

Situation: Clinician management of patient requests for medical exemption to COVID-19 vaccination or booster

Background: The state of Connecticut, the Centers for Disease Control and Prevention, ACIP, and other public health authorities have strongly recommended COVID-19 vaccination and booster. The vaccine has proven to be safe and effective and there are few medical contraindications to vaccination. YNHHS/NEMG/YM clinicians (physicians and APP's) receive requests for medical exemption.

Assessment: High rates of vaccination among the population and especially in some specific occupational settings are a critical component decreasing the risk for transmission of SARS-CoV-2 and creating safer environments. Vaccination including a booster dose is mandated by some employers including some medical organizations.

Medical contraindications to COVID-19 vaccination include:

- Persons not eligible by current EUA criteria (e.g., children less than 5 years-old)
- Persons with a documented history of severe allergic reaction to a component of each currently available COVID-19 vaccine
- Persons with a documented history of severe or immediate-type hypersensitivity allergic reaction to a COVID-19 vaccine, and separate contraindication to other available formulations
- Persons who are acutely ill, unconscious, incapacitated, or otherwise unable to give consent

The following conditions are not considered medical contraindications to COVID-19 vaccination:

- Persons with a history of allergy or anaphylaxis to foods or antibiotics
- Persons with a history of immunocompromising conditions where the vaccine may be less effective
- Persons with fear of needles or general avoidance of vaccination

The following conditions are not considered medical contraindications to COVID-19 vaccination but do constitute possible justifications for temporary deferment of the vaccine or booster using shared decision-making with a provider as long as a time frame for deferment is indicated:

- **Pregnancy or lactation:** All 3 Covid-19 vaccines used in the US are approved for use in pregnancy and lactation, and surveillance data validate the safety of these vaccines in pregnancy. Covid-19 infection in pregnancy has serious risks and complications, which the vaccine can prevent. Even so, an individual person's informed choice to

defer vaccination until after pregnancy or lactation is an acceptable justification for temporary deferment of the vaccine

- Medication-induced immunocompromised states, especially when the medication is temporary and the vaccine is predicted to have better efficacy with future administration (e.g., transplantation medications, prednisone tapers)
- Recent Covid-19 illness. While vaccination or booster dose can be safely administered once they no longer require isolation, it is not unreasonable to postpone vaccination for 90 days after infection due to the immunity conferred by natural infection. Those who were treated with Monoclonal antibody for their illness should wait 90 days after infection for best efficacy of the vaccine or booster dose.

Recommendations:

- As with all medical care decisions, the decision to provide a verbal or written exemption for COVID-19 vaccination must be thoughtful, consistent with medical evidence and in the best interest of not only the patient but also the health of the public
- The provision for a medical exemption for vaccination should be rare
- The provision for a medical exemption for vaccination is anticipated to most often require input of a specialist, such as allergist in the event of exemption due to vaccine allergy, or the prescriber in the event of temporary postponement of vaccination due to immunocompromise
- The provision for non-medical exemption for vaccination (religious or personal) should not be addressed in letters of medical exemption.

Questions about this SBAR or any specific patient request should be directed to your CMO.

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