

Dr. Bateman Weighs-in on COVID-19 Vaccines

“We [the world] certainly need COVID-19 vaccines desperately and everyone who is healthy enough for the vaccine should get vaccinated, starting with those at highest risk of COVID exposure. This includes healthy family members of vulnerable people. For the ME/CFS/FM population, my advice is to stay safely quarantined and wait a couple of months while the vaccine is distributed and broadly administered. Because of the large numbers and close monitoring, we should know fairly quickly how people do with the vaccines. This advice will apply as each new branded vaccine is approved and rolled out. In general, the people who should be most cautious are those who have previously had allergic reactions to vaccines or are prone to severe allergic reactions in general. If you decide to get the vaccine, be rested and stable prior to the vaccine, and plan on resting/relaxing for at least 72 hours afterward. Supportive care will include anything you usually do for flu symptoms, PEM, allergy flares, worsened orthostatic intolerance, etc. If anything, including a vaccine, makes you sick enough that you are unable to maintain adequate fluids and nutrition, or results in fluid and electrolyte losses (sweating, diarrhea, etc.), it is always appropriate to seek IV fluids as a primary intervention.”

- **Vaccine Considerations for patients with ME/CFS/FM and comorbid conditions**
 - Those with prior history of anaphylaxis reactions may be most at risk of an anaphylactic (severe allergic) reaction to the vaccine.
 - If you are concerned about your own risk of allergic reaction, call your healthcare provider in advance and seek advice.
 - If you have Mast Cell Activation Syndrome, be sure you are on H1H2 blockade for at least 24 hours prior to vaccination.
 - Plan on staying 15-30 minutes for medical observation after vaccination.
 - We will have a better idea of how the vaccine impacts patients of all ages/illnesses over the next few months. **Until then we need to be patient and steadfast in our precautions.**
 - It is tempting to generalize about the immune system, but there are many interactive parts of a complex system. ME/CFS patients may have features of immunodeficiency but may also have chronic immune activation, or “over-active” aspects of the immune system. Everyone’s immune system is unique and thus likely different than others.
 - Have confidence in *knowing your immune system* and how it responds to a virus and/or vaccine.

- **Weighing the risks associated with vaccination**
 - High-risk is very personalized. Your risk of exposure and the potential impact of COVID on your individual health conditions are important to consider.
 - Consider the known COVID risk factors in combination with ME/CFS risk factors. There is no evidence, as of now, that those with ME/CFS are more susceptible to getting COVID or having more severe disease outcomes.
 - You must seriously weigh the risk-benefit-ratio of getting a vaccine in regions where COVID infection rates are high. The risk of getting COVID and having negative outcomes is likely higher than the unknown side effects of the vaccine.

- **COVID-19 Vaccine Dissemination**
 - Dissemination will be on a priority basis based on risk of contracting severe COVID-19.
 - By the time it becomes available for the general public or those with chronic illnesses, millions will have received the vaccine, so most side effects will be well known, and we will know more about how best to proceed.

- **Vaccine considerations (in general)**
 - Try to avoid live attenuated vaccines if possible
 - Getting a vaccine (any vaccine) requires some mindful preparation:
 - Consider taking an NSAID 4-6 hours prior to the vaccine.
 - Get plenty of rest in advance of your vaccine and be in a stable baseline state with minimal PEM if possible.
 - Stay well hydrated.
 - Allow yourself time to rest for 2-3 days after the vaccination.
 - Review the [Influenza Vaccine](#) FAQ (by Dr. Yellman)