

Covid-19 Vaccination in Patients with Rheumatic and Musculoskeletal Disease: A View Point

Below is the summary of recommendations:



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Medication	Timing consideration for immunomodulatory therapy and vaccination
Plaquenil	No modification to either immunomodulatory therapy or vaccination timing
Intravenous immunoglobulin	No modification to either immunomodulatory therapy or vaccination timing
Steroids less than 20mg/day	No modification to either immunomodulatory therapy or vaccination timing
Sulfasalazine (salazopyrin)	No modification to either immunomodulatory therapy or vaccination timing
Leflunomide (Arava)	No modification to either immunomodulatory therapy or vaccination timing
Mycophenolate (Cellcept)	No modification to either immunomodulatory therapy or vaccination timing
Azathioprine (Imuran)	No modification to either immunomodulatory therapy or vaccination timing
Etanercept (Benepali ,enbrel)	No modification to either immunomodulatory therapy or vaccination timing
Adalimumab (amgevita, Imraldi, Hulio, Humira)	No modification to either immunomodulatory therapy or vaccination timing
Golimumab(Simponi)	No modification to either immunomodulatory therapy or vaccination timing
Certolizumab(Cimzia)	No modification to either immunomodulatory therapy or vaccination timing
Infliximab	No modification to either immunomodulatory therapy or vaccination timing
Tocilizumab (Roactemra)	No modification to either immunomodulatory therapy or vaccination timing
Secukinumab (cosentyx)	No modification to either immunomodulatory therapy or vaccination timing
Ixekizumab(Taltz)	No modification to either immunomodulatory therapy or vaccination timing
Sarilumab	No modification to either immunomodulatory therapy or vaccination timing
Anakinra, canakinumab	No modification to either immunomodulatory therapy or vaccination timing
Ustekinumab (stelara)	No modification to either immunomodulatory therapy or vaccination timing
Guselkumab	No modification to either immunomodulatory therapy or vaccination timing
Rizankizumab	No modification to either immunomodulatory therapy or vaccination timing
Methotrexate	Hold MTX 1 week after each vaccine dose for those with well controlled disease, no modification to vaccine timing
Baricitinib (olumiant), Tofacitinib (Xeljanz), upadacitinib(Rinvoq)	Hold for 1 week after each dose, no modification to vaccine timing
Abatacept (orencia) pen/injection	Hold one week prior to and one week after 1 st dose only, no interruption around 2 nd vaccine dose
Abatacept infusion patients	Time vaccine administration so that first vaccination will occur four weeks after abatacept infusion and postpone subsequent infusion by one week; no medication adjustment for 2 nd vaccine dose
Cyclophosphamide infusion	Time administration so that it will occur approximately 1 week after each vaccine dose when feasible
Rituximab	Assuming that patient's COVID 19 risk is low or is able to be mitigated by preventive health strategies (e.g self isolation), schedule vaccination so that vaccine series is initiated approximately 4 weeks prior to next schedules rituximab cycle; after vaccination ,delay infusion 2-4 weeks after 2 nd dose, if disease activity allows.

The COVID-19 pandemic has affected patients with RMDs and it has also impacted care given to them. Development of vaccines is a great step but it also has raised a lot of questions especially for patients with inflammatory RMDs and patients who are treated with drugs that may influence their immune system. There is a lot of work done by EULAR (European League against rheumatism , Bijlsma JWEULAR December 2020 viewpoints on SARS-CoV-2 vaccination in patients with RMDs, Annals of the Rheumatic Diseases 2021;80:411-412.) and ACR (American College of Rheumatology) taskforce . ACR has recently given recommendations about use of COVID 19 vaccine and immunomodulatory drugs. These are general recommendations but for specific cases physician can make other choices depending of clinical scenario.

Now we will focus on frequently asked questions by patients with RMDs and patients using drugs that influence the immune system.

Frequently Asked Questions

- 1. Do I need to be vaccinated?**
Yes, best approach is everybody to be vaccinated.
- 2. Which vaccine is better?**
Based on recent data having a vaccine is better than no vaccine at all but it is too soon to say if one is better than other.
- 3. Do I need to get urgent vaccination?**
Yes , In Ireland as per recent HSE recommendations people of immunosuppressant medications will be offered vaccine sooner.

- 4. I had COVID 19 , should I still get need vaccine?**
At present there is no such data, but vaccination after COVID-19 potentially confers more additional protection.

- 5. Can I take vaccine while I'm on immunosuppressant medications?**
Yes, you can still have vaccine, table above covers recent protocol for most of them.
- 6. Who should I consult before vaccination if I have a questions about interaction of vaccine with my immunosuppressant medication?**
If you have specific queries regarding immunosuppressant medication and vaccine your rheumatologist is the best person to ask.

- 7. Is there any side effects of vaccine?**
It is too early to say but vaccines are tested and are remarkably safe and is comparable with other available vaccines like influenza.
- 8. Can COVID 19 vaccine activate my illness?**
This is unlikely , but we don't have enough experience yet.
- 9. Will I need to get COVID 19 vaccine every year?**
Not known yet, but quite likely.
- 10. Do my treatment increase the risk of worse disease?**
Most of the drugs used in RMD have not been associated with worse disease. To date only treatment that have been associated with a worse outcome are using glucocorticoids more than 10mg daily or been treated with rituximab.