

# Vaccinations and IBD

The management of inflammatory bowel disease (IBD) may include drugs that suppress your immune system. Before commencing treatment with a drug that alters your immune system, your IBD team will check your immunity to certain diseases and may ask you to undergo vaccination.

It is also important to speak to your IBD team about your travel plans to ensure any special travel vaccinations you need are up to date.

## General information regarding vaccination

In general, it is recommended that patients with IBD are up to date with vaccinations according to the Australian recommendations, as outlined and continually updated in the [Australian Immunisation Handbook](#).

Most vaccines are regarded as safe for all patients with IBD. However, some vaccines (“live vaccines”) contain ‘live’ weakened viruses to boost your immunity against those diseases as outlined in Table 1. Speak to your IBD team before receiving any of these vaccines to make sure you are safe. These are NOT recommended if you have already commenced medications that suppress the immune system. The vaccines can be safely given to patients with IBD at least 3 weeks before starting these medications. You can ask your doctor for a medical exemption letter for the vaccines you cannot receive.

Medications that suppress the immune system include:

- Steroids (prednisolone)
- Immunomodulators such as azathioprine, mercaptopurine, methotrexate
- Biologics such as infliximab, adalimumab, vedolizumab, ustekinumab, golimumab
- Tofacitinib
- Tacrolimus and cyclosporin

All patients with IBD (regardless of whether they are on medication) should have and remain up to date with vaccinations for:

- Influenza (flu) vaccine every year
- Pneumococcal (pneumonia) vaccine
- Hepatitis B vaccine



hedgehog94 | Shutterstock.com

- Human papilloma virus vaccine (if aged 9-18, or at any age if on the above immunosuppressive medications)
- Tetanus vaccine
- COVID-19 vaccine

Most patients will be checked for immunity to certain diseases before starting IBD medications. These include chickenpox, hepatitis B and exposure to tuberculosis (TB).

- Your IBD team may recommend vaccination against preventable diseases through your GP.

For further information refer to advice on the [Covid-19 vaccination in patients with gastrointestinal and liver disorders](#) on the GESA website.

## Specific situations regarding vaccination

### *Live vaccines and pregnancy and newborns*

Pregnant women on immunosuppressive therapies should avoid all live vaccines, including for measles/mumps/rubella (MMR), and should discuss other vaccines with their IBD team or GP.

**Table 1: Classification of vaccines**

<p>✗ = not recommended whilst on immunosuppressive therapy*</p> <p><b>Live Vaccines Against Viruses</b></p> <ul style="list-style-type: none"> <li>✗ Herpes zoster (Zostavax)</li> <li>✗ Japanese encephalitis (depends on brand)</li> <li>✗ Measles/mumps/rubella (MMR)</li> <li>✗ Measles/mumps/rubella/varicella (MMRV)</li> <li>✗ Rotavirus</li> <li>✗ Rubella</li> <li>✗ Varicella (chickenpox)</li> <li>✗ Yellow fever</li> </ul>	<p>✓ = safe whilst on immunosuppressive therapy</p> <p><b>Inactivated Vaccines Against Viruses</b></p> <ul style="list-style-type: none"> <li>✓ COVID-19</li> <li>✓ Hepatitis A</li> <li>✓ Hepatitis B</li> <li>✓ Human papilloma virus (HPV)</li> <li>✓ Influenza (flu)</li> <li>✓ Inactivated poliomyelitis (IPV)</li> <li>✓ Japanese encephalitis (depends on brand)</li> <li>✓ Rabies</li> <li>✓ Recombinant non-live Herpes Zoster (Shingrix)</li> </ul>
<p><b>Live Vaccines Against Bacteria</b></p> <ul style="list-style-type: none"> <li>✗ Oral typhoid</li> <li>✗ Tuberculosis (BCG)</li> </ul>	<p><b>Inactivated Vaccines Against Bacteria</b></p> <ul style="list-style-type: none"> <li>✓ Diphtheria-tetanus (dT)</li> <li>✓ Diphtheria-tetanus-pertussis (dTpa)</li> <li>✓ Haemophilus influenza type B (HiB)</li> <li>✓ Injectable typhoid</li> <li>✓ Meningococcal</li> <li>✓ Oral cholera</li> <li>✓ Pneumococcal (pneumonia)</li> <li>✓ Q fever</li> </ul>

\*Discuss the timing of these vaccinations with your IBD team

Mothers on biologic therapies should discuss vaccination of their infant with their IBD team, as the medications taken during pregnancy can influence the safety of live vaccinations after birth. The main one affected on the schedule in Australia is rotavirus vaccine.

