

This is a summary of recommendations from Osteoporosis Canada released on March 23 2021, which are consistent with the recommendations put out by the ASMBR, AACE, Endocrine Society, ECTS, IOF and NOF.

**➔ Does osteoporosis increase the risk or severity of COVID-19 infections?**

- No there is no evidence of this reported to date.

**➔ Should I get the COVID-19 vaccine if I have osteoporosis?**

- Yes, having osteoporosis or being on treatment for osteoporosis should not be a reason to not receive the COVID-19 vaccine.

**➔ What should I do with my osteoporosis medication if I am going to get my COVID-19 vaccine?**

- If you are taking an oral bisphosphonate (alendronate, risedronate), you can continue it without any change in dosing.
- If you are taking teriparatide (Forteo) and have not had injection site reactions, you can continue taking it without any change in dosing.

**➔ Because COVID-19 vaccine can give you mild flu like reactions and/or injection site reactions and so can IV zoledronic acid (Aclasta), injection denosumab (Prolia) and injection romosozumab (Evenity), the following is recommended:**

- If you are taking IV zoledronic acid (Aclasta), you should separate the IV infusion of zoledronic acid and the COVID-19 vaccine by 1 week.

- If you are taking denosumab (Prolia), you should separate the denosumab injection and the COVID-19 vaccine by 4-7 days.
- If you are taking romosozumab (Evenity), you should separate the romosozumab injection and the COVID-19 vaccine by 4-7 days.

For all injections, it is recommend that you do them at a different site from the COVID-19 vaccine, which is generally injected into you upper arm area.

To read the full Osteoporosis Canada statement, click here: <https://osteoporosis.ca/covid-19-vaccination-and-osteoporosis-drug-therapy/>