

COVID19 - THE AUSTRIAN PERSPECTIVE

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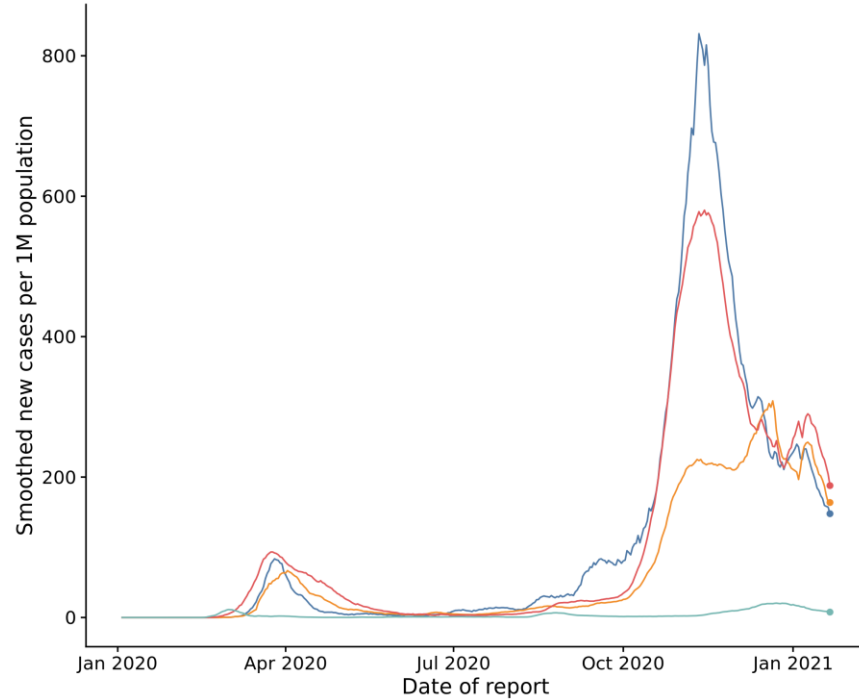


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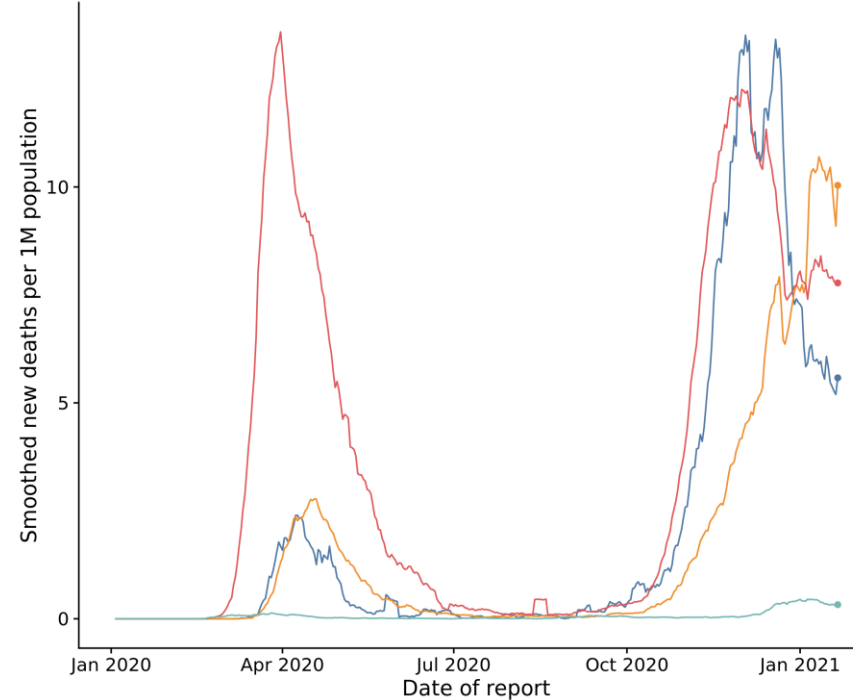
AUSTRIA (WHO-DATA)

CASES PER MILLION



Data taken from COVID Intel database on 2021-01-22.
The lines and associated text show the trend in incidence of COVID-19 cases.

DEATHS PER MILLION



Data taken from COVID Intel database on 2021-01-22.
The lines and associated text show the trend in incidence of COVID-19 cases.

- Austria
- Germany
- Italy
- South Korea

AUSTRIA - CURRENT SITUATION

- *No data on Austrian Behçet's patients available at present*
- *Lockdown moreless since october 26, 2020:*
 - Masks whenever indoors or in busses, trains etc. Social distancing
 - Meeting not possible between people from different households (except Christmas days)
 - Shops, schools, restaurants/hotels closed, take-away allowed
 - Outdoor sportive activities allowed with FFP2-masks (e.g. skiing)
- *161.965 vaccinations so far (1st dosis, about 1.5% of population)*

GENERAL ISSUES FOR COVID19-VACCINATION

General recommendations for use of inactivated vaccines before application

- Wait 2 weeks after inactivated and 4 weeks after live attenuated vaccination before COVID19 vaccination
- Exclude acute (infectious, cardiac and other) diseases, anticoagulation therapy, thrombocytopenia, coagulation disorders (e.g. hemophilia)
- Risk-benefit assessment for pregnant patients
- Observe patients for 15 minutes after vaccination

Vaccination not recommended in COVID19-clusters

- Possible for asymptomatic K1 and K2 contacts in well defined limited szenarios

Time until 2nd boost 21 days (BNT162 b2) - 28 days (mRNA-1273), in Austria 42 days

ISSUES IN IMMUNOSUPPRESSED PATIENTS

Vaccination quasi „off-label“, additional detailed information to patients necessary

- COVID19-antibodies irrelevant for decision-making on vaccination (in case of antibodies and shortcome of vaccines, delayed vaccination up to 6 months possible)
- Do not stop immunosuppression, but apply vaccines in „therapeutic window“ (e.g. end of interval between biological DMARDs like TNF-inhibitors)
- Consider efficacy control of vaccination, whether immune reaction can be detected (neutralisation test or RBD-specific ELISA)!

Further consequences

- Vaccination does not replace protective mask (FFP2 preferred)
- Until today no data available on reduced COVID2-transmission

ARGUMENTS TO BE DISCUSSED

Contraindications against COVID19-vaccination

- Allergy for PEG 2000 (as ingredient of vaccine) or 1st dose of COVID19-vaccination
- With allergic reaction after other immunisations or prior use of antihistaminics, observe longer after vaccination and be sure that accompanying person is available

Arguments to be discussed

- Patient with risk of infection (private / at work)
- COVID19 prevention by other interventions?
- Possible severe COVID19 by disease/medication?
- Unstable disease or progression?
- Increased disease activity?
- Expected missing effect of vaccination?

Preference for vaccination

Yes, especially with close contact to others

Could be no with FFP2-masks/home office ...

Yes, with pulmonary manifestation or MTX

Wait until stable disease without progression

Wait 4 weeks after end of disease activity

~, reduced effect possible (BD ± immuno-suppression)