

Position Statement

COVID 19 Vaccination, Booster doses and Parkinson's

Updated on January 6 2022

This statement is based on the review undertaken by the International Movement Disorder Societies Scientific Issues Committee, January 12, 2021 and the Australian Technical Advisory Group on Immunization, April 2021

The aim of this statement is to provide People living with Parkinson's and Atypical Parkinson's information to assist them in making an informed decision regarding COVID 19 Vaccination based on the current evidence.

Keeping the Parkinson's Community safe and informed is a primary objective of Fight Parkinson's. Fight Parkinson's has reviewed available scientific information on the COVID 19 vaccines and the impact on people living with Parkinson's and Atypical Parkinson's around the world.

The vaccination is used to reduce the risk of contracting COVID 19. It is not a treatment for COVID 19. The vaccines have to date been identified as being highly effective in preventing severe and mild forms of COVID 19 infection in the vast majority of people who receive them.

A concern many members of the community have is about the speed in which these vaccines have been developed. It is important to understand that the development of vaccines is based on many years of scientific research and published information. The widespread impact of the COVID 19 pandemic has also resulted in a concerted global effort to develop these vaccines.

The available vaccines (mRNA and Vector vaccines) induce an immune response to the COVID 19 virus that do not interact with the currently known (neurodegenerative) pathways which cause Parkinson's symptoms. There does not appear to be any interaction between the inflammatory processes which are thought to be associated with Parkinson's and the immunity response to these vaccines.

Similar to other vaccines, the COVID 19 vaccination does not interact with current Parkinson's treatments. There have been some reported side effects experienced by people who have received the vaccine, in most instances these are considered as; mild allergic reactions, including mild pain and irritation at the injection site, mild fever, and headache. In rare occasions a syndrome involving blood clots and low platelet counts (Thrombosis and Thrombocytopenia) has developed following use of the Vaxzevria (Astra Zeneca) COVID 19 Vaccination has been reported.

The published vaccine phase 3 clinical trial data have shown the incidence of side effects and the impact was the same for people living with Parkinson's compared to the general population.

The Australian Technical Advisory Group on Immunisation (ATAGI) continues to review adverse drug reactions and monitors the latest data from Europe and the United Kingdom regarding the incidence of Blood Clots and low Platelet counts (thrombosis and thrombocytopenia). ATAGI updated their guidance on 17 June 2021 and have recommended that people who are under 60 have the Comirnaty COVID 19 Vaccine (Pfizer) or Spikevax (Moderna). ATAGI also strongly recommends people of all ages who have had the first dose of the Vaxzevria (AstraZeneca) vaccine without serious adverse effects have their second dose of Vaxzevria (AstraZeneca).

It is important to note that Astra Zeneca is seen as highly effective at preventing death and serious illness in people who contract COVID 19 and the incidence of Thrombosis and Thrombocytopenia is extremely rare.

The COVID-19 virus is constantly changing, and vaccination and booster doses are the current government strategy to protect our community against these strains.

ATAGI has recommended adults who have had two doses of a COVID 19 vaccine have a booster dose 4 months after their initial COVID 19 vaccine. The purpose of this is to further boost protection and reduce severity of a COVID 19 infection should you contract it. The vaccines selected to be the booster dose are mRNA vaccines Comirnaty (Pfizer) and Spikevax (Moderna). These vaccines are safe to have if your initial inoculation was with Vaxivera (Astra Zeneca), these vaccines are also safe to have when you are living with Parkinson's and do not interact with the progression of Parkinson's or the treatments used for Parkinson's.

ATAGI have recommended that there is a 4 month interval between final COVID 19 vaccination and your booster dose, however there are some circumstances or pre-existing medical conditions where this interval may be reduced.

Fight Parkinson's recommend you discuss the COVID 19 vaccination with your GP or Neurologist and in line with recommendations of the International Movement Disorder Society and Australian Government advice, encourage people living with Parkinson's to receive the COVID 19 vaccination. This recommendation is given because the overwhelming benefits, with the risks being the same for people living with Parkinson's as with the aged matched general population.

Prepared February 2021

Revised and updated April 2021

Revised and updated June 17 2021

Revised and updated 15 December 2021

Revised and updated 6 January 2022



References

<https://www.movementdisorders.org/COVID-19-Pandemic-MDS/MDS-COVID-19-Vaccine-Statement-for-Patients.htm>

<https://www.parkinsons.org.uk/news/coronavirus-vaccine-and-parkinsons#:~:text=On%20%20December%202020%20the,to%2095%25%20protection%20agai,nst%20coronavirus.>

https://www.elsevier.com/_data/assets/pdf_file/0003/1106679/Pfizer-BioNTech-COVID-19-Vaccine-Pt-Education_12.21.2020.pdf

https://www.elsevier.com/_data/assets/pdf_file/0004/1106680/Moderna-COVID-19-Vaccine-Patient-Education_12.21.2020.pdf

Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, Pérez Marc G, Moreira ED, Zerbini C, Bailey R, Swanson KA, Roychoudhury S, Koury K, Li P, Kalina WV, Cooper D, Frenck RW Jr, Hammitt LL, Türeci Ö, Nell H, Schaefer A, Ünal S, Tresnan DB, Mather S, Dormitzer PR, Şahin U, Jansen KU, Gruber WC; C4591001 Clinical Trial Group. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *N Engl J Med*. 2020 Dec 10. doi: 10.1056/NEJMoa2034577. Online ahead of print. PMID: 33301246

Jackson LA, Anderson EJ, Roupheal NG, Roberts PC, Makhene M, Coler RN, McCullough MP, Chappell JD, Denison MR, Stevens LJ, Pruijssers AJ, McDermott A, Flach B, Doria-Rose NA, Corbett KS, Morabito KM, O'Dell S, Schmidt SD, Swanson PA 2nd, Padilla M, Mascola JR, Neuzil KM, Bennett H, Sun W, Peters E, Makowski M, Albert J, Cross K, Buchanan W, Pikaart-Tautges R, Ledgerwood JE, Graham BS, Beigel JH; mRNA-1273 Study Group. An mRNA Vaccine against SARS-CoV-2 - Preliminary Report. *N Engl J Med*. 2020 Nov 12;383(20):1920-1931. doi: 10.1056/NEJMoa2022483. Epub 2020 Jul 14. PMID: 32663912

<https://www.health.gov.au/news/joint-statement-on-covid-19-astrazeneca-vaccine-advice-from-ataqi>

<https://www.health.gov.au/news/joint-statement-on-astrazeneca-covid-19-vaccine-in-response-to-new-vaccine-safety-concerns>

<https://www.health.gov.au/news/ataqi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

<https://www.health.gov.au/resources/collections/covid-19-vaccination-advice-for-covid-19-vaccine-providers#fact-sheets-and-guides>

Effectiveness of BNT162b2 (Comirnaty, PfizerBioNTech) covid-19 booster vaccine against covid-19 related symptoms in England: test negative case-control study. <https://khub.net/documents/135939561/390853656/Effectiveness+of+BNT162b2+%28Comirnaty%2C+Pfizer-BioNTech%29+COVID-19+booster+vaccine+against+covid-19+related+symptoms+in+England.docx/a366af4e-9c7f-ce86-bc58-1cb3b88e3378>.

Disclaimer

The contents of this position statement are intended for informational purposes only. Fight Parkinson's shall in no event accept any liability for loss or damage suffered by any person or body due to information provided on this site or linked sites.

The information on the Fight Parkinson's website is provided on the basis that persons accessing the website undertake responsibility for assessing the relevance and accuracy of its content.

