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AB1086
VACCINE HESITANCY AGAINST COVID-19 VACCINES IN PATIENTS WITH AUTOIMMUNE RHEUMATIC DISEASES AND EFFECT OF SPECIALIST COUNSELLING ON VACCINE HESITANT PATIENTS WILLINGNESS TO TAKE VACCINE
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Background: Vaccination is one of the most significant public health achievements; however, the success of the vaccine has been marred with vaccine hesitancy. The reasons for vaccine hesitancy are neither singular nor straightforward and arise from a complex interplay between scientific, religious and political beliefs. This study aims to understand the possible reasons for vaccine hesitancy in patients with autoimmune rheumatic diseases and the effectiveness of Specialist counselling on vaccine-hesitant patients willingness to take the vaccine.

Objectives: 1. To assess causes of Vaccine hesitancy against COVID-19 vaccines in patients with autoimmune rheumatic diseases.
2. To study the effect of specialist counselling on vaccine-hesitant patients willingness to take vaccine.

Methods: Study design: We conducted an observational survey-based in person cross-sectional study. Patients attending a tertiary care hospital's outpatient department were asked about their vaccination status. Those unvaccinated were asked reasons for vaccine hesitancy. The vaccine-hesitant patients were counselled by the treating rheumatologist and asked regarding their willingness to take the vaccine after the counselling. The patient responses were recorded. Sample: Convenience sampling was used, so the sample size was not calculated. Inclusion and exclusion criteria: All adults (>18yrs) with AIRD coming to the rheumatology OPD. Those unwilling or refused to be vaccinated were excluded. Data collection: The questionnaire included patients' demographic details, diagnosis, medication details, and response to the reason for vaccine hesitancy. Statistical analysis: Descriptive statistics were performed by calculating measures of central tendency for quantitative variables and using counts and percentages for qualitative and nominal variables.

Results: A total of 322 patients participated in the study with a mean age of 40 years (18-76), with 73% (234) females and 27% (88) males. Most patients had Rheumatoid Arthritis (40%) followed by SPA (27%), SLE(13%) and others and were on immunosuppressive medications (95%). Significant proportion of patients (60%) had more than one reason for vaccine hesitancy. Almost 60% of the respondents feared their disease might flare post-vaccination, while almost half (44.4%) were hesitant to take the vaccine due to the fear of vaccine side effects and more than one third (35%) feared vaccine may not be effective on them as they were on immunosuppressive medications. Other major causes of vaccine hesitancy were the inability to get a chance to get vaccinated (18%), doubts about vaccine efficacy (15%), and fear of injections (10%). Most patients (91%) were willing to take the vaccine after specialist counselling and only 28 of the 322 (9%) were unwilling even after specialist counselling.

Conclusion: Vaccine hesitancy can be multifactorial. Major reasons for vaccine hesitancy in patients with autoimmune rheumatic diseases were fear of flare of disease post-vaccination, fear of vaccine side effects and doubts whether the vaccine would work in patients taking immunosuppressive medications. Most patients were willing to take vaccine after counselling by a rheumatologist.

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AB1088
COVID-19 VACCINATION OF SPONDYLOARTHITIS PATIENTS RECEIVING BIOTHERAPY TREATMENT: REAL-LIFE DATA
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Background: Considering the concerns regarding COVID-19 vaccine safety among patients with rheumatic diseases due to a lack of data, an urgent need for studies evaluating safety profiles of vaccines emerged.

Objectives: Vaccination against the coronavirus disease-2019 (COVID-19) started in March 2021 in the same group using biological therapy in our country. In this study, post-vaccine real-life data of patients with spondyloarthritides (SpA) followed up with biologic therapy were analyzed.

Methods: Adult patients diagnosed with SpA who were followed up under biological therapy and vaccinated by CoronaVac inactive SARS-CoV-2 BNT162b2 messenger RNA (mRNA) COVID-19 (Pfizer-BioNTech) vaccine were included in our observational, multicenter, prospective study.

Results: A total of 287 patients (58.2% male; mean age: 47) were included in the study, 202 (70.4%) of patients were being followed up with the diagnosis of AS, 40 (13.9%) of them with PsA, 32 (11.1%) of them with nr-axSpA, 11 (3.8%) of them with enteropathic arthritis, and 2 (%0.7) of them with uSpA. The