

ACAAI updates guidance for allergic reactions to COVID-19 vaccines

18 March 2021



adenovirus vector vaccines should not be administered to those with a known history of severe allergic reaction to any component of a vaccine. The component causing anaphylaxis has not been identified, but [polyethylene glycol](#) is an ingredient in mRNA vaccines that can cause anaphylaxis, and polysorbate 80, an ingredient in the Johnson & Johnson vaccine, can also cause anaphylaxis. Individuals with common allergies are no more likely to have an allergic reaction to the mRNA vaccines. The mRNA and adenovirus vector vaccine are not live vaccines and can be administered to individuals who are immunocompromised.

(HealthDay)—The American College of Allergy, Asthma and Immunology (ACAAI) has updated its guidelines regarding the risk for allergic reactions with COVID-19 vaccines.

According to the recommendations, anyone receiving the [vaccine](#) should be screened to determine the possible risk for allergic reaction to mRNA vaccines (Moderna and Pfizer) and adenovirus vector vaccines (Johnson & Johnson); those with a history of severe allergic reaction to other vaccines should be referred to an allergist/immunologist for further evaluation. Anyone with a severe or immediate allergic reaction of any severity within four hours of receiving the first COVID-19 shot should not receive the second dose and may be referred to an allergist/immunologist.

The vaccines should be administered in a health care setting where anaphylaxis can be treated; individuals should be observed for 15 to 30 minutes after vaccination. The mRNA and

People who have received dermal fillers may develop swelling at or near the site of filled injection following mRNA COVID-19 vaccination; this occurs infrequently and seems to be temporary. Individuals receiving the mRNA COVID-19 vaccine should expect local and systemic postvaccination symptoms, which are expected side effects and not [allergic reactions](#).

More information: [More Information](#)

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