

## Letter to the Editor

# Elevated Adherence to Vaccination Against SARS-CoV-2 Among Patients with Inflammatory Bowel Disease

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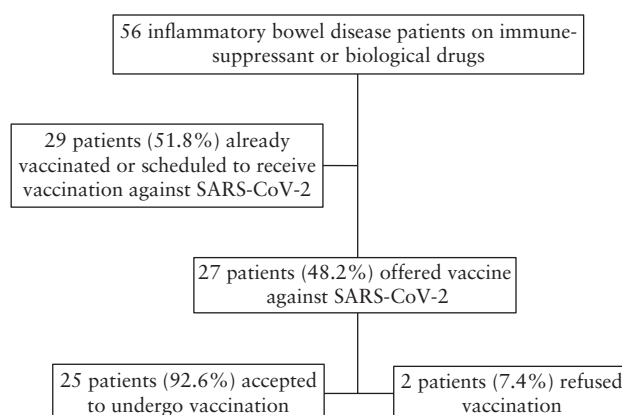
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We read with interest the article by Wellens *et al.* reporting the recommendations for vaccination against severe acute respiratory syndrome coronavirus-2 [SARS-CoV-2] infection in patients with inflammatory bowel disease [IBD].<sup>1</sup> The authors emphasise that the benefits of SARS-CoV-2 vaccination clearly outweigh the potential risks, and strongly support the statement expressed by the International Organization for the Study of IBD that 'patients with IBD should receive vaccination against SARS-CoV-2' as soon as possible, independently of IBD treatment or activity.<sup>2</sup> This indication, however, should be implemented optimising the services within IBD centres and overcoming general barriers to vaccination represented by a perceived lack of benefit and concerns regarding potential side effects or flares of disease.

IBD patients were not included in the Phase III studies of the SARS-CoV-2 vaccines, and they may be concerned by several 'unknowns' regarding SARS-CoV-2 vaccination such as long-term safety and potential outcome during immunosuppression. A French survey showed that up to 24.0% of patients was unwilling to receive the vaccine, with absence of long-term safety data and fear of potential adverse events representing the main concerns supporting their decision.<sup>3</sup> This result contrasts with the average positive response rate of 71.2% recorded in a global survey and below the 80.9% rate of vaccination intent recorded in a survey carried out among IBD patients.<sup>4,5</sup>

Since the major limitation of these surveys is their theoretical setting, we aimed to identify the actual adherence to SARS-CoV-2 vaccination among the patients followed at our IBD centre. A dedicated physician provided detailed information and scheduled vaccination within a facility at our hospital, initially focussing on patients treated with immune-suppressant and biologic drugs, as elderly patients and those with comorbidities were already scheduled for vaccination through their general practitioners. Among 56 IBD patients [seven on azathioprine and 49 on biologic drugs: 19 adalimumab, 12 vedolizumab, nine infliximab, eight ustekinumab, one in a clinical trial], 29 [51.8%] had already undergone or planned vaccination, and 25 of the remaining 27 patients [92.6%] underwent vaccination at our unit, with only two patients refusing due to concerns regarding potential adverse events [Figure 1].



**Figure 1.** Flow of inflammatory bowel disease patients who were offered vaccination against SARS-CoV-2 vaccine.

We observed that the actual vaccination rate against SARS-CoV-2 among our IBD patients on immune-suppressants or biologic drugs was 96.4%, well above the rates recorded in French and US surveys among IBD patients.<sup>3,5</sup> More than half of our population had already been vaccinated, and the acceptance rate among the remaining patients was elevated [92.6%], a result likely attributable to the counselling and scheduling facility provided by a dedicated physician within an IBD centre. We feel that implementation of dedicated services within IBD centres may improve adherence to vaccination programmes for IBD patients and help protect them from preventable diseases.

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## Conflict of Interest

None.

## Authors Contribution

EGG, MGD, and GB contributed equally to drafting and preparation of this manuscript. All authors reviewed and approved the final manuscript.

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