

indication cannot be made with the available data. Randomized controlled trials are certainly needed to determine the association between statins and decreased mortality risk from esophageal cancer.

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Flu vaccine and gout attacks

To the Editor: In the December 2019 issue, Dr. Sherif Mossad reported how to respond to 12 reasons people give for not wanting to receive the inactivated influenza vaccine.¹ His article provides much help to clinicians. I wish to add a question to support Dr. Mossad's article: Does the risk of gout attack increase after receiving a inactivated influenza vaccine?

A case-crossover study reported that people who received a nonzoster vaccine had a 2-fold increased odds of developing a gout attack within 2 days of vaccination (adjusted odds ratio 1.99, 95% confidence interval 1.01–3.89).² The authors commented that the benefits of vaccinations on individual persons and on public health are enormous, so rejecting vaccination out of fear of an increased risk of gout attacks is not advisable, as the benefit outweighs the risk.²

A preliminary analysis using the database of the Taiwan National Health Insurance Program reported that among people age 65 and older, the incidence rate of a gout attack within 30 days after vaccination was

similar between the vaccination group and the nonvaccination group (0.05 vs 0.05 per 1,000 person-days, 95% confidence interval 0.73–1.57; $P = .735$).³ The authors commented that at least older people were not at increased risk of a gout attack after influenza vaccination.

At present, no other systematic research has been conducted on the association between influenza vaccine and gout attack. Other real-world data are needed to clarify this issue.

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