

## Canadian Dermatology Association Position Statement

### SC2 / SARS-2 / SARS-Cov-2 (SC2) vaccination of patients on systemic therapies

#### Statement:

- **All patients, regardless of ongoing treatment, should receive SC2 vaccination unless they have documented, severe allergic reactions to one or more vaccine constituents.**
  1. Given the number of vaccine candidates likely to be approved and differences in each candidate vaccine's constituents, it is improbable that an individual will have documented, severe reactions to all potential SC2 vaccines.
- **Modest attenuation of vaccine effectiveness is expected with some drugs.**
  2. Only when maximization of vaccine effectiveness is of paramount concern should interruption of systemic therapy be considered.
- **There are no additional safety concerns associated with vaccinating patients on systemic therapies.**
  3. Labels notwithstanding, live, non-replicating vector vaccines are not contraindicated in patient receiving biologics.

#### Principles:

- Vaccination against SC2 reduces the risk of acquiring infection in the event of exposure.
- A significant proportion of the population must be vaccinated to achieve a meaningful reduction in the prevalence of SC2.
- Safety, effectiveness, and utility are the considerations governing an intervention. These deliberations are restricted to safety and effectiveness.
- The risk of acquiring infection is determined by three factors: virulence, exposure risk, and host susceptibility. Exposure risk is determined by the prevalence of infection in the exposure population. Host susceptibility is reduced by vaccination. The degree of reduced susceptibility is approximated by vaccine effectiveness and host factors mitigating response to vaccination.
- Vaccine effectiveness in an individual is not readily assessed.
- Outcomes associated with acquiring an infection are dependent upon the specific infection and host factors.
- Outcomes should be considered in terms of the probability and severity of those outcomes associated with an intervention relative to the probability and severity of those outcomes without the intervention.
- The risk of significant disease worsening as a result of vaccination is extraordinarily low.
- The risk of a severe reaction or death from vaccination is far lower than the risk of infection with SC2 and consequent long-term complications or death as a result of the infection.