
Vaccination for patients with rheumatoid arthritis: a pressing need

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In the city of Rio de Janeiro, at the beginning of the 20th century, the physician Oswaldo Cruz, a Brazilian science pioneer, conducted the first vaccination campaign in Brazil.¹ In his fight to promote mass vaccination against smallpox, the sanitarian faced innumerable obstacles, such as the population's ignorance about the vaccine and a fierce political opposition originated from several sectors of the society, including his medical colleagues. The dissemination of rumors against the vaccine collaborated with the almost total lack of adhesion of the population of the city of Rio de Janeiro to the vaccination campaign. That, along with several protests against the government, generated a social convulsion that culminated with the Vaccine Revolt, a true urban battle with dozens of deaths and hundreds of wounded people. Thousands of other victims of the Vaccine Revolt would appear in the following years, with the suspension of obligatory vaccination and advance of the epidemic.

More than 100 years after the Oswaldo Cruz's initiative, the lessons learned over the decades led to the development of a successful and internationally recognized immunization program in Brazil. However, a significant part of the population with chronic inflammatory diseases, despite being more susceptible to infections, still remains unprotected.^{2,3} That is the case of patients with rheumatoid arthritis (RA).

Based on the current scientific knowledge, one can state that patients with RA, in addition to being at higher risk for infections,⁴ have an increased infection-related mortality, up to ten times that of the general population.⁵ Of the factors implicated in the susceptibility to infections, the earlier and more intense exposure to immunosuppressive drugs and biologics stands out.^{6,7}

Considering that vaccination is the preventive measure with the greatest impact on reducing the occurrence of infection at any age group, it is mandatory to review and update the

vaccine chart of patients with rheumatic disorders. In addition, knowing that the specific prescription of vaccines during the clinical follow-up of those patients has a positive impact on the increase of vaccine coverage, work groups of specialists have been formed to establish vaccine guidelines in rheumatology, reflecting an increasing concern worldwide in recent years.^{8,9}

The Rheumatoid Arthritis Committee of the Brazilian Society of Rheumatology has developed the consensus published in this journal¹⁰ aimed at summarizing the recommendations for vaccinating patients with RA, considering the epidemiological scenario of endemic diseases in Brazil, such as yellow fever. Thus, the *2012 Brazilian Society of Rheumatology Consensus on vaccination of patients with rheumatoid arthritis* was aimed at standardizing and encouraging the indication of immunization by rheumatologists and other professionals who manage those patients.

Finally, we believe that the implementation of those recommendations is perfectly feasible in Brazil. Therefore, it is fundamental to promote continuous medical education and patients' instruction, and to review the subject periodically, so that an updated approach based on scientific evidence can be incorporated into clinical practice.

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