

CLL Support statement on coronavirus vaccination

In consultation with CLL specialists at the UK CLL Forum, we understand that the newly approved Pfizer/BioNTech coronavirus vaccine and AstraZeneca's vaccine awaiting approval are both non-replicating, RNA or subunit vaccines. **This is good news for the CLL community. Neither vaccine is 'live'. There should be no safety concerns for immunocompromised patients, whichever vaccine you are offered.**

Marc Auckland, Chair of CLL Support, said, *"All people with Chronic Lymphocytic Leukaemia (CLL) are clinically extremely vulnerable. Based on the information we have so far, this would put all CLL patients in at least priority group 4 for recommended order of vaccination - any CLL patients 75 years or older will fall into categories 3 or above. We would encourage all CLL patients (unless pregnant **or with a history of immediate-onset anaphylaxis**) to accept their invitation to be vaccinated when it is received and also urge them to continue to follow Government advice on reducing their risk of infection both before and after vaccination"*.

- **In line with MHRA advice issued on 9th December, any person with a history of immediate-onset anaphylaxis to a vaccine, medicine or food should not receive the Pfizer BioNTech vaccine.**

On 2nd December, the Joint Committee on Vaccination and Immunisation (JCVI) issued advice on priority groups for COVID-19 vaccination. This advice was developed based on a review of UK epidemiological data on the impact of the COVID-19 pandemic so far, data on demographic and clinical risk factors for mortality and hospitalisation from COVID-19; data on occupational exposure; review on inequalities associated with COVID-19; Phase I, II and III data on the Pfizer/BioNTech mRNA vaccine and headline phase III results on the AstraZeneca vaccine; Phase I and II data on other developmental COVID19 vaccines, and mathematical modelling on the potential impact of different vaccination programmes.

The guidance states that *"Many of those who are clinically extremely vulnerable are in the oldest age groups and will be among the first to receive [the] vaccine". The JCVI advises that "persons aged less than 70 years who are clinically extremely vulnerable should be offered [the] vaccine alongside those aged 70-74 years of age. There are two key exceptions to this, pregnant women with heart disease and children"*.

- **Women should be advised not to come forward for vaccination if they may be pregnant or are planning a pregnancy within three months of the first dose**

The JCVI goes on to note that *"Many individuals who are clinically extremely vulnerable will have some degree of immunosuppression or be immunocompromised and may not respond as well to the vaccine. Therefore, those who are clinically extremely vulnerable should continue to follow Government advice on reducing their risk of infection. Consideration has been given to vaccination of household contacts of immunosuppressed individuals. However, at this time there are no data on the size of the effect of COVID19 vaccines on transmission. Evidence is expected to accrue during the course of the vaccine programme, and until that time the committee is not in a position to advise vaccination solely on the basis of indirect protection. Once sufficient evidence becomes available the committee will consider options for a cocooning strategy for immunosuppressed individuals, including whether any specific vaccine is preferred in this population"*.

The JCVI guidance can be read in full here: [Priority groups for coronavirus \(COVID-19\) vaccination: advice from the JCVI, 2 December 2020 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/544243/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020.pdf)