

Immunosuppressants and Vaccinations

Commonly used vaccinations¹

Live Attenuated Vaccines	Inactivated (Non-Live) Vaccines
VIRAL	VIRAL
Japanese Encephalitis*	Hepatitis A
MMR (Measles/Mumps/Rubella)	Hepatitis B
MMRV (Measles/Mumps/Rubella/Varicella)	HPV (Human papilloma virus)
Rotavirus	Influenza
Rubella	IPV (Inactivated Poliomyelitis)
Varicella	Japanese Encephalitis*
Yellow Fever	Rabies
Zoster	BACTERIAL
BACTERIAL	dT (Diphtheria-Tetanus)
BCG (Tuberculosis)	dTpa (Diphtheria-Tetanus-Pertussis acellular)
Oral typhoid	Hib (Haemophilus Influenza Type B)
	Injectable Typhoid
	Meningococcal
	Oral Cholera
	Pneumococcal
	Q Fever

*depending upon brand

Every patient with IBD should be considered for the following vaccinations, including those on immunosuppressant therapy²

- Influenza (trivalent inactivated vaccine) once a year
Level of Evidence: 1a; Recommendation Grade: A
- Pneumococcal polysaccharide vaccine once every three to five years
Level of Evidence: 5; Recommendation Grade: D
- Human Papilloma virus according to the national guidelines
Level of Evidence: 2a; Recommendation Grade: B
- Hepatitis B vaccine in all hepatitis B virus (HBV) seronegative patients
Level of Evidence: 3b; Recommendation Grade: B

Vaccinations for IBD patients who are NOT on immunosuppressant therapy²

- Varicella zoster virus (VZV) if there is no medical history of chickenpox, shingles or VZV vaccination and VZV serology is negative
Level of Evidence: 5; Recommendation Grade: D