GUIDELINES

• The best time to vaccinate is when someone is newly diagnosed with inflammatory bowel disease (IBD), before any immunosuppressive therapy has begun.
• Immunosuppression is unpredictable and may blunt vaccine response.
• All inactivated vaccines can be administered safely to persons with IBD whether the vaccine is a killed whole-organism or a recombinant, subunit, toxoid, polysaccharide, or polysaccharide protein-conjugate vaccine. The usual doses and schedules of inactivated vaccines can be found at www.cdc.gov/vaccines/recs/schedules

SPECIAL CONSIDERATIONS

• Existing immunity (titers) to Hep B, MMR and Varicella may need to be checked:
  • before vaccination
  • before starting immunosuppressive therapy
• Varicella risk needs special attention before immunosuppression.
• Interval between initiation of the immunosuppressive therapy and pneumococcal vaccine should at least be 2 weeks.
• A booster for meningococcal vaccine may be given every 5 years in patients who continue to be immunosuppressed.
• Significant protein–calorie malnutrition is a risk factor for poor response to immunizations

Live Vaccines

- Rotavirus
- Measles–Mumps–Rubella
- Varicella/ Zoster
- Influenza
- Typhoid
- Yellow fever

NO live vaccines should be given once immunosuppressive therapy has been initiated

Time interval to start immunosuppression after live vaccine:
- At least 1 month

Time interval to give live vaccine after medication:
- Corticosteroids (>20 mg/day or 2mg/kg or more per day and 2 weeks)
  - At least 1 month
- Azathioprine/6MP
- Cyclosporine
- Tacrolimus
  - At least 3 months
- Methotrexate
- Anti-TNF or other biologics
  - At least 3 months

• Bousvaros A. Immunizations in the child with inflammatory bowel disease. Mamula et al, Textbook of Pediatric IBD
• Lu Y, Jacobsen D, Bousvaros A. Immunizations in Patients with Inflammatory Bowel Disease. Inflamm Bowel Dis 2009.