

Letter to the Editor

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

Federica Crispino, MD¹, Daniele Brinch, MD, Lucio Carrozza, MD, and Maria Cappello, MD¹

Gastroenterology & Hepatology Section, PROMISE, University of Palermo, Palermo, Italy

Address correspondence to: Federica Crispino, Gastroenterology & Hepatology Section, PROMISE, University of Palermo, Piazza delle Cliniche, 2, 90127, Palermo, Italy. E-mail: federica.crispino123@gmail.com.

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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 comorbidities 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 counseling 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

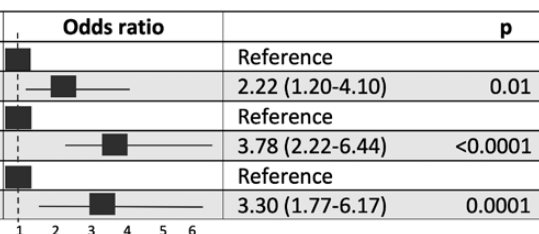


Figure 1. Predictors of SARS-CoV-2 vaccination acceptance at multivariate logistic regression.

Supplementary data

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

References

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