



THE PHILIPPINE SOCIETY OF ENDOCRINOLOGY, DIABETES AND METABOLISM, INC.

*"A Specialty Society of the Philippine Medical Association" (PMA)
"A Component Society of the Philippine College of Physicians" (PCP)
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PSEDM GUIDANCE ON FREQUENTLY ASKED QUESTIONS REGARDING COVID-19 VACCINES AND BOOSTER FOR ADULTS WITH ENDOCRINE DISEASES

I. Should adult individuals with **endocrine diseases** receive the COVID-19 vaccine?

Adults with endocrine diseases **should receive** the **COVID19 VACCINE** together with the **BOOSTER SHOT** if they are **medically stable**. (1,2) These include adults with:

- Diabetes Mellitus type 2
- Autoimmune diseases (Graves' Hyperthyroidism, Hashimoto's Thyroiditis, Autoimmune Hypocortisolism, Type 1 Diabetes)
- Post-surgical or post-radioiodine hypothyroidism
- Thyroid cancer
- Osteoporosis
- Obesity
- Pituitary or adrenal disorders

Medically stable autoimmune and other endocrine diseases or cancers are not contraindications for vaccination if they do not have a severe or immediate allergic reaction to any of the ingredients in the vaccine. (3,4)

Current **mRNA vaccines (e.g. Pfizer/BioNTech, Moderna)** and **inactivated virus vaccines (CoronaVac-Sinovac/Sinopharm)** do not contain live virus and do not pose an immediate safety risk for immunosuppressed patients. **SARS-CoV-2 viral vector vaccines (Oxford-Astra Zeneca, Sputnik V-Gamaleya/Sputnik light, J&J /Janssen)** are safe for use in immunosuppressed patients, as the adenovirus vector has been modified to make it replication incompetent (non-replicating viral vector). (5)

II. Can patients on **levothyroxine** be vaccinated?

YES! Currently there is **NO evidence** that having thyroid disease or being on maintenance levothyroxine makes a person at higher risk for vaccine-related problems or side effects. (1,2)

III. Can individuals on **tyrosine kinase inhibitors (TKIs: lenvatinib, sorafenib)** be vaccinated?

YES! Patients who are receiving TKIs may be vaccinated as soon as the vaccine is available to them. There is currently no data on timing of vaccine administration in patients who are receiving these therapies; vaccination may be considered on the same day as TKIs for convenience and to reduce clinic visits. (3,5)

Patients should be counseled that although the vaccines have been shown to be safe and effective in the general population, data on their effectiveness in immunosuppressed patients are unknown. (5) There is also a theoretical risk of exacerbated immune-related adverse events in these patients. (3)

Immunosuppressed patients may have blunted immune responses when compared to the general population and should be reminded to follow all current prevention guidelines even after vaccination. (5)

IV. Can those on **bisphosphonates, raloxifene, denosumab and teriparatide** receive the vaccine?

YES! There is currently no evidence of an interaction between these drugs and COVID19 vaccines. (7)

Oral bisphosphonates and raloxifene should be continued in patients receiving COVID-19 vaccination.

A one-week interval between intravenous bisphosphonate (zoledronate) infusion and COVID-19 vaccination is recommended to distinguish between acute phase reactions due to either IV bisphosphonate or vaccination. (7)

An interval of 4-7 days between denosumab and COVID-19 vaccination is recommended to allow for potential occurrence of injection site reactions with either treatment. Denosumab could be administered in the contralateral arm or alternative site (abdomen or upper thigh) if it is necessary to administer concomitantly with COVID-19 vaccine. Denosumab injections should not be delayed more than 7 months after the previous denosumab dose. (7)

Administer Teriparatide at a different site from the COVID19 vaccine. (7)

V. Can individuals on **steroid replacement for adrenal insufficiency** be vaccinated?

YES! Steroid replacement for hypocortisolism of adrenal or pituitary origin (eg, prednisone or hydrocortisone) does not represent a condition of immunosuppression nor a contraindication for anti-COVID vaccination (4,6). They should be informed that in case of side effects like fever, sick day steroid adjustment should be followed.(6)

Additional Guidance:

- **Individuals with these endocrine conditions have to consult their physicians to be guided accordingly.**
- **They should continue to observe minimum public health standards (wear well-fitting face masks, wash hands, observe physical distancing) even after vaccination.**

***This guidance is not intended to replace physician's clinical judgment and should not be the sole source for management decisions.**

1. https://www.thyroid.org/wp-content/uploads/2021/02/Public-Health-Committee-COVID-Vaccine-FAQ-for-Patients_FINAL_2_2_21.pdf
2. <https://www.btf-thyroid.org/covid-19-and-vaccines>
3. <https://www.psmid.org/wp-content/uploads/2021/02/PSMID-ICH-Statements-Feb-2021.pdf>
4. <https://www.eurothyroid.com/files/download/ETA-PHB-Vaccination.pdf>
5. National Comprehensive Cancer Network [NCCN] (2021). Cancer and COVID-19 Vaccination. Retrieved from: https://www.nccn.org/covid-19/pdf/COVID-19_Vaccination_Guidance_V2.0.pdf
6. <https://www.eso-hormones.org/about-us/our-communities/clinicians/covid-19-and-endocrine-disease>
7. <https://www.osteoporosis.foundation/news/joint-guidance-covid-19-vaccination-and-osteoporosis-management-20210309-1500>
8. Position Statements of the Philippine Society of Allergy, Asthma, and Immunology On COVID-19 Vaccines and their Adverse Reactions (February 1, 2021).