SUPPLEMENTARY MATERIAL

Adherence to vaccination against SARS-CoV-2 and vaccine safety in patients with IgG4-related disease

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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 offer vessiontion?
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
- \square 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
- \Box after 2 days
- $\hfill\square$ after 3 days
- \Box after 4 days
- □ after 5 days
- \Box 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?

- \Box Pain at inoculation site
- □ Redness at inoculation site
- □ Swelling at inoculation site
- $\hfill\square$ I had no reaction at the injection site

How long after vaccination?

□ after less than 24 hours



□ after 1	day
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- \Box after 2 days
- □ after 3 days
- \Box after 4 days
- \Box after 5 days
- □ after 6 days

 $\hfill\square$ after 1 week

How long did the symptoms last? _____

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

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

How long after vaccination?

- □ after less than 24 hours
- □ after 1 day
- \Box after 2 days
- $\hfill\square$ after 3 days
- \Box after 4 days
- \Box after 5 days



 \Box after 6 days

 $\hfill\square$ 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?

 $\hfill\square$ Pain at inoculation site

 $\hfill\square$ Redness at inoculation site

□ Swelling at inoculation site

 $\hfill\square$ I had no reaction at the injection site

How long after vaccination?

□ after less than 24 hours

- \Box after 1 day
- \Box after 2 days
- $\hfill\square$ after 3 days
- \Box after 4 days
- □ after 5 days

□ after 6 days

□ after 1 week

How lo	ng did	the sy	mptoms	last?
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Did you have any of these adverse reactions after the third dose of the vaccine?

 \Box Joint/muscle pain

 \Box Fever (>37.5°C)

- □ Fatigue
- □ General sickness



- □ Swollen lymph nodes
- \Box Headache
- □ Anaphylaxis
- □ Other _____

□ I didn't have any adverse reactions

How long after vaccination?

- □ after less than 24 hours
- \Box after 1 day
- \Box after 2 days
- $\hfill\square$ after 3 days
- \Box after 4 days
- □ after 5 days
- \Box after 6 days
- □ after 1 week

How	long	did	the	symp	otoms	last?
	- 0			- / 1		

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
- $\hfill\square$ 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-bas 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?						

ONLY FOR PATIENTS

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?
<u> </u>
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?

