

SUPPLEMENTARY MATERIAL

Adherence to vaccination against SARS-CoV-2 and vaccine safety in patients with immunoglobulin G4-related disease

Linda Mastromanno,¹ Federico Giardina,¹ Angelica Gattamelata,¹ Serena Colafrancesco,²
Simona Truglia,¹ Francesca Romana Spinelli,¹ Edoardo Simoncelli,¹
Bruno Lucchino,³ Fabrizio Conti,¹ Roberta Priori^{1,4}

¹Rheumatology Unit, Department of Clinical Internal, Anesthesiologic and Cardiovascular Sciences, Sapienza University of Rome; ²Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Milan; ³Rheumatology Unit, ASST FBF Sacco, Milan; ⁴Unicamillus, Saint Camillus International University of Health Sciences, Rome, Italy

Correspondence: Fabrizio Conti, Rheumatology Unit, Department of Clinical Internal, Anesthesiologic and Cardiovascular Sciences, Sapienza University of Rome, Italy.

E-mail: fabrizio.conti@uniroma1.it

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Questionnaire for immunoglobulin-G4-related disease.

This questionnaire was originally in Italian and was translated into English for publication.

Male Female

Age: _____

Are you vaccinated against SARS-CoV-2? (yes/no) _____

How many doses? _____

Which vaccine did you have for the **first** dose? _____

Did you have any of these adverse reactions after the **first** dose of the vaccine?

- Pain at inoculation site
- Redness at inoculation site
- Swelling at inoculation site
- I had no reaction at the injection site

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Did you have any of these adverse reactions after the **first** dose of the vaccine?

- Joint/muscle pain
- Fever (>37.5°C)

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- Fatigue
- General sickness
- Swollen lymph nodes
- Headache
- Anaphylaxis
- Other _____
- I didn't have any adverse reactions

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Which vaccine did you have for the **second** dose? _____

Did you have any of these adverse reactions after the **second** dose of the vaccine?

- Pain at inoculation site
- Redness at inoculation site
- Swelling at inoculation site
- I had no reaction at the injection site

How long after vaccination?

- after less than 24 hours

- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Did you have any of these adverse reactions after the **second** dose of the vaccine?

- Joint/muscle pain
- Fever (>37.5°C)
- Fatigue
- General sickness
- Swollen lymph nodes
- Headache
- Anaphylaxis
- Other _____
- I didn't have any adverse reactions

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days

after 6 days

after 1 week

How long did the symptoms last? _____

Which vaccine did you have for the **third** dose? _____

Did you have any of these adverse reactions after the **third** dose of the vaccine?

Pain at inoculation site

Redness at inoculation site

Swelling at inoculation site

I had no reaction at the injection site

How long after vaccination?

after less than 24 hours

after 1 day

after 2 days

after 3 days

after 4 days

after 5 days

after 6 days

after 1 week

How long did the symptoms last? _____

Did you have any of these adverse reactions after the **third** dose of the vaccine?

Joint/muscle pain

Fever (>37.5°C)

Fatigue

General sickness

- Swollen lymph nodes
- Headache
- Anaphylaxis
- Other _____
- I didn't have any adverse reactions

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Which vaccine did you have for **any other** dose? _____

Did you have any of these adverse reactions after **other doses** of the vaccine?

- Pain at inoculation site
- Redness at inoculation site
- Swelling at inoculation site
- I had no reaction at the injection site

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days

- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Did you have any of these adverse reactions after **other doses** of the vaccine?

- Joint/muscle pain
- Fever (>37.5°C)
- Fatigue
- General sickness
- Headache
- Other _____
- I didn't have any adverse reactions

How long after vaccination?

- after less than 24 hours
- after 1 day
- after 2 days
- after 3 days
- after 4 days
- after 5 days
- after 6 days
- after 1 week

How long did the symptoms last? _____

Have you ever contracted Covid-19 (with a positive RT-PCR test or a positive rapid antigen-based assay)?

- yes, before vaccination
- yes, after vaccination
- yes, I'm not vaccinated
- no

Have you been hospitalized for Covid? (yes/no) _____

If so, for how long? _____

What symptoms did you have? _____

What treatment was chosen for Covid? _____

After how many days did you test negative? _____

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Do you have an IgG4 disease diagnosis? (yes/no) _____

Did you undergo a biopsy for this diagnosis? (yes/no) _____

If so, in which part of the body? _____

Which is your current treatment? _____

Are you on rituximab or was rituximab ever used in your case? (yes/no) _____

(If you have had Covid) When did you last receive rituximab before Covid? _____

Did you have a reactivation of the IgG4 disease following Covid-19 infection with a modification of the ongoing treatment (yes/no) _____

With which symptoms? _____
