

# The COVID-19 Vaccination Debate: Should Patients with Celiac Disease be Vaccinated with COVID-19 Vaccine?

Gabriel Samasca\*

Department of Immunology, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

\*Corresponding author: [Gabriel.Samasca@umfcluj.ro](mailto:Gabriel.Samasca@umfcluj.ro)

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**Abstract** More and more patients with celiac disease are asking us “Should I be vaccinated against COVID-19, or not? What to do?” These are unknown things, we live in new times. What we can do is gather information and present it to you in the following. My colleagues, Professor Hugh James Freeman and Professor Aaron Lerner will give you answers in 2 articles of high academic level “COVID-19 AND CELIAC DISEASE” and “COV-2 IN CELIAC DISEASE: A PATHOGEN OR JUST ALONG FOR THE RIDE?”, which I invite you to read. We have also a nice article “IS THERE IS A LINK BETWEEN COVID-19 AND CELIAC DISEASE?” from USA. As Editor-in-chief, I will present you official information from official websites.

**Keywords:** *celiac disease, patients, COVID-19 vaccine*

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## 1. Introduction

Vaccination is the only way in a pandemic. But the effectiveness of the COVID-19 vaccine in patients with celiac disease is not yet known.

## 2. Material and Methods

We aimed to gather official information from various official websites to find out the answer to the question: Should patients with celiac disease be vaccinated with anti-SAR COV2 vaccine?

## 3. Results

We have learned the contraindications of COVID-19 vaccination on a few official sites. The most relevant information is from the Centre for Disease Control and Prevention (CDC) and World Health Organization (WHO).

We found answers to the Centre for Disease Control and Prevention website on his web page Updated on Jan. 1, 2021, related Information about the Pfizer-BioNTech COVID-19 Vaccine:, on Section “Who should not get vaccinated”. Here we find the following words:

“If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-

19 vaccine, you should not get an mRNA COVID-19 vaccine.\*

*If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—after getting the first dose of the vaccine, you should not get another dose of an mRNA COVID-19 vaccine.\**

*An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as hives, swelling, or wheezing (respiratory distress).*

*This includes allergic reactions to polyethylene glycol (PEG) and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.” [1]*

We found other answers to the World Health Organization website on his web page Updated on Jan. 12 2021, on section “Who can take the Pfizer-BioNTech COVID-19 vaccine?” Here we find the following words:

*“People with allergies*

*People with a history of severe allergic reaction to any component of the vaccine should not take it.*

*Pregnant and breastfeeding women*

*Pregnant women are at higher risk of severe COVID-19 than non-pregnant women, and COVID-19 has been associated with an increased risk of pre-term birth. However due to insufficient data, WHO does not recommend the vaccination of pregnant women at this time. In case a pregnant woman has an unavoidable risk high of exposure (e.g. a health worker), vaccination may*

be considered in discussion with their healthcare provider. If a breastfeeding woman is part of a group (e.g. health workers) recommended for vaccination, vaccination can be offered. WHO does not recommend discontinuing breastfeeding after vaccination.

#### Children

The vaccine has only been tested in children above 16 years of age. Therefore, at this time, WHO does not recommend vaccination of children below 16 years of age, even if they belong to a high-risk group.

#### People with known medical conditions

The vaccine has been found to be safe and effective in people with various conditions that are associated with increased risk of severe disease. This includes hypertension, diabetes, asthma, pulmonary, liver or kidney disease, as well as chronic infections that are stable and controlled. Further studies are required for the impacts on immune-compromised persons. The interim recommendation is that immune-compromised persons who are part of a group recommended for vaccination may be vaccinated, though when possible, not before receiving information and counselling. Persons living with HIV are at higher risk of severe COVID-19 disease. Limited safety data exists on HIV-infected persons with well controlled disease from the clinical trials. Known HIV-positive vaccine recipients should be informed, and when possible, counselled in relation to the available data.

#### People who have or had COVID-19 already

Vaccination can be offered to people who have had COVID-19 in the past. But given the limited vaccine

supply, individuals may wish to defer their own COVID-19 vaccination for up to 6 months from the time of SARS-CoV-2 infection. As more data becomes available on duration of immunity after infection, this time period may be adjusted. Testing for prior infection is not recommended for the purpose of vaccine decision-making.

#### Travellers

At present, WHO does not support the introduction of requirements for proof of vaccination against COVID-19 for international travelers as a condition for exiting or entering a country or for travelling internationally. See WHO's interim guidance on international travel during the pandemic." [2]

## 4. Conclusions

A multidisciplinary team consisting of the family doctor, the specialist doctor and the infectious disease doctor should give their consent for each patient with celiac disease, child or adult, whether or not they fall into one of the above risk categories.

## References

- [1] <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html>.
- [2] <https://www.who.int/news-room/feature-stories/detail/who-can-take-the-pfizer-biontech-covid-19--vaccine>.

