

Skin Reactions to Moderna COVID-19 Vaccine

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DESCRIPTION

One of the most common causes of rashes contact dermatitis occurs when the skin has a reaction to something that it has touched. The skin may become red and inflamed, and the rash tends to be weepy and oozy. Common causes include: dyes in clothes. Skin rashes can have causes that aren't due to underlying disease. Examples include hot and humid weather, excess sun exposure or scratchy clothes that don't fit. Skin rashes can occur from a variety of factors, including infections, heat, allergens, immune system disorders and medications. One of the most common skin disorders that cause a rash is atopic dermatitis also known as eczema. Atopic dermatitis is an ongoing condition that makes skin red and itchy. Most often it appears as patches on the hands, feet, ankles, neck, upper body and limbs. It tends to flare up periodically and then subside for a time.

These reactions should not discourage patients from getting the vaccine, say researchers at Massachusetts General Hospital. BOSTON - As the speed and scale of vaccinations against the SARS-CoV-2 virus ramps up globally, researchers at Massachusetts General Hospital are calling for greater awareness and communication around a delayed injection-site reaction that can occur in some. Whether you've experienced a rash at the injection site right away or this delayed skin reaction, neither condition should prevent you from getting the second dose of the vaccine," lead author of the letter and co-director of the Clinical Epidemiology Program in the division of Rheumatology, Allergy and Immunology at MGH. Our immediate goal is to make physicians and other care providers aware of this possible delayed reaction, so they are not alarmed, but instead well-informed and equipped to advise their patients accordingly. In the letter, Blumenthal and her co-authors also note their own clinical observations of the delayed, large, local reactions to the Moderna vaccine, and report on a series of 12 patients with the reactions. In that group, symptom onset ranged from four days after the first dose up to 11 days post-vaccination, with a median

onset of symptoms on day eight. Photographs show the varied size and severity of the reactions. Most patients were treated with ice and antihistamines, although some required corticosteroids and one was erroneously treated with antibiotics.

Delayed cutaneous hypersensitivity could be confused by clinicians and patients alike with a skin infection, says, associate chief of the MGH Infection Control Unit. These types of reactions, however, are not infectious and thus should not be treated with antibiotics. On average, symptoms cleared up after nearly a week for the group of 12 reported in the letter. Half of the patients went on to experience a reaction after the second dose - at or around 48 hours post-vaccination. No patient experienced a dose two reaction that was more severe than their dose one reaction. The authors also say samples taken from skin biopsies confirmed their suspicion of a delayed allergic immune response that is commonly seen in drug reactions. Allergies, also known as allergic diseases, are a number of conditions caused by hypersensitivity of the immune system to typically harmless substances in the environment. These diseases include hay fever, food allergies, atopic dermatitis, allergic asthma, and anaphylaxis. Symptoms may include red eyes, an itchy rash, sneezing, a runny nose, shortness of breath, or swelling. Food intolerances and food poisoning are separate conditions.

Common allergens include pollen and certain foods. Metals and other substances may also cause problems. Food, insect stings, and medications are common causes of severe reactions. Their development is due to both genetic and environmental factors. The underlying mechanism involves immunoglobulin E antibodies, part of the body's immune system, binding to an allergen and then to a receptor on mast cells or basophils where it triggers the release of inflammatory chemicals such as histamine. Diagnosis is typically based on a person's medical history. Further testing of the skin or blood may be useful in certain cases. Positive tests, however, may not mean there is a significant allergy to the substance in question.

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