## Observ/Different drugs/IBD/COVID vaccine

Multicentre, prospective, case-control study. Patients with IBD on immunosuppressive treatments (thiopurines, IFX, IFX+thiopurines, UST, VDZ, TOFA) and healthy controls were recruited. Participants had received 2 doses of COVID-19 vaccines.

<u>Primary endpoint:</u> anti-SARS-CoV-2 spike protein antibody concentrations in participants withouth previous SARS-CoV-2 infection.

## **Results:**

- Mean antiSARS-CoV2 spike protein antibody concentrations were significantly lower in patients on IFX, IFX+thiopurine or TOFA compared to controls.
- No differences for patients on thiopurine monotherapy, VDZ or UST and healthy controls.

## **Conclusion:**

For patients with IBD, the immunogenicity of COVID-19 vaccines varies according to immunosuppressive drug exposure, and is attenuated in recipients of IFX, IFX+thiopurines and TOFA. Scheduling of third primary, or boooster, doses could be personalised on the basis of an individual's treatment, and patients taking antiTNF and TOFA should be prioritised.

## COVID-19 vaccine-induced antibody responses in Immunosuppressed patients with inflammatory bowel disease (VIP): a multicentre, prospective, case-control study

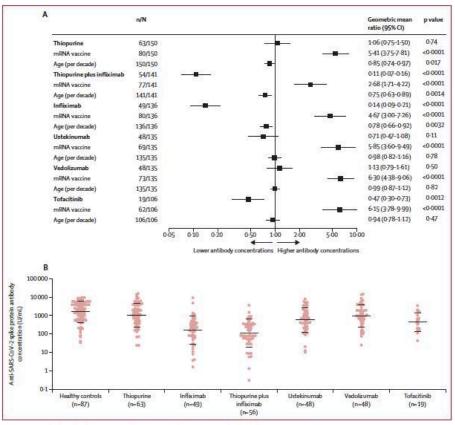


Figure 1: Anti-SARS-CoV-2 spike protein antibody concentrations in people without evidence of previous infection

(A) Multivariable model, adjusted for vaccine type and age, showing the exponentiated coefficients of finear regression models of log—transformed concentrations of anti-SARS-CoV-2 spike protein antibodies stratified by study treatment group. Results are for individuals without evidence of previous infection. The values shown represent the geometric mean ratios of antibody concentrations associated with each variable. (B) Anti-SARS-CoV-2 spike protein antibody concentration stratified by study treatment group. The longer black bar represents the geometric mean and the shorter black bars represent 1 geometric SD either side of the geometric

