

## Inflammatory Bowel Disease (IBD)

### Immunosuppressants and Vaccinations

#### General recommendations

- Current vaccination status should be documented for each patient with inflammatory bowel disease
- Consideration should be given to administration of missed vaccinations if the patient's current health and medications permit
- Vaccinations are best given before the introduction of immunosuppressant or biologic therapy
- ANY LIVE VACCINE is contraindicated in any patient on immunosuppressants, biologics (e.g. infliximab/adalimumab/vedolizumab/ustekinumab) or steroids >20mg/day
- LIVE vaccines are contraindicated in IBD patients less than 3 weeks before, during and for 3 months after discontinuation of biologic therapy
- Non-live vaccinations are generally considered safe in patients with IBD regardless of biologic therapy, but may be less effective

#### Every patient with IBD should be considered for the following vaccinations (including those on immunosuppressant therapy)

- Influenza (trivalent inactivated vaccine) - YEARLY
- Pneumococcal polysaccharide vaccine - EVERY THREE YEARS
- Human Papilloma virus (Gardasil) - ACCORDING TO THE NATIONAL GUIDELINES (females 9-45, males 9-26, three doses)
- Hepatitis B in all seronegative patients - Three doses

#### Vaccinations for IBD patients who are NOT on immunosuppressant therapy

- Varicella zoster virus (VZV) if there is no medical history of chickenpox, shingles or VZV vaccination and VZV serology is negative

#### Commonly used vaccinations

LIVE Attenuated Vaccines	Inactivated (Non-LIVE) Vaccines
VIRAL	dT (diphtheria-tetanus)
MMR (measles/mumps/rubella)	dTpa (diphtheria, tetanus, pertussis acellular)
MMRV (measles/mumps/rubella/varicella)	Hepatitis A
Rotavirus	Hepatitis B
Rubella	HiB (Haemophilus Influenza Type B)
VZV (varicella zoster)	Injectable Typhoid
Yellow Fever	Influenza
BACTERIAL	IPV (Inactivated Poliomyelitis)
BCG (tuberculosis)	Japanese Encephalitis
	Meningococcal
	Oral Cholera
	Pneumococcal
	Q Fever
	Rabies
	Tetanus Toxoid