

INFLUENZA VACCINATION OF PATIENTS WITH AUTOIMMUNE RHEUMATIC DISEASE

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Abstract

Compared to the healthy population, patients suffering from autoimmune rheumatic diseases have a significantly increased risk of various infections. The issue of vaccinating against the seasonal flu in these patients is still surrounded by numerous dilemmas about its efficiency and the possible harmful effects of exacerbation of the underlying disease.

Our study includes three groups of patients (99 in total) with stable underlying diseases status, suffering from systemic lupus erythematosus (SLE) 30, rheumatoid arthritis (RA) 37 and Sjogren's Syndrome (SjS) 32. In November 2016, 48 patients were vaccinated against influenza using trivalent inactivated split vaccine (Vaxigrip-Aventis Pasteur). These three groups of patients were divided into two subgroups depending on vaccination: vaccinated - SLE₁ (19), RA₁ (15) and SjS₁ (14), and unvaccinated - SLE₂ (11), RA₂ (22), SjS₂ (18). During the following year disease activity parameters (SLEDAI for SLE), presence of viral and bacterial infections and concentration of A H1N1 antibodies were monitored in vaccinated and unvaccinated patients. Previous respiratory infections from 2013-2015 were regarded as a potentially significant predictor of a more frequent future onset of influenza and secondary bacterial complications.

In this paper, we have in general confirmed the efficiency and safety of applying a modern influenza vaccine during the stable status of the underlying disease in patients suffering from SLE, RA and SjS, with no significant differences between different diseases. Among vaccinated patients, there were significantly fewer who contracted influenza and had other (secondary) bacterial complications, and there were no cases of exacerbation of the underlying disease.

Based on several years of monitoring respiratory infections in our patients, we have concluded that a significantly higher risk of exacerbation of the underlying disease was linked to infections than to vaccination. Patients suffering from autoimmune rheumatic diseases have significantly higher risk of developing various infections compared to the healthy population. Our study included patients suffering from systemic lupus erythematosus (n = 30), rheumatoid arthritis (n = 37) or Sjögren's syndrome (n = 32), with stable underlying diseases status. In November 2010, 47 patients, including 35 subjects vaccinated annually during 2006-2010, received immunization against

influenza with trivalent inactivated split vaccine, whereas 52 patients did not accept proposed vaccination in that period. The presence of viral (primarily influenza) and bacterial infections, parameters of disease activity (from the date of vaccination until April 2011), and titers of antibodies against A H1N1 were then monitored in vaccinated and unvaccinated patients. We have identified the importance of predisposing factors for influenza occurrence (i.e. previous respiratory infections and vaccinations in last five years, age, sex, type of disease and duration, medications, smoking) in those groups of patients. The incidence of influenza or bacterial complications (bronchitis) among vaccinated patients was significantly lower, compared to the non-vaccinated group. Importantly, there was no case of exacerbation of the underlying disease. The last vaccination in 2010 reduced the risk of influenza by 87%, but previous bacterial infections (bronchitis and pneumonia) increased influenza risk significantly. In the present study, we have shown the efficiency, sufficient immunogenicity and safety of modern influenza vaccine application in patients suffering from systemic lupus erythematosus, rheumatoid arthritis or Sjögren's syndrome.

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