Health Maintenance Summary

Vaccines and Infections

Influenza: All patients >6 months of age should receive annual inactivated influenza vaccine, irrespective of immunosuppression status.

MMR: IBD Patients not immune to MMR should receive a 2-dose series, at least 4 weeks apart. If immune status is uncertain, IgG antibody titer should be checked. MMR should not be given to patients currently on systemic immunosuppressive* therapy.

Pneumococcus: All patients >19 years age receiving systemic immunosuppression* should receive PCV13, followed by PPSV23 at least 8 weeks later, and a booster of PPSV23 5 years later.

Varicella: Seroprotection status should be checked with varicella zoster virus IgG antibodies in all patients without documented vaccination record or exposure. All patients who are not immune should receive a 2-dose series, 4–8 weeks apart, ≥4 weeks before immunosuppression, if therapy can be postponed.

Zoster: All patients receiving JAK inhibitor therapy should receive the recombinant adjuvanted zoster vaccine. Risk of zoster should be considered with combinations of other immunosuppressive* therapies.

TB: Screen for latent TB in all patients with IBD, at baseline. Perform clinical risk assessment for TB exposure annually in all patients with IBD.

Cancer Screening

Colorectal Cancer: All IBD patients with extensive colitis (>1/3 of the colon) for ≥ 8 years should undergo surveillance colonoscopy every 1–3 years, depending on cancer risk;

- IBD patients with a diagnosis of PSC should undergo colonoscopy, starting at the time of PSC diagnosis, and annually thereafter.
- IBD patients with features that are high-risk for developing colon cancer (i.e. prior history of adenomatous polyps, dysplasia, family history of colon cancer and extensive colitis) should have colonoscopies more frequently than every 3 years.

Cervical Cancer: All women with IBD who are being treated with systemic immunosuppression* should undergo cervical cancer by cytology annually (if cytology alone) or every 2 years (if HPV negative).

Skin Cancer: All IBD patients being treated with systemic immunosuppression* should have annual total body skin exams to screen for skin cancer.

Other Protection

Osteoporosis: Screen for osteoporosis by central (hip and spine) DXA scan in all patients with IBD if ANY risk factors for osteoporosis; low BMI, >3 months cumulative steroid exposure, smoker, post-menopausal, hypogonadism. Repeat in 5 years if initial screen is normal.

Depression/Anxiety: Screen all patients with IBD for depression (PHQ9) and anxiety (GAD7) at baseline, and annually. Refer for counseling/therapy when identified.

Smoking: Screen all patients with IBD for smoking status at baseline, and refer current smokers for smoking cessation therapy.

* Systemic immunosuppression refers to current treatment with prednisone (>20mg/day for more than 14 days), azathioprine (>2.5 mg/kg/day) mercaptopurine (>1.5 mg/kg/day), methotrexate (>0.4 mg/kg/week), cyclosporine, tacrolimus, infliximab, adalimumab, golimumab, certolizumab, ustekinumab, or tofacitinib.

Crohn's & Colitis Foundation Professional Education Sub-Committee; Jill Gaidos MD, Alan Moss MD, Mariastella Serrano MD, Gaurav Syal MD • 6/10/2020