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## Canadian Rheumatology Association Position Statement on COVID-19 Vaccination

*Published on December 31, 2020; updated on January 21, 2021*

The highly anticipated COVID-19 vaccines (Pfizer BioNTech and Moderna) have arrived in Canada. The goal is to have the majority of Canadians vaccinated. Prioritization of which groups will receive the COVID-19 vaccine has been set by Health Canada, and initially targets the most vulnerable including the elderly and health care workers. Canadians will be offered vaccination when they meet the age or occupation requirements from the prioritization list.

The Canadian Rheumatology Association (CRA) provides the following updated recommendations regarding the COVID-19 vaccine for patients with rheumatic diseases:

1. Individuals deemed eligible by Health Canada prioritization to receive the COVID-19 vaccine and who have an autoimmune rheumatic disease, or are immunosuppressed due to treatment, should receive the vaccine. They should be counseled about the unknown vaccine safety profile in these populations, in addition to the unknown effectiveness and the potential for lower vaccine response in those who are immunosuppressed. Even after vaccination, patients, particularly those who are immunosuppressed, will need to continue to follow all current public health guidelines to protect themselves against COVID-19.
2. In addition to the above, individuals between 16 and 18 years of age will only be eligible for the Pfizer BioNTech COVID-19 vaccine. However, this vaccine will not be offered routinely to children below 16 years of age due to limited data. When Health Canada's prioritization permits vaccination for those below 18 years of age, children with rheumatic diseases between 12-15 years of age may be offered the Pfizer vaccine on a case-by-case basis if they are deemed at high risk for COVID-19 exposure and disease, provided informed consent is obtained about the absence of data in this age group.
3. There is currently no data to make a recommendation of whether DMARDs should be withheld at any point during the COVID-19 vaccination schedule. Studies on influenza vaccination have suggested that withholding 2 doses of methotrexate following vaccination improves vaccine response. It is unknown if this holds true for the COVID-19 vaccine or for other DMARDs. Concerns for potential disease flare should be considered when making these decisions.

Due to limited data, the National Advisory Committee on Immunization (NACI) originally published a statement on December 14, 2020 that stated that the COVID-19 vaccine should not be offered routinely to immunosuppressed patients, those with an autoimmune disease, or pregnant or breastfeeding women. The updated NACI statement of January 12<sup>th</sup>, 2021 now states that these groups "may be offered" the COVID-19 vaccine if a risk assessment deems that the benefits outweigh the potential risks, and if informed consent includes discussion about the absence of evidence of this vaccine in these populations.

Unfortunately, the initial NACI statement led to unintended inequities to access of the COVID-19 vaccine for some patients with rheumatic diseases. The CRA is optimistic that the updated NACI statement will allow for improved equity of access of the vaccine for patients with rheumatic diseases who wish to be vaccinated. Depending on the jurisdiction, a physician support letter for vaccination may be required but it is CRA's expectation that this will not be necessary over time.

Rheumatology patients should not be disadvantaged in receiving the COVID-19 vaccine because of diagnosis, treatment, where they live or because of an access issue due to a disability. The CRA shares the same goal as NACI and Health Canada in wanting to achieve equitable access to the COVID-19 vaccine and therefore highlights the importance of this issue.

Please note that there may be provincial differences in the interpretation of Health Canada's COVID-19 vaccination plan. For pregnant and breastfeeding women, please see SOGC recommendations below.

This statement will be updated as more information becomes available.

## **References**

National Advisory Committee on Immunization:

[https://www.ammi.ca/Content/NACI%20COVID-19%20Stmt\\_Jan%2012%20Update%20Advance%20Copy\\_EN%5B1%5D.pdf](https://www.ammi.ca/Content/NACI%20COVID-19%20Stmt_Jan%2012%20Update%20Advance%20Copy_EN%5B1%5D.pdf)

British Society for Rheumatology:

<https://www.rheumatology.org.uk/practice-quality/covid-19-guidance>

Centers for Disease Control and Prevention:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Comité sur l'immunisation du Québec:

<https://www.msss.gouv.qc.ca/professionnels/vaccination/piq-vaccins/covid-19-vaccin-a-arn-messenger-contre-la-covid-19/>

Ministry of Health Ontario:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccination\\_recommendations\\_special\\_populations.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccination_recommendations_special_populations.pdf)

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SOGC:

<https://sogc.org/en/-COVID-19/en/content/COVID-19/COVID-19.aspx?hkey=4e808c0d-555f-4714-8a4a-348b547dc268>