



Rheumatology Service Information for Patients

Vaccinations are rolling out and the Rheumatology Service at TUH want to keep our patients updated and explain what we know as of now (07/04/21) this advice is based on HSE guidance, international guidance and NIAC guidance.

Please note that information is constantly changing.

The Rheumatology service strongly recommends that you get the COVID-19 vaccine and if you have concerns or worries please read this document and consult the [HSE website](#). Many studies have been undertaken on the licensed vaccines and we are satisfied that all licensed vaccines are safe.

The most important message is that **ALL** rheumatology patients having SARS-CoV-2 vaccination are strongly advised to have their Influenza and Pneumococcal vaccinations up to date. There is very good quality evidence of reduced risk of death for patients who have influenza and pneumococcal vaccination. Influenza vaccine is annually and Pneumococcal is every five years.

Which (if any) groups of Rheumatology patients should be prioritised for SARS-CoV-2 vaccination?

All Rheumatology patients should get the vaccine.

At the moment the HSE has advised on some groups of rheumatology patients to be included in Priority 4. The Rheumatology Dept at TUH has identified these patients and submitted the list to our vaccination centre in Citywest. They will be contact with those patients once they have vaccine supply. There is no need for you to contact us about this.

The Citywest vaccination clinic is very efficient, most patients will be there for approximately 40 minutes including the required observation period after you get the vaccine. Free parking is available. The Citywest vaccination clinic is in a position to be flexible if there are requirements around a date change. Please note it is important to bring you PPS number and photo ID with when you are going to the clinic for your vaccination.

As of now, we understand that most rheumatology patients who are on drugs that work on the immune system will be included in Priority 5 (age 65-69) and 7 (age 16-65) for SARS-CoV-2 vaccination and we are preparing these lists and will submit them to HSE vaccination programme once instructed to do so. We do not know exactly where you will be vaccinated but it's likely to be your GP or a vaccination centre

Once there is more information on the prioritisation, this document will be amended.

For the moment you do not need to do anything. The information on this document is as much as we know at this time. Contacting the Rheumatology team at the Hospital or your GP is not necessary. The large number of calls we receive on this only diverts staff from working on vaccine lists and routine care.

Which vaccine should I take?

There will be a number of SARS-CoV-2 vaccines with different mechanisms. They are all licensed as they are proven to work and to be safe. You won't have a choice of vaccine but the vaccine you are offered will be one that is proven to work and to be safe for your age and medical situation.



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Can I continue my rheumatology medicines or do I need to stop when I get vaccinated

When you are vaccinated you will declare your medical conditions and medications and there will be national guidance for your medications and conditions that the vaccinator will refer to.

At the moment we do advise to continue on your Rheumatology medications as normal when you get the vaccine with two exceptions – methotrexate (tablets) and rituximab (hospital based infusion)

Patients on methotrexate: It is not definitively known if it is better to stop or continue methotrexate immediately after COVID vaccination. In a few studies of patients getting the flu vaccine the patients who stopped methotrexate had a better antibody level after vaccination but the patients who did not stop methotrexate still responded to the vaccine. For most patients skipping one dose of methotrexate is very unlikely to be harmful and may give you a better vaccine response.

We advise that if your disease is stable you can skip one dose of methotrexate after you get your first dose of vaccine which is likely to give you a better response to the vaccine. If you are very worried about skipping a dose or if your disease is not stable (e.g. recent increase in dose of methotrexate in the last three months or joints flaring) then do not skip a dose as you will still respond to the vaccine.

There is no evidence that you need to stop other DMARDs but we will monitor the research and advise if that changes.

Patients on Rituximab: Patients on rituximab will have the best response to the vaccine if they have the vaccine five months after their last rituximab treatment. Because of the problems with vaccine supply it hasn't been possible to time it at month five as we don't know when you will be offered it.

We advise to continue with your rituximab infusion as normal and to take the vaccine but wait at least four weeks after your rituximab infusion to ensure you get a better response to the vaccine.

We realise that it has been a difficult and anxious year for everyone and we hope you will receive your COVID vaccine soon. Lockdown is hard and the best advice for good mental health is to stick to a daily routine, keep up regular social contacts by phone/video call etc, try to ration the amount of news you watch as the constant focus on COVID news is draining, take daily exercise such as walking and try to eat healthily

Thank you for your patience

Stay safe and well

**The Rheumatology Team
TUH**



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

References:

HSE and NIAC guidance

Furer V, Rondaan C, Heijstek MW et al. 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. *Ann Rheum Dis.* 2020; 79: 39-52
Iacobucci G Covid-19: Risk of death more than doubled in people who also had flu, English data show. *BMJ.* 2020; 370m3720

Hua C, Barnetche T, Combe B, Morel J. Effect of methotrexate, anti-tumor necrosis factor α , and rituximab on the immune response to influenza and pneumococcal vaccines in patients with rheumatoid arthritis: a systematic review and meta-analysis. *Arthritis Care Res (Hoboken).* 2014; 66: 1016-1026

Park JK, Lee MA, Lee EY et al. Effect of methotrexate discontinuation on efficacy of seasonal influenza vaccination in patients with rheumatoid arthritis: a randomised clinical trial. *Ann Rheum Dis.* 2017; 76: 1559-1565

Park JK, Lee YJ, Shin K et al. Impact of temporary methotrexate discontinuation for 2 weeks on immunogenicity of seasonal influenza vaccination in patients with rheumatoid arthritis: a randomised clinical trial. *Ann Rheum Dis.* 2018; 77: 898-904

Park JK, Kim MJ, Choi Y, Winthrop K, Song YW, Lee EB. Effect of short-term methotrexate discontinuation on rheumatoid arthritis disease activity: post-hoc analysis of two randomized trials. *Clin Rheumatol.* 2020; 39: 375-379

Gianfrancesco M, Hyrich KL, Al-Adely S et al. Characteristics associated with hospitalisation for COVID-19 in people with rheumatic disease: data from the COVID-19 Global Rheumatology Alliance physician-reported registry. *Ann Rheum Dis.* 2020; 79: 859-866