UKPIN
Advancing Care in Primary Immunodeficiency

COVID19 vaccine and monoclonal therapy for COVID19 update

October 2021

There have been two recent government announcements that are relevant for our immunodeficiency patients.

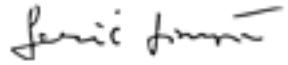
Firstly, a third primary dose of vaccine is recommended. For most individuals age 18 years and over this is a Pfizer vaccine regardless of which vaccine was given for the first two doses. In some cases, AstraZeneca vaccine might also be offered (see the link below). A booster fourth dose is then recommended 6 months after this. This advice covers both primary and secondary cellular and humoral immunodeficiencies. The JCVI have considered evidence that a third dose is safe and immunogenic and there may be benefit in a mixed vaccine course. Patients with some forms of primary immunodeficiencies should be able to generate adequate immune response following first 2 doses of COVID19 vaccines. However, even in otherwise healthy population, presently we do not have comprehensive data to completely understand what constitutes a fully protective vaccine response. Consequently, and in view of the fact that the risk of potential adverse effects of additional doses of COVID19 vaccines is negligible, we recommend that all our patients with a known diagnosis of primary immunodeficiency irrespective of specific type should have a third primary dose.

https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice

Second, the first monoclonal antibody therapy is now available for the treatment of COVID-19 for patients that are admitted to hospital and are found to have no SARS-CoV-2 antibodies at the time of admission. This is likely to be a treatment option for many immunodeficiency patients. However, there is early evidence that immunoglobulin batches may now contain low levels of SARS-CoV-2 antibodies and the awareness of this may be important when interpreting antibody results to facilitate the prescribing of a monoclonal antibody therapy. Presently we do not have enough information to know what levels of SARS-CoV-2 antibodies in various immunoglobulin preparations are likely to be protective, or if such antibodies have neutralising capacity. Therefore, we recommend that all patients with primary immunodeficiency, and especially those on immunoglobulin replacement treatment, should be considered for monoclonal antibody therapy and that their management should be discussed with the local immunology team/consultant.

https://www.gov.uk/government/publications/regulatory-approval-of-ronapreve

On the behalf of UKPIN steering committee



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