

# ACR COVID-19 Vaccine Clinical Guidance for Patients with Rheumatic and Musculoskeletal Diseases

The American College of Rheumatology (ACR) has developed new vaccine clinical guidance for patients with rheumatic and musculoskeletal diseases (RMD). While each patient is unique, ACR's COVID-19 Vaccine Clinical Guidance Task Force developed recommendations as a framework for addressing disease management within the context of vaccination against the SARS-CoV-2 virus.

The ACR guidance is not designed to replace the judgement of rheumatology care providers or overrule the values and preferences of their patients.

The task force members noted that the guidance is provided as part of a 'living document,' recognizing rapidly evolving evidence and the need for continuous monitoring of information about available mRNA vaccines and other types of COVID-19 vaccines in development. The guidance should be considered conditional or provisional.

For additional details, click [here](#)

## KEY TAKEAWAYS

### COVID-19 Risk Factors

- Autoimmune inflammatory rheumatic diseases (AIIRD) patients (e.g., RA, PsA, axSpA, gout, lupus, vasculitis) are at a higher risk for COVID-19 hospitalization and worse outcomes compared to the general population.
- Based on their COVID-19 risk, AIIRD patients should be a priority group for vaccine access before the general population of similar age and sex.

### Vaccine Considerations

- Based on available data for the mRNA COVID-19 vaccines, there is no preference for one COVID-19 vaccine over another.
- There is no direct evidence about mRNA COVID-19 vaccine safety and efficacy in RMD patients. However, there is no reason to expect that adverse effects from the vaccines will outweigh the benefits to RMD patients.
- There are no known additional contraindications to COVID-19 vaccines beyond known allergies to the vaccine's ingredients.
- Rheumatology patients taking systemic immunosuppressive medications may experience a lesser response to a COVID-19 vaccine and the protection may not last as long as in the general population. Nevertheless, the vaccine is still very likely to provide meaningful protection, and RMD patients should be vaccinated.
- There is a theoretical risk that AIIRD patients may experience a disease flare after getting a COVID-19 vaccine, but the benefits of the vaccine's protection outweigh the risks.

### Medication Timing

- It may be helpful to alter the timing of the following medications, in consultation with a rheumatologist, when following a COVID-19 vaccination schedule:
  - ▶ methotrexate, cyclophosphamide
  - ▶ JAK inhibitors - baricitinib (*Olumiant*), tofacitinib (*Xeljanz*), upadacitinib (*Rinvoq*)
  - ▶ abatacept (*Orencia*), rituximab (*Rituxan*, *Ruxience*, *Truxima*)

- The purpose of doing so would be to maximize vaccine response; there were no safety concerns raised related to medication or vaccine timing.

Following COVID-19 vaccination, RMD patients should continue to follow all public health guidelines, including mask-wearing, hand hygiene, physical distancing, and other preventive measures.

