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Saskatoon Multiple Sclerosis Clinic

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COVID-19 Vaccination for Patients with Multiple Sclerosis

The following are the Saskatoon MS Clinic recommendations in regards to the administration of the COVID-19 vaccine in people with multiple sclerosis (MS). Ultimately, the decision to get a vaccine should be made in conjunction with the patient and their healthcare provider.

In concordance with the statement from the Canadian Network of MS Clinics (CNMSC), we believe that all people with MS, who would otherwise not be excluded based on the National Advisory Committee on Immunization (NACI) guidelines, should be vaccinated against COVID-19, regardless of their disease or disease therapy status.

MS itself is not immunosuppressive. While some MS disease modifying therapies (DMTs) are immunosuppressive, we do not believe any would increase the risk of adverse outcomes from current COVID-19 vaccines; however, some of the DMTs may decrease vaccine effectiveness. Even a decreased vaccine response may be enough to prevent severe COVID-19.

The timing of various DMTs relative to the COVID-19 vaccination, as to maximize vaccine response, is summarized in a table on the next page. These time frames are suggestions only – ultimately, we agree with the National MS Society guidelines which state: “Given the potential serious health consequences of COVID-19 disease, getting the vaccine when it becomes available to you may be more important than optimally timing the vaccine with your DMT.”

Medication(s)	Effect on vaccination	Delay of vaccination after treatment*	Delay of treatment after vaccination**
• Glatiramer acetate (any type) • Interferon-beta (any type) • Teriflunomide • Dimethyl fumarate (or any type of fumaric acid ester) • Natalizumab	Little to no effect	None required	None required
• Fingolimod • Ozanimod • Siponimod	May have a modest decrease in vaccine effectiveness	None required	4 weeks for treatment initiation; no delay for treatment continuation
• Ocrelizumab • Rituximab	May have a more pronounced decrease in vaccine effectiveness	12-24 weeks, if possible	4 weeks
• Ofatumumab	May have a more pronounced decrease in vaccine effectiveness	4 weeks	4 weeks
• Cladribine • Alemtuzumab • Mitoxantrone • Cyclophosphamide • Hematopoietic stem cell transplant (HSCT)	Unlikely to affect vaccine response after immune reconstitution has taken place	Until appropriate immune reconstitution has taken place (e.g. lymphocyte counts return > 0.5-0.8 10^9 cells/L; or 24 weeks from the last dose)	4 weeks
• High dose steroids	May dampen response	3-5 days	None required

*: The time period after a treatment dose during which vaccine should not be administered.

**: The time period after a vaccination series (i.e. all doses) during which treatment should not be (re)started.

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