

---

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

*Published on December 31, 2020*

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 are to get the COVID-19 vaccine has been set by Health Canada and initially targets the most vulnerable including the elderly and health care workers. The Canadian population will be offered vaccination when they meet the age or occupation requirements from the prioritization list. Once eligible for vaccination, the Canadian Rheumatology Association (CRA) recommends the COVID-19 vaccine for high-risk rheumatology patients.

The Canadian Rheumatology Association provides the following recommendations regarding the COVID-19 vaccine for patients under the care of a rheumatologist:

1. Patients above 70 years old are considered high risk for severe illness with COVID-19 and therefore vaccination should be considered regardless of underlying diagnosis or treatment.
2. In those below 70 years of age, vaccination should be assessed on an individual basis, taking into consideration all potential risk factors including occupation. To date, patients on disease modifying anti-rheumatic drugs (DMARDs) (synthetic, biologic or small molecules) do not appear to be at higher risk for more severe illness with COVID-19.
3. In patients at higher risk for more severe illness with COVID-19, including those on corticosteroids, vaccination should be considered.
4. In addition to the above, those below 18 years of age will only be eligible for the Pfizer BioNTech COVID-19 vaccine. However, this vaccine will not be offered routinely in children below 16 years of age due to limited data. When Health Canada's prioritization permits vaccination of those below 18 years of age, children with rheumatic diseases between 12-15 years of age may be considered for vaccination on a case-by-case basis if they are deemed high risk for COVID-19 exposure and disease, provided informed consent is obtained about the absence of data in this age group.
5. There is currently no data to make a recommendation of whether DMARDs should be withheld during COVID-19 vaccination. Studies on influenza vaccination has 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) currently will not be offering the COVID-19 vaccine routinely to immunosuppressed patients, those with an autoimmune disease, or pregnant or breastfeeding women until further evidence is available. Unfortunately, this may lead to unintended inequities to access of the COVID-19 vaccine for some patients with rheumatic

diseases. However, NACI has also stated that the COVID-19 vaccine may be offered to these individuals if a risk assessment deems that the benefits outweigh the potential risks, and if informed consent includes discussion about the absence of evidence of the use of this vaccine in these populations and the potential for lower vaccine response in those immunosuppressed. Depending on the jurisdiction, a physician support letter for vaccination may be required since the pre-vaccination questionnaire identifies immunosuppressive agents and/or autoimmune disease as factors that may prevent the COVID-19 vaccine from being offered routinely.

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 Canadian Rheumatology Association 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%20Recommendations%20on%20COVID-19%20Vaccine\\_Advanced%20Copy%2011Dec2020.pdf](https://www.ammi.ca/Content/NACI%20Recommendations%20on%20COVID-19%20Vaccine_Advanced%20Copy%2011Dec2020.pdf)

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

British Society for Rheumatology:

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

American College of Rheumatology:

<https://www.rheumatology.org/Portals/0/Files/ACR-Information-Vaccination-Against-SARS-CoV-2.pdf>

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/>

Lancet:

[https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(20\)30392-1/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(20)30392-1/fulltext)

SOGC:

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