

INFECTIONS (GENERAL)

- **Immunoglobulin levels <400 mg/dL** are associated with an increased risk of infections; therefore, baseline IgG levels should be checked prior to rituximab treatment.⁽¹⁾
- Patients who experience evidence of severe infection (high-grade fever, chills, shock) should be admitted immediately to a specialized unit, whose physicians should be given detailed information on the treatment received.
- In patients who have no signs that emergency care is in order, specimens for microbiological tests should be obtained routinely before starting antimicrobial therapy. Other tests should be obtained as indicated by the clinical picture (e.g., chest radiograph and blood gas levels in a patient with a cough or dyspnoea).
- The antibiotic regimen should then be chosen based on the clinical setting.⁽²⁾

Recommended immunizations prior to Rituximab therapy⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾

- Pneumococcal vaccines
- Influenza A and B and haemophilus influenza B in combination with meningitis C.
- Hepatitis B
- Booster injections of tetanus and/or polio as appropriate.

Response to vaccines may be ineffective in patients receiving Rituximab, vaccinations should be received at least 4 weeks prior to first dose of Rituximab.⁽¹⁾⁽²⁾

-
- (1) Smolen, J. S., E. C. Keystone, P. Emery, F. C. Breedveld, N. Betteridge, G. R. Burmester, M. Dougados, et al. 2007. "Consensus Statement on the Use of Rituximab in Patients with Rheumatoid Arthritis." *Annals of the Rheumatic Diseases* 66 (2): 143–50.
 - (2) Pham, Thao, Bruno Fautrel, Jacques-Eric Gottenberg, Philippe Goupille, Eric Hachulla, Charles Masson, Jacques Morel, et al. 2008. "Rituximab (MabThera) Therapy and Safety Management. Clinical Tool Guide Developed by the Rheumatic Diseases & Inflammation Group (Club Rhumatismes et Inflammation, CRI) of the French Society for Rheumatology (Société Française de Rhumatologie, SFR)." *Joint, Bone, Spine: Revue Du Rhumatisme* 75 (June): S2–99.
 - (3) Ntatsaki, Eleana, David Carruthers, Kuntal Chakravarty, David D'Cruz, Lorraine Harper, David Jayne, Raashid Luqmani, et al. 2014. "BSR and BHPR Guideline for the Management of Adults with ANCA-Associated Vasculitis." *Rheumatology* 53 (12): 2306–9.
 - (4) Cortazar, Frank B., William F. Pendergraft 3rd, Julia Wenger, Charles T. Owens, Karen Laliberte, and John L. Niles. 2017. "Effect of Continuous B Cell Depletion With Rituximab on Pathogenic Autoantibodies and Total IgG Levels in Antineutrophil Cytoplasmic Antibody-Associated Vasculitis." *Arthritis & Rheumatology* (Hoboken, N.J.) 69 (5): 1045–53.

