

Vaccine	Vaccine Type (Live vs Non-live)	Information & Tips
COVID-19	Non-live	<p>Stay Up to Date with Covid-19 Vaccines at <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a></p>
<p>“Chicken Pox” Varicella (VAR)</p>	<p>Live</p> <p><i>The varicella (chicken pox) vaccine is not recommended when taking certain /BO medications, such as biologics or other immunosuppressants including corticosteroids.</i></p> <p><i>Providers may recommend the chickenpox vaccine for patients on low-dose immunosuppression (e.g., ≤20 mg/day prednisone, ≤0.4 mg/kg/week MTX, ≤1.5 mg/kg/day 6-MP, ≤ 3 mg/kg/day azathioprine.)</i></p>	<p>The varicella vaccine is the best way to protect you from getting the chicken pox. It is recommended that people 13 years of age and older who have never had chickenpox or received the chickenpox vaccine get two doses, at least 28 days apart. The chickenpox vaccine was added to the childhood immunization schedule in 1995, so most people born prior to 1995 had a higher likelihood of getting chickenpox and getting immunity that way.</p> <p>Note that even if you had chickenpox in the past, your immunity may have weakened over time. Your healthcare provider may check your chickenpox immunity with a blood test called a titer (Varicella IgG). If you have low immunity, you may be recommended to receive 2 doses of the chickenpox vaccine.</p> <p>It is recommended to check with your GI provider before receiving the Varicella vaccine regardless of what medication you are on or what dose you are taking.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• Two doses (4-8 weeks apart)</li> </ul>
<p>“Flu” Influenza inactivated (IIV)</p>	<p>Non-live when given as an injection Live when given intranasally</p>	<p>Getting the flu shot yearly is the best way to protect you from getting the flu.</p> <p>It is recommended to receive the flu shot (non-live) and not the nasal mist (live vaccine).</p> <p>If possible, members of your household should also opt for the flu shot and avoid the nasal mist.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• One dose every year</li> </ul>

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Hepatitis A (HepA)	Non-live	<p>The CDC recommends the HepA vaccine for special situations such as prior to traveling to specific countries.</p> <p>Please talk to your primary care doctor about whether you should receive the HepA vaccine.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• 3-dose series (Twinrix): at 0, 1, and 6 months</li> <li>• Or 2-dose series HepA: <ul style="list-style-type: none"> <li>Havrix 6-12 months apart</li> <li>Vaqta 6-18 months apart</li> </ul> </li> </ul>
Hepatitis B (HepB)	Non-live	<p>You can protect yourself against Hepatitis B infections/reinfections by receiving the Hepatitis B vaccine series, especially if you are on certain IBD medications.</p> <p>If you are starting or already receiving any Anti-TNF (Remicade® and infliximab biosimilars, Humira®, Cimzia®, Simponi®), talk to your GI provider about your HepB immunity.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• 3-dose series (Engerix-B or Recombivax HB): at 0, 1, and 6 months</li> <li>• Or 2-dose series Heplisav-B: at 0, 1 month</li> </ul>
Herpes Zoster recombinant (RZV)	Non-live	<p>Getting the Shingrix (Herpes Zoster) vaccine is the best way to protect yourself against getting shingles, especially when you are on certain IBD therapies (Xeljanz®, Rinvoq®, Zeposia®, Velsipity®, Azathioprine, 6-MP) or if you are above age 50 or above the age of 18 and are or will be at increased risk of HZ due to immunodeficiency or immunosuppression caused by known disease or therapy. It is recommended you speak to your GI and primary care provider to determine if you should receive Shingrix.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• Two doses (2-6 months apart)</li> </ul>

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Human papillomavirus (HPV)	Non-live	<p>The HPV vaccine can protect against some HPV types that commonly cause cervical cancer and genital warts. The CDC recommends the HPV vaccine for males and females between the ages of 9 and 26 and some adults aged 27 to 45 years.</p> <p>It is recommended you speak to your primary care provider about your risk for HPV infections and the possible benefits of vaccination.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• Before 15 years: two doses</li> <li>• (at 0 and 6-12 months)</li> <li>• After 15 years: three doses</li> <li>• (at 0, 1-2, and 6 months)</li> </ul>
Measles, Mumps, and Rubella (MMR)	<p>Live</p> <p>This vaccine should not be administered when taking certain IBD medications, such as biologics or immunosuppressants including corticosteroids.</p> <p>Providers may recommend the <b>MMR vaccine for patients on low-dose</b> immunosuppression (e.g., <math>\leq 20</math> mg/day prednisone, <math>\leq 0.4</math> mg/kg/week MTX, <math>\leq 1.5</math> mg/kg/day 6-MP, <math>\leq 3</math> mg/kg/day azathioprine.)</p>	<p>The MMR vaccine protects you against Measles, Mumps, and Rubella and is routinely completed by 6 years old. This vaccine, particularly its immunity to Rubella, is especially important for women of child-bearing age.</p> <p>It is recommended to speak with your GI or primary care provider before receiving the live MMR vaccine.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• One or two doses (1 month apart)</li> <li>• According to immunological status and risk factors</li> </ul>
Meningococcal A, C, W, Y (MenACWY)	Non-live	<p>Meningococcal A, C, W, Y (MenACWY) is typically given at 11-12 years, and 16 years of age.</p> <p>This vaccine is recommended for first-year college students who live in residential housing and military recruits. It is recommended to speak to your primary care provider about the timing of this vaccine if you had not received it within the 5 years of starting college.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• One or two doses, 2 months apart</li> </ul>

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Meningococcal B (MenB)	Non-live	<p>Meningococcal group B (MenB) recommended for those 16-23 years old</p> <p>It is recommended you speak to your primary care provider about whether you may need the Meningococcal B vaccine.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• 2-dose series MenB-4C ( Bexsero) at least 1 month apart</li> <li>• Or 3-dose primary series MenB-FHbp (Trumenba) at 0, 1-2, 6 months</li> </ul>
Pneumococcal conjugates (PCV13, PCV15, PCV20)	Non-live	<p>PCV13 (Pevnar 13®), PCV15 (Pevnar15®), PCV20 (Pevnar20®) is a routine vaccination for those with chronic medical conditions, like IBD, that can protect patients against pneumonia. It is recommended you speak to your GI and primary care provider about whether you should receive these vaccines.</p> <p>Pevnar 7 ® was a routine vaccination for infants up until February 2010, when the other Pevnar vaccines replaced it. Studies show that patients with IBD, regardless of age, would benefit from this one-time vaccination. PPSV23 can be given at least 8 weeks from PCV13 and PCV15. PPSV23 is not recommended if the patient received PCV20</p>

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<p>23-valent Pneumococcal polysaccharide (PPSV23)</p>	<p>Non-live</p>	<p>PPSV23 (Pneumovax®) is a routine vaccination for those with chronic medical conditions, like IBD, that can protect you against pneumonia.</p> <p>It is recommended you speak to your GI and primary care provider about whether you should receive the Pneumovax® 23 vaccine.</p> <p><b><u>Vaccination Schedule</u></b></p> <ul style="list-style-type: none"> <li>• 1 dose PPSV23 (at least 8 weeks after PCV13), with booster PPSV23 dose after at least 5 years</li> <li>• PