

### Reply to: Vaccination for hepatitis B virus in an Australian pre-biologic population with rheumatoid arthritis

Sirs,

We appreciate Dr Ihdahid's (1) comments on our paper "Vaccinations in adults with rheumatoid arthritis (RA) in an era of new disease-modifying anti-rheumatic drugs" by Meroni *et al.* (2).

Dr Ihdahid reported an audit on Hepatitis B virus (HBV) vaccination rates in patients with rheumatoid arthritis (RA) commencing biologics in 3 public tertiary hospitals in Western Australia between January 2011 and January 2016. RA patients were included only if bDMARD naïve and with no evidence of prior infection, carrier status or prior vaccination.

The authors reported a very low full HBV screening (25% of the included patients) and more importantly an incomplete screening in more than half of the patients, further supporting the suggestion that HBV screening for vaccination is not carried out in the real life in Australia. Although the audit is retrospective and on a relatively small number of patients, it is almost in line with the data discussed in the review (2).

We agree on the possible causes of such a low frequency of HBV screening in addition to the lack of physicians' education and compliance.

We do believe that HBV screening and eventually vaccination in RA patients before starting a bDMARD therapy is a hot issue which requires more attention by the rheumatology scientific societies in order to widely spread the message and improve the adherence of rheumatologists to the recommendations from both the EULAR and the ACR (3, 4).

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