



PATIENT INFORMATION SHEET

COVID-19 VACCINES FOR PATIENTS WITH RHEUMATOLOGICAL DISEASES

Background

The Ministry of Health (Singapore) has started the COVID-19 Vaccination Programme. For general information on the COVID-19 vaccines and the Singapore COVID-19 Vaccination Programme, please refer to <https://www.moh.gov.sg/covid-19/vaccination> and <https://www.vaccine.gov.sg/faq>.

This patient information sheet (PIS) will address relevant questions of mRNA COVID-19 vaccines for patients with rheumatological diseases. The immunosuppressive therapy in this PIS generally refers to a wide range of commonly used drugs for rheumatological diseases, including steroids, methotrexate, sulfasalazine, leflunomide, hydroxychloroquine, infliximab, adalimumab, golimumab, tocilizumab, tofacitinib, baricitinib, cyclophosphamide, mycophenolate mofetil, cyclosporine, and tacrolimus. A specific section will address the issue of rituximab and COVID-19 vaccines.

What do vaccines do?

Commonly used vaccines contain weakened or inactivated antigens, i.e., subparts of a bacteria or virus that trigger an immune response within the body. Newer vaccines, such as the current mRNA COVID-19 vaccines, contain blueprints (messenger ribonucleic acid or mRNA) for producing the antigens rather than the antigen itself. The mRNAs tell the body to produce specific type of antigens. Either the antigens in the commonly used vaccines or the antigens produced following mRNA will not cause infections. They prompt the immune system of the recipients to produce antibodies in a similar way it would have after exposure to the actual bacteria or virus. These antibodies provide protection against actual infections.

In other words, the vaccines train the immune system to build specific protective antibodies against the disease-causing bacteria and viruses.

Can I take the COVID-19 vaccine?

Safety and efficacy data on the COVID-19 vaccines in patients with rheumatological diseases with or without immunosuppressive therapy is limited and evolving.

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After careful considerations, major organisations like the American College of Rheumatology, Center for Disease Control (CDC) in USA, British Society of Rheumatology, Chapter of Rheumatology, Academy of Medicine Singapore support COVID-19 vaccination for patients with rheumatological diseases who are taking immunosuppressive therapy.¹⁻³

In general, we recommend that the COVID-19 vaccine be administered when the rheumatological diseases are well-controlled (i.e. no disease flares or relapses in the recent months). If you are unsure about the status of your disease(s), please check with your Rheumatologist.

The administration of **any** vaccine in patients with well-controlled rheumatological diseases may still be associated with a low risk of disease flares.

Administration of vaccines in patients with active rheumatological diseases or recent flares of rheumatological diseases (especially if the disease affects major organs such as the nerves, kidneys, lungs, intestines, heart, brain) are not recommended. This is because there is a potentially higher risk of precipitating an acute flare of the disease following the stimulation of the immune system by the vaccines.

Is one vaccine more suitable or better than another for patients who have rheumatological diseases or are on immunosuppressive therapy?

There is no good evidence that one vaccine is more suitable than another for patients who are on immunosuppressive therapy. It may take many months of further research to determine this.

Will the vaccine work for me?

Efficacy data on the COVID-19 vaccines in patients with rheumatological diseases is limited and evolving. In general, the protection conferred by any vaccine may be reduced in patients who are on immunosuppressive therapy.

Do I need to stop my immunosuppressive drugs during COVID-19 vaccination?

While the protection conferred by any vaccine may be reduced in patients who are on immunosuppressive therapy, we DO NOT recommend stopping your medications to receive the COVID-19 vaccines. Please check with your Rheumatologist if you are unsure of this.

If you haven't yet started immunosuppressive therapy, or if you're about to have a repeated course of treatment, you may want to consider delaying this until a couple of weeks after you have had the last dose of the vaccine. But you should only do this after consulting your Rheumatologist.

What should I do if I am going to start rituximab?

It is recommended that COVID-19 vaccines are given six months after rituximab infusion. It is also recommended to wait four weeks after COVID-19 vaccines before rituximab infusion.

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Please consult your Rheumatologist if you are on rituximab or had rituximab in the last 6 months.

Will I be at risk of getting COVID-19 from the vaccines?

Both the current mRNA COVID-19 vaccines in Singapore are not 'live vaccine', i.e. they do not contain the active virus that causes the infection. Therefore, you will not contract COVID-19 infection from the vaccines. However, it is still possible to contract COVID-19 infection after vaccination because immunosuppressive therapy could weaken the response towards the vaccines. It is vital that you continue to protect yourself by wearing masks, cleaning your hands and practising safe distancing.

There are reports of idiopathic thrombocytopenia purpura (ITP) and other potential immune-mediated complications from the vaccine. Am I at risk?

Data on the safety of the COVID-19 vaccine in patients with rheumatological diseases is limited currently, and the risk of ITP or any other immune-mediated complications of the vaccine are not known.

There are constant updates on the efficacy and possible side effects of the COVID-19 vaccines, and we strive to keep our information current.

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