

August 13, 2021

Re: COVID mRNA booster vaccination for patients with immunodeficiency  
(EXCLUDES patients diagnosed with: asthma, common allergies, CIU, etc.)

Diagnoses for:

- Common variable immunodeficiency (CVID)
- Specific antibody deficiency
- Combine immunodeficiency

For these patients who are currently on immunoglobulin G therapy (SQIG or IVIG), they are protected by the Ig treatment as the immunoglobulin product, at present time, has sufficient COVID IgG (antibody) similar to convalescence plasma given to a patient with COVID infection. In other words, their SQIG/IVIG is similar to the plasma treatment being used to treat patients with COVID infection in the hospital.

I expect Ig products used for SQIG/IVIG will have sufficient COVID spike IgG (antibody) by the end of 2021, as donors would have been vaccinated with the COVID vaccine. Therefore, there is no rush to get the booster vaccine.

Getting an additional vaccine is NOT always "good" if one already has a high level of protective COVID IgG (antibodies) as there will be a heightened injection reaction and potential muscle reaction (immune complex reaction that may result in organ muscle injury).

For those who received a negative antibody blood test result, Dr. Tam will likely order a lab test again. IF the patient is still concerned, I suggest a follow-up appointment to further discuss your immune status against COVID infection and may then order a COVID spike IgG (antibody) blood test.

For patients diagnosed with the above, but who are NOT on Ig therapy, I do recommend they get the booster vaccine.

Reference regarding COVID IgG in immunoglobulin infusion product:

<https://pubmed.ncbi.nlm.nih.gov/33725725>

Sincerely,

Schuman Tam, M.D.