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Letter to the Editor

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Acceptance of SARS-CoV-2 Vaccination Among a Cohort of IBD Patients From Southern Italy: A Cross-Sectional Survey

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To the Editors,
Vaccination against severe acute respiratory syndrome related coronavirus-2 (SARS-CoV-2) represents an exit strategy from the current pandemic. However, the rapid development of SARS-CoV-2 vaccines has led to uncertainties among the Italian population and among patients with inflammatory bowel disease (IBD), despite the international recommendations.[1,2] To develop strategies against vaccine hesitancy in IBD patients, we measured the acceptance of anti-SARS-CoV-2 vaccination in this population. An anonymous web-based questionnaire was sent from April 5 through April 15, 2021 to patients attending our clinic addressing sociodemographic and therapeutic features, in addition to willingness and potential concerns on anti-SARS-CoV-2 vaccination. Among the 450 questionnaires, 276 (61.3%) forms were returned. Patients demographics are summarized in Supplementary Table 1. In terms of treatment, 127 (46.0%) were on biologics, 28 (10.0%) were on steroid doses >20 mg, 18 (6.0%) were on immunomodulators, and only 10 (3.6%) were treated with combination therapy. Almost half of the cohort (47.1%) had received an influenza vaccine in 2020. A very small proportion (7.2%) of respondents declared they had contracted COVID-19. The proportion of patients willing to get vaccinated against SARS-CoV-2 was 148 (53.6%); among them, 110 (74.3%) had already received the first dose of vaccine. One hundred three (37.3%) patients reported they were uncertain but likely to change their mind after more safety information, whereas 25 (9.0%) declared to definitely refuse vaccination. For patients in favor of vaccination, the main reasons were duty for collective responsibility (65.4%) and the wish to return to a normal life (53.0%). For patients against vaccination, the main reasons were the fear of side effects (52.0%) and the possible negative effects on IBD course (52.0%; see Supplementary Table 2). The predictors for vaccination acceptance in a multivariate analysis were influenza vaccination during the last year (odds ratio [OR], 3.78; 95% confidence interval [CI], 2.22–6.44; $P < 0.0001$), presence of a household member aged over 65 years (OR, 2.22; 95% CI, 1.20–4.10; $P = 0.01$), and gastroenterologist advice before booking vaccination (OR, 3.30; 95% CI, 1.77–6.17; $P = 0.001$). Notably, age, educational status, and comorbities were not significantly associated with vaccination willingness (see Fig. 1).

In conclusion, our study shows that the majority of IBD patients wish to be vaccinated against COVID-19. Vaccine acceptance was strongly associated with prior seasonal influenza vaccination, presence of a household member aged over 65 years, and gastroenterologist advice. Appropriate counselling of the treating physician is an effective measure to combat hesitancy in the uncertain patients.

Variable		N	Odds ratio	p
Household member aged	< 65 years	71	Reference	
	> 65 years	203	2.22 (1.20-4.10)	0.01
Prior influenza vaccination	No	130	Reference	
	Yes	146	3.78 (2.22-6.44)	<0.0001
Gastroenterologist advice	No	193	Reference	
	Yes	83	3.30 (1.77-6.17)	0.0001

Figure 1. Predictors of SARS-CoV-2 vaccination acceptance at multivariate logistic regression.

Supplementary data

Supplementary data is available at *Inflammatory Bowel Diseases* online.

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