You can ask your doctor for a medical exemption letter for the vaccines you cannot receive. These include letters for yourself and your children (in the case of rotavirus vaccine). This may increase your risk of acquiring the diseases you would be protected from otherwise.

## Travel vaccinations

If you are planning travel, it is important to discuss this with your IBD team and doctors in travel clinics at least 6-8 weeks prior to leaving. This allows for vaccinations to be given to you if required and/or advised by your



egd | Shutterstock.com

doctors. It would be advisable to attend an expert travel clinic to ensure you are adequately prepared for the regions you plan on visiting on your trip.

- As outlined above, if you are on certain medications for your IBD that suppress the immune system, you may find you cannot take live vaccinations (table 1 above)

- Consider your travel destination carefully. If diseases that you cannot get vaccinated against are present in the country of your travel, you should consider choosing a different destination if possible.
- Carry a vaccination card with you on your travel.
- For helpful travel tips, see our separate [Travel and IBD information sheet](#).

Some travel vaccines such as hepatitis A and rabies, whilst being safe, may not be as effective when taking medications for IBD due to a suppressed immune system.

Discuss this with your doctors.

## Acknowledgements:

This resource was developed in 2021 by the **GESA IBD Patient Information Materials Working Group** that included the following health professionals:

Mayur Garg (Chair, Gastroenterologist)	Susan Connor (Gastroenterologist)	Heidi Harris (IBD Clinical Nurse Consultant)	Marion O'Connor (IBD Clinical Nurse Consultant)
Aysha Al-Ani (Gastroenterologist)	Sam Costello (Gastroenterologist)	Katherine Healy (Senior Gastrointestinal Dietitian)	Meera Rajendran (IBD Pharmacist)
George Alex (Gastroenterologist - Paediatric)	Basil D'Souza (Colorectal Surgeon)	Simon Knowles (Specialist Gastrointestinal Psychologist)	Clarissa Rentsch (IBD Pharmacist)
Vinna An (Colorectal Surgeon)	Alice Day (Senior Gastrointestinal Dietitian)	Taryn Lores (Health Psychologist)	Sally Stockbridge (CCA Consumer Representative)
Jakob Begun (Gastroenterologist)	Kevin Greene (Consumer Representative)	Raphael Luber (Gastroenterologist)	Julie Weldon (CCA Consumer Representative)
Maryjane Betlehem (Stomal Therapy Nurse)	Geoff Haar (IBD Pharmacist)	Antonina Mikocka-Walus (Specialist Gastrointestinal Psychologist)	Charys Winter (IBD Clinical Nurse Consultant)
Robert Bryant (Gastroenterologist)	Emma Halmos (Senior Gastrointestinal Dietitian)		
Britt Christensen (Gastroenterologist)	Dietitian)		
Rosemary Clerehan (Educational Linguist)	Tim Hanrahan (Gastroenterology Trainee)		

Requests and enquiries concerning reproduction and rights should be addressed to: Gastroenterological Society of Australia (GES)  
Level 1 517 Flinders Lane Melbourne VIC 3000 | Phone: 1300 766 176 | email: [gesa@gesa.org.au](mailto:gesa@gesa.org.au) | Website: <http://www.gesa.org.au>

This document has been prepared by the Gastroenterological Society of Australia and every care has been taken in its development. The Gastroenterological Society of Australia and other compilers of this document do not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use, or use within your organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved. © 2021 Gastroenterological Society of Australia ABN 44 001 171 115.