

### Is It Possible a CVID Patient Won't Mount a Response to a COVID-19 Vaccine?

My immunologist performed the IgG COVID-19 antibody test a month after I received my second COVID-19 vaccine, and it showed I had no antibodies to the virus. Prior to my first COVID-19 vaccine, I also had no antibodies. I have common variable immunodeficiency, which means I don't always mount a response to vaccines. Is it possible I didn't mount a response to the COVID-19 vaccine? My immunologist said the spike test would only give a number and would be useless.

**Abbie:** I spoke with Roger Kobayashi, MD, an allergy and immunology specialist in Omaha, Neb., who said a lot of patients have asked the same question. He thinks being tested is worthwhile. But, he explained that while it is true the test is not quantitative, there are laboratories that perform IgG and IgM anti-spike antibodies that can be useful. Getting quantitative titers would be ideal, but more expensive. Further, some recommend getting the viral neutralization test, but that is very expensive and few places, mostly research centers, perform that test, which uses live COVID virus that is incubated with the patient's serum to see if it is neutralized.

The antibody tests by ARUP Laboratories and LabCorp demonstrate whether a patient makes antibodies against the spike protein, which is the principal means of the virus entering a patient's cells. While there is no absolute way to guarantee a person is 100 percent protected, it does indicate that person made antibodies against the spike proteins and, at the present time, that is good news.

### Will Individuals' Immune Systems Respond to Vaccines After Receiving Immune Globulin Treatment?

A key part of my common variable immune deficiency diagnosis was a lack of a response to the pneumococcal vaccine. Since I have been treated weekly for three years with subcutaneous immune globulin, will my body now respond to vaccines, including the pneumonia and COVID-19 vaccines?

**Abbie:** I spoke with Michelle Greer, RN, IgCN, executive vice president of sales at Nufactor, A Specialty Pharmacy, regarding your question. She said, while it's a complicated clinical answer, several papers discuss the issue, one of which states: "Vaccines could also play a role, but their administration leads to different results depending on the type of PI [primary immunodeficiency disease]: In some cases, the immune response is not impaired, and vaccines can evoke the same protection as that usually induced in healthy subjects; in others, the immunodeficiency significantly interferes with antigen stimulation of the immune system and, depending on the type and degree of impairment, little or no protection is evoked. Moreover, particularly when live vaccines are given, significant vaccine-related adverse events can occur, including the emergence of disease from vaccine strains." The bottom line: It depends on the type of PI and the type of vaccine, so the decision to receive any vaccine, including the COVID-19 vaccine, should be made with input from your immunologist.

» **Have a question?** Email us at [editor@IGLiving.com](mailto:editor@IGLiving.com). Your information will remain confidential unless permission is given.



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