Clinical Rheumatology (2022) 41:2919
https://doi.org/10.1007/s10067-022-06191-2

LETTER TO THE EDITOR

Comments on: Autoimmune post-COVID vaccine syndromes: does the spectrum of autoimmune/inflammatory syndrome expand? By Jara et al

Kunal Chandwar[1]

Received: 18 April 2022 / Revised: 22 April 2022 / Accepted: 25 April 2022 / Published online: 19 July 2022

Dear Editor,

We read the article by Jara et al. [1] with great interest regarding AISA syndrome post-COVID vaccination, but have a few issues with their views; firstly, for starters, the authors quote multiple vaccines with different mechanisms of action (mRNA, viral vector, and inactivated vaccines) to suggest a possible AISA syndrome but these vaccines have different mechanisms of action and some might not have any adjuvant at all; hence, suspecting AISA syndrome in them would be an exaggeration. Clarity on what the authors believe is the adjuvant here would be greatly appreciated. Secondly, mankind has hardly ever seen vaccination at such a great pace and magnitude in the recent past. With more than 11 billion vaccines administered worldwide, it is inevitable that rheumatic diseases would be developing post-vaccine by happenstance alone, emphasising the fact that a patient may be diagnosed with rheumatic disease post-vaccine by chance alone. A point was underscored by Conway et al. [2] where they compared estimates of the number of new cases per year of various rheumatic diseases that might be expected, by chance, to present within 2 weeks of receiving a COVID-19 vaccine and showed that the occurrence of rheumatic diseases was still much lower. Thirdly, we might actually need well-designed epidemiological studies to identify whether any causal relationship [3] between vaccines and rheumatological or immunological disorders exists. We are all aware of the limitations associated with uncontrolled observational case reports. We must take these observational case reports with a pinch of salt until we have solid data to prove causality. Fourthly, vaccination-induced exaggerated immune response can theoretically unmask an underlying immune-mediated inflammatory disorder in a genetically susceptible individual but that remains just a theoretical point until epidemiological studies actually prove causation.

Declarations

Disclosures None.

References

1. Jara LJ, Vera-Lastra O, Mahroum N, Pineda C, Shoenfeld Y (2022) Autoimmune post-COVID vaccine syndromes: does the spectrum of autoimmune/inflammatory syndrome expand? Clin Rheumatol. https://doi.org/10.1007/S10067-022-06149-4
2. Conway R, Brouwer E, van der Geest KSM, Mackie SL, Mehta P, Putman M, Robinson P, Sattui S (2021) Dr. Conway et al. reply. J Rheumatol, jrheum.210913. https://doi.org/10.3899/jrheum.210913
3. Hernán MA (2018) The C-word: scientific euphemisms do not improve causal inference from observational data. Am J Public Health 108(5):616–619. https://doi.org/10.2105/AJPH.2018.304337

This comment refers to the article available online at https://doi.org/10.1007/s10067-022-06149-4.

✉ Kunal Chandwar
kunalchandwar@gmail.com

[1] Department of Clinical Immunology and Rheumatology, King George's Medical University, Uttar Pradesh, Lucknow 226003, India