Reply to "Widespread Cutaneous Reaction to the Johnson & Johnson Ad26.Cov2.S Vaccine"

To the Editor: We read the letter by Sowell et al[1] and are pleased to see the authors provide new data in this realm. Undoubtedly, continued vigilance in this area will allow the fuller identification and treatment of issues that may arise as an unintended consequence of a new vaccine.

Because this is a relatively uncharted area during a pandemic, there is no clear guidance for patients to either receive a booster injection or finish an immunization series if they have had a prior reaction such as in this report. Instinctively, a guideline may be of interest, but a case-by-case decision will ultimately yield optimal decisions for patients.

To this end, we suggest that physicians and patients consider the following: (1) the patient's risk of COVID-19 due to either incomplete vaccination or not receiving a booster, (2) the severity of the patient's vaccine-related adverse reaction (certainly, a toxic epidermal necrolysis presentation is different from a pure morbilliform eruption), and (3) the treatability of the presentation. These factors are best evaluated in a multidisciplinary setting with at least the patient's primary physician, in addition to any relevant subspecialists for other comorbidities, so that the patient can receive complete and accurate information regarding risks when a vaccine is indicated.

Therefore, we suggest that for patients for whom further vaccination is indicated, any mild and self-limited cutaneous reactions should not necessarily change guidance. For extreme presentations with extracutaneous involvement, severely morbid or life-threatening reactions may be a contraindication to further exposure. The Centers for Disease Control and Prevention has listed only anaphylaxis and thrombosis with thrombocytopenia syndrome as the serious effects associated with vaccination, but this area is evolving. Going forward, the guidelines for immune checkpoint inhibitor reactions may serve as a loose framework for vaccine-related reactions, but pretreatment may not be indicated because it may stifle the desired immunostimulation.[2] Further reporting may allow our community to specify the best practice for patients in the middle of the severity spectrum, for example, those with moderate reactions. Of course, the decision ultimately rests with the patient and the primary treating physician(s).

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Conflicts of interest

None disclosed.

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