

Name: \_\_\_\_\_

MR#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Vaccine Preventable Illnesses	Dates Completed
<p><b>Varicella (Chicken Pox – Live Vaccine)</b> Check Varicella Zoster Virus IgG. If negative consider vaccination. Can be considered in patients on “low dose” immunosuppression (prednisone ≤20mg/day, MTX, 6-MP, azathioprine), but not on biologics. Can administer &gt; 4 weeks prior to starting biologics.</p>	
<p><b>Herpes Zoster (Shingles – Non-Live Recombinant Vaccine (RZV))</b> Recommended for patients taking low-dose immunosuppressive therapy and persons anticipating immunosuppression. Recommendations regarding the use of RZV in patients already on higher doses immunosuppression have not yet been made by the CDC.</p>	
<p><b>MMR (Live Vaccine)</b> Contraindicated in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.</p>	
<p><b>Diphtheria and Pertussis (Non-Live Vaccine)</b> Vaccinate with Tdap if not given within last ten years, or if Td ≥ 2 years.</p>	
<p><b>Influenza (Non-Live Vaccine)</b> One dose annually to all patients during flu season. Avoid intranasal live vaccine in immunosuppressed patients.</p>	
<p><b>HPV (Non-Live Vaccine)</b> Related to cervical and anal cancer. Three doses approved for females and males ages 9-26 (regardless of immunosuppression).</p>	
<p><b>Hepatitis A (Non-Live Vaccine)</b> Safe to administer to at-risk patients regardless of immunosuppression.</p>	
<p><b>Hepatitis B (Non-Live Vaccine)</b> Check hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody before initiating anti-TNF therapy. If non-immune consider vaccination series with non-live hepatitis B vaccine, 3 doses. If active viral infection or core Ab positive, check PCR and withhold anti-TNF therapy until active infection is excluded or treated appropriately.</p>	
<p><b>Meningococcal Meningitis (Non-Live Vaccine)</b> Vaccinate at-risk patients (college students, military recruits) if not previously vaccinated regardless of immunosuppression.</p>	
<p><b>Pneumococcal Pneumonia (Non-Live Vaccine)</b> If not immunosuppressed: Consider vaccination with PSV23 (Pneumovax®). If immunosuppressed: Vaccinate with PCV13 (Prevnar®) followed by PSV23 (Pneumovax®) ≥ 8 weeks later followed by PSV23 booster after 5 years.</p>	

Bone Health	Dates Completed
<p><b>Vitamin D 25-OH Level</b> Serial monitoring of vitamin D levels, supplement if deficient.</p>	
<p><b>Bone Density Assessment</b> Assess bone density if the following conditions are present: <b>1.</b> Steroid use &gt; 3 months; <b>2.</b> Inactive disease but past chronic steroid use of at least 1 year within the past 2 years; <b>3.</b> Inactive disease but maternal history of osteoporosis; <b>4.</b> Inactive disease but malnourished or very thin; <b>5.</b> Inactive disease but amenorrheic; <b>6.</b> Post menopausal women; regardless of disease status.</p>	
<p><b>Prescription of Calcium &amp; Vitamin D</b> Co-prescription of calcium and vitamin D tablets for all patients with each course of oral corticosteroids and if vitamin D deficient or insufficient.</p>	

Wasan SK et al. *Am J Gastroenterol.* 2010;105(6):1231-1238.

Kornbluth A et al. *Am J Gastroenterol.* 2010;105(3):501-523.

National Cancer Institute Web site. *Skin Cancer Screening (PDQ®).* March 1, 2013.

<http://www.cancer.gov/cancertopics/pdq/screening/skin/HealthProfessional>. Accessed April 5, 2013.

Qiagen® Web site. *Professional guidelines cervical cancer screening.*

<http://thehpvtest.com/about-the-digene-hpv-test/guidelines-for-hpv-testing/?LanguageCheck=1>. Accessed April 5, 2013.

The American Congress of Obstetricians and Gynecologists Web site. <http://www.acog.org>. Accessed April 5, 2013.

Doeling KL, Guo A, Patel M, et al. *Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines.* *MMWR Morb Mortal Wkly Rep.* 2018. Jan 26;67(3):103-108

Therapy Related Testing	Dates Completed
<p><b>Mesalamines</b> Annual renal function monitoring.</p>	
<p><b>Corticosteroids – See Bone Health</b> Document plan and use of corticosteroid-sparing therapy. Consider ophthalmology exam.</p>	
<p><b>Thiopurines</b> TPMT, CBC, and liver function prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.</p>	
<p><b>Methotrexate</b> CBC, liver, and renal function prior to initiating therapy. Routine CBC, liver, and renal function monitoring while on therapy.</p>	
<p><b>Anti-TNFα/Anti-IL-12/23</b> Tuberculosis (TB) screening prior to initiating therapy with PPD skin testing and/or QuantiFeron-TB Gold assay. Chest X-Ray if high-risk and/or indeterminate PPD or QuantiFeron-TB Gold. Perform annual TB risk assessment and consider re-testing if high risk (including travel to endemic region). See Hepatitis B vaccine. CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.</p>	
<p><b>Natalizumab</b> Enrollment in TOUCH program. Check JCV antibody and treat if negative. Retest JCV antibody q 4-6 months prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.</p>	
<p><b>Vedolizumab</b> CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.</p>	
<p><b>Tofacitinib</b> CBC, liver, fasting lipid profile, and tuberculosis (TB) screening with PPD skin testing and/or QuantiFeron-TB Gold assay prior to initiating therapy. Chest X-Ray if highrisk and/or indeterminate PPD or QuantiFeron-TB Gold. Perform annual TB risk assessment and consider re-testing if high risk (including travel to endemic region). Routine CBC and liver function monitoring while on therapy. Fasting lipid profile 4-8 weeks after initiating therapy. Screen for risks of thrombosis at <a href="https://www.mdcalc.com/capri-score-venous-thromboembolism-2005">https://www.mdcalc.com/capri-score-venous-thromboembolism-2005</a>. Consider alternative therapies if high risk. History of prior varicella (chicken pox) infection, varicella vaccination or seropositive for varicella: vaccination against HZV should be strongly considered when treating with tofacitinib. The recombinant non-live vaccine is preferred, and necessary if the patient is already on immunosuppressive therapy.</p>	

Cancer Prevention	Dates Completed
<p><b>Colon Cancer</b> If ulcerative colitis beyond the rectum or Crohn's is present in at least 1/3 of the colon, perform annual or biannual surveillance colonoscopies for neoplasia detection after 8 years of disease. High definition scopes preferred; augmented imaging (NBI or dye-spray) and targeted biopsies recommended.</p>	
<p><b>Cervical Cancer</b> Annual PAP smears if immunocompromised.</p>	
<p><b>Skin Cancer</b> Annual visual exam of skin by dermatologist if immunocompromised and recommend sun exposure precautions.</p>	

Miscellaneous	Dates Completed
<p><b>Assessment of anatomic location and activity</b></p>	
<p><b>Smoking Cessation</b> Discuss at every visit.</p>	
<p><b>Nutritional Assessment</b> B12 if ileal disease or resection, iron panel. Assess for risk of malnutrition.</p>	
<p><b>Behavioral Health</b> Screen and address mental health co-morbidities.</p>	

Rubin, L.G., et al. 2013 *IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host.* *Clin Infectious Dis;* Dec 2013.

1. <https://www.mdcalc.com/capri-score-venous-thromboembolism-2005>, accessed Feb 9, 2020.

2. <https://www.cdc.gov/vaccines/vpd/shingles/hcp/index.html>, accessed Feb 9, 2020.