Advice to patients with autoimmune bullous disease on vaccination against COVID-19 (SARS-Cov-2) – sent by prof Joly, translated by LGallu and DeepL

- Patients with autoimmune bullous diseases have a fairly high risk of having severe forms of viral infections, including COVID-19. This risk is particularly relevant in elderly patients and in patients taking oral cortisone and/or immunosuppressive therapy: methotrexate (Novatrex, Imeth, Metoject), mycophenolate mofetil (cellcept), azathioprine (Imurel), cyclophosphamide (Endoxan) and rituximab.
- The reference centre for autoimmune bullous diseases (MALIBUL), in accordance with European recommendations, advises patients with autoimmune bullous diseases to be vaccinated against SARS-CoV-2.
- The "mRNA vaccines" currently available are "inert" vaccines (i.e. containing neither live virus nor inactivated virus but only the RNA of the virus). As such, they are not expected to present any particular risk in patients with autoimmune bullous diseases, including those undergoing immunosuppressive treatment.
- Concerning the effect of immunosuppressive treatments on the efficacy of vaccination, immunosuppression at the time of vaccination should be as low as possible in order to increase the chances of vaccine efficacy. However, if immunosuppressive treatment is underway, it should not be interrupted as this could lead to a relapse or flare-up of the disease.
- In patients who are to be treated with rituximab, vaccination against SARS-Cov-2 should be considered prior to the start of treatment whenever possible. In other cases, it is best to wait 4-6 months after the last rituximab infusion since this is when the white blood cells (called B cells) start to rise.
- Finally, it should be remembered that vaccination should not be accompanied by a loosening of protective measures (preferably a surgical mask and hand washing with hydro-alcoholic gel), especially in patients receiving oral cortisone and/or immunosuppressive therapy.