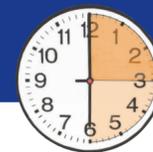


# Immediate reactions to COVID vaccines



Immediate reactions to COVID vaccines are usually due to fainting or an allergy.

Recognise signs and symptoms of anaphylaxis early:

Usually occurs within 15-30 minutes

| Skin/mucosa  | Respiratory   | Cardiovascular  | Gastrointestinal   |
|--|---|---|--|
|  <p>Itchiness<br/>Skin rash (hives)<br/>Swelling of eyes, lips, tongue, face, or hands/feet<br/>Widespread redness<br/>Nasal congestion</p> |  <p>Wheeze or cough<br/>Throat tightness/stridor<br/>Shortness of breath<br/>Hoarseness<br/>Oxygen saturation &lt; 92%<br/>Trouble swallowing/drooling</p> |  <p>Low blood pressure<br/>Dizziness<br/>Weakness<br/>Collapse<br/>Chest pain<br/>Palpitations</p> |  <p>Nausea<br/>Vomiting<br/>Diarrhoea<br/>Cramps/bloating</p> |

**Treat as anaphylaxis when signs or symptoms are:**

**IM adrenaline is safe. When in doubt, treat as anaphylaxis.**

- Generalised (i.e. generalised hives or  $\geq 2$  body systems involved) or
- Serious or life-threatening, even if only single body system (e.g. hypotension, respiratory distress, or significant swelling of the tongue or lips).

## Treat suspected anaphylaxis

**First line priority**

1. Lie client down and raise legs, unless severe stridor in which case sit client up, leaning forward.
2. **Call for help:** ask colleague to inform supervisor and doctor, if available. Ask colleague to call emergency medical services and report suspected anaphylaxis.
3. Give **adrenaline** 0.5mL (1:1000 solution) IM into mid outer thigh immediately. Repeat every 5 minutes if needed.
4. Insert IV line and check BP:
  - If BP < 90/60 despite adrenaline: give sodium chloride 0.9% 1-2L IV rapidly. Then, if BP still < 90/60, give further sodium chloride 0.9% 500mL IV rapidly, repeat until systolic BP > 90. Stop if breathing worsens.
  - Give oxygen, if available, 8-10L/min via facemask, up to 100% oxygen, as needed.
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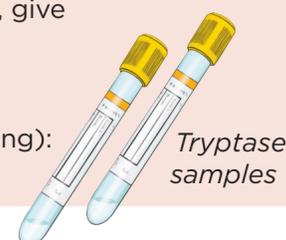


### Adjunctive treatment:

6. If persistent wheeze or difficulty breathing despite adrenaline, also give salbutamol 2-3 puffs via spacer and face mask. Repeat as needed.
7. If severe symptoms or if known asthma, and wheeze persisting after other anaphylaxis symptoms/signs have resolved, give promethazine 25-50mg IM and hydrocortisone 200mg IM/slow IV.

### Refer all cases of suspected anaphylaxis.

- If delay in referral: take blood, within 2 hours of symptoms onset, to confirm vaccine-related anaphylaxis (tryptase sampling):
- Collect blood in 2x yellow topped tubes (SST) and send with client. If delay > 4 hours, store tubes on ice.



### Monitor and treat other allergic reactions

- Monitor for longer (at least 30 minutes) to pick up any other symptoms that may develop:
- If rash only, with no other associated symptoms and patient remains well, **pseudoallergic self-limiting rash** likely: reassure client and advise oral antihistamines.
- Advise to seek urgent health care if any of the following develop: swelling of face, lips or tongue; difficulty breathing, abdominal pain, nausea or vomiting.

### Report

- Report electronically using the **Med Safety app** or
- Complete a NDoH Case Reporting Form (CRF) for an AESI\* if anaphylaxis, or an AEFI\*\* if other allergic reaction, and send to [aefi@health.gov.za](mailto:aefi@health.gov.za).
  - Report to sub-district/district office and provincial EPI manager within 24 hours.

### Replace all medications/equipment used and seal emergency kit.

\*AESI - Adverse Event of Special Interest / \*\* AEFI - Adverse Event Following Immunisation



Created for the Western Cape Department of Health by the Knowledge Translation Unit.



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