19-vaccines-hiv-faq.pdf.
- 4. British HIV Association. SARS-CoV-2 vaccine advice for adults Living with HIV: British HIV Association (BHIV) & Terrence Higgins Trust (THT) guidance. Accessed on 16 March 2021. Available at https://www.bhiva.org/SARS-CoV-2-vaccine-advice-for-adults-living-with-HIV-plain-english-version-update.
- 5. The Joint United Nations Programme on HIV/AIDS (UNAIDS). COVID-19 vaccines and HIV. Accessed on 16 March 2021. Available at https://www.unaids.org/sites/default/files/media_asset/covid19-vaccines-and-hiv_en.pdf.

A concise guide []

For Individuals **With Chronic Diseases**

Can I Have COVID-19 Vaccination? 3 Important Considerations



The vast majority of us are suitable for COVID-19 vaccination

Get COVID-19 vaccination, protect yourself and others, and reduce the chance of virus mutation

Individuals of advanced age or with chronic diseases are **vulnerable** to COVID-19 infection with increased mortality.

Therefore, unless with contraindications, they are encouraged to receive COVID-19 vaccination for protection.

In general, 3 important considerations whether to receive vaccination:

| Medical condition | The best timing for vaccination | Allergic history |
|--------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If stable, proceed | If recovered, in remission, or disease is already under control, proceed | Suspected allergic reaction to prior COVID-19 vaccination; History of anaphylaxis; Severe immediate (within 1 hour) allergic reaction to multiple food or more than 1 class of drugs Should consult your doctor |

Individuals receiving vaccination shall continue their medication

Version date: 10 May 2021

Please refer to online version for most updated information























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A concise guide For Individuals
With Chronic Diseases

Can I Have COVID-19 Vaccination?



The vast majority of us are suitable for COVID-19 vaccination

Get COVID-19 vaccination, protect yourself and others, and reduce the chance of virus mutation

If you have chronic disease(s) under stable control, you should get vaccinated for protection as you are at increased risk for severe illness from COVID-19.

If you are not sure about the control or the condition, you should discuss with your doctor first and decide the **best timing** for vaccination.

Do not get vaccinated if you have the following contraindication(s)

Comirnaty Vaccine CoronaVac Vaccine

- X Allergy to the previous dose of Comirnaty or its vaccine component
- X Allergic history to CoronaVac or other inactivated vaccines
- Previous severe allergic reaction to vaccineSevere neurological conditions
- Any adverse reaction of nervous system after CoronaVac vaccination
- ✗ Uncontrolled severe chronic diseases
- Pregnant and lactating women

Individuals receiving vaccination shall **continue their medication**

Hypertension

Diabetes

Chronic liver diseases

Autoimmune rheumatic

If stable Should get vaccinated

Cancers

diseases

Those in remission should get vaccinated Those in active treatment should discuss with doctor

Examples

Immunocompromised patients

Should get vaccinated

Discuss with doctor for the best timing

on the timing



Organ transplant recipients

Should get vaccinated

Except for those who have just received the transplantation or on high dose immunosuppression

On oral anticoagulants

Can get vaccinated

Apply prolonged direct pressure for at least 5 minutes to the injection site

Acute myocardial infarction or acute stroke

Wait 3 to 6 months for vaccination

After the condition has been stabilised

Version date: 10 May 2021

Please refer to online version for most updated information









































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