To: 5.1.2e 5.1.2e 5.1.2e @rivm.nl]; 5.1.2e 5.1.2e 5.1.2e @rivm.nl]; 5.1.2e @lumc.nl'[ 5.1.2e @lumc.nl]; 5.1.2e @rivm.nl]

From: 5.1.2e 5.1.2e

Sent: Mon 2/1/2021 10:12:57 AM

Subject: RE: casussen voor covid-19 casuistiekoverleg ma 1 februari

Received: Mon 2/1/2021 10:12:57 AM

Voor de discussie dadelijk.

## Precautions (1)

A history of anaphylaxis to any other vaccine or injectable therapy (i.e. intramuscular, intravenous, or subcutaneous vaccines or therapies) is considered as a precaution but not a contraindication to vaccination. For such persons, a risk assessment should be conducted by a health professional with specialist expertise in allergic disorders. Such individuals may still receive vaccination. It remains uncertain if there is an increased risk of anaphylaxis, but they should be counselled about the potential risk of anaphylaxis and the risks should be weighed against the benefits of vaccination. Such persons should be observed for 30 minutes after vaccination in health care settings where anaphylaxis can be immediately treated.

In general, persons with an immediate non-anaphylactic allergic reaction to the first dose should not receive additional doses, unless recommended after a review has occurred by an health professional with specialist expertise. For the purposes of this guidance, an immediate nonanaphylactic allergic reaction is defined as any signs or symptoms such as urticaria, angioedema, respiratory symptoms without any other symptoms (cough, wheezing, stridor), that occur within 4 hours of administration. However, subject to individual risk-benefit assessment the mRNA-1273 could be provided under close medical supervision if it is the only available option for persons at high risk of severe COVID-19.



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