

THE IMPACT OF IMMUNOSUPPRESSIVE THERAPY ON SARS-COV-2 MRNA VACCINE EFFECTIVENESS IN PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY DISEASES: A DANISH NATIONWIDE COHORT STUDY

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Poster

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A nationwide cohort study of 152,440 patients found that immunosuppressive therapy was associated with reduced effectiveness of two-dose mRNA SARS-CoV-2 vaccination against infection in patients with inflammatory bowel disease and arthropathy, but not with increased risk of severe outcomes.

KEY POINTS

- Immunosuppressives were associated with significantly increased COVID-19 infection risk in IBD patients (HR: 1.64, 95% CI: 1.42, 1.91) and arthropathy patients (HR: 1.27, 95% CI: 1.13, 1.43) but not psoriasis patients after two mRNA vaccine doses.
- Meta-analysis across all immune-mediated inflammatory diseases showed a 35% increased infection risk with immunosuppression (HR: 1.35, 95% CI: 1.24, 1.46).
- Anti-TNF therapy showed the highest infection risk (HR: 1.75, 95% CI: 1.56, 1.96), followed by systemic corticosteroids (HR: 1.24) and rituximab with other immunosuppressants (HR: 1.27).
- No significantly increased risk of hospitalisation or death following COVID-19 infection was identified in immunosuppressed patients.
- This real-world effectiveness study covered the period January to November 2021 using propensity score matched cohorts and weighted Cox models.

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