

SUPPLEMENTARY MATERIAL

Table 1. Referral questionnaire for controlled administration of mRNA vaccines against COVID-19 in the Allergy Department

Have you ever had a serious allergic reaction (anaphylaxis): sudden onset of shortness of breath, feeling of difficulty swallowing, dizziness, or loss of consciousness, swelling of the face, lips, or uvula, with the administration of: food, medicine, latex, previous vaccinations, wasp/bee sting or no known cause?
Have you been diagnosed with mastocytosis or mast cell activation syndrome?
Have you been diagnosed with allergy to PEG = polyethylene glycol = macrogol?
Have you been diagnosed with allergy to polysorbate?
Have you been diagnosed with severe asthma?
Have you been diagnosed with chronic urticaria / angioedema?

Table 2. Epidemiological characteristics of our population.

Variable		
Gender	No.	%
Male	19	14.5
Female	112	85.5
Age (years)	Mean 47	Range 26-66
Comorbidities	No.	%
Cardiovascular diseases	28	21.4
Respiratory pathologies	34	26
Immunodepression	6	4.6
Autoimmunity	21	16
Chronic cutaneous affections	3	2.2
COVID-19 infection	No.	%
Positive PCR confirmed	39	29.8
Mild symptoms	33	84.6
Required hospitalization	6	15.4
Detectable IgG during last 90 days	26	66.7
Allergic diseases	No.	%
Drugs	72	55
Anaphylaxis	66	91.6
Food	49	37.4
Anaphylaxis	40	81.6
Hymenoptera sting	5	3.8
Anaphylaxis	4	80
Latex	7	5.3
Anaphylaxis	4	57.1
Idiopathic anaphylaxis	3	2.3
Mast cell activation syndrome	1	0.8
Urticaria	7	5.3
Severe	0	0
Asthma	45	34.4
Severe	9	20
Contact dermatitis	13	9.9
Allergic contact dermatitis	3	23.1