Response to: 'Correspondence on 'Influence of COVID-19 pandemic on decisions for the management of people with inflammatory rheumatic and musculoskeletal diseases: a survey among EULAR countries' by Nokhatha *et al*

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The letter from Al Nokhatha *et al* nicely complements our study whose primary purpose was to investigate how COVID-19 related closure of services influenced decisions of rheumatologists and health professionals in rheumatology regarding the management of patients with inflammatory rheumatic and musculoskeletal diseases (RMD).[1 2] In contrast to the study by Al Nokhatha *et al*, we did not include data on vaccinations, which were at that time still far away.

The authors of this letter correctly point out that vaccination is fundamental to our patients in order to protect them from adverse outcomes of (certain) infections. However, many patients with inflammatory RMD are immunocompromised, and it is well known that in such a clientele, vaccination is challenging regarding both efficacy and safety. Paget *et al* recently concluded that influenza vaccination should continuously be promoted during COVID-19 pandemic as a central public health measure.[3] The reason is that the evidence accrued so far clearly indicates that the management of the coronavirus pandemic can greatly benefit from influenza vaccination, for example, by facilitating differential diagnosis and by avoiding an overload of health services and hospitals associated with influenza infections.[3 4] Also, influenza vaccination protects elderly people which are particularly vulnerable to COVID-19. Al Nokhatha *et al* noted that there are some barriers to receive influenza vaccination that might also be relevant for ongoing vaccination against SARS-CoV-2: peoples' fear of adverse reactions, perceived good health, personal lack of belief in the vaccine effectiveness, a reported history of side effects, a lack of recommendation from healthcare workers or lack of access to the vaccine.[1] The authors of this correspondence have experienced some additional obstacles during COVID-19 pandemic such as patients' fear to enter health service structures, lack of manpower to adequately organise and conduct vaccination, lack of vaccine and patients' fear that influenza vaccination might lower the defence against COVID-19.

Given the vulnerability of patients with inflammatory RMD to infections, we need to make sure that our patients undergo influenza and SARS-CoV-2 vaccinations. We should develop strategies to address patients' specific concerns about the new vaccine, such as the fact that the vaccines have not been specifically tested in patients with autoimmune disease or that possible long-term consequences of SARS-CoV-2 vaccination are unknown yet.

In accordance with a recent statement from 'European League Against Rheumatism,[5] we think that rheumatologists should be the primary experts to discuss these issues with their patients. Moreover, national societies of rheumatology should launch public programmes influencing mass opinion in order to convince patients with RMD, their relatives and friends, that vaccination against SARS-CoV-2 is the only way to protect people from COVID-19.

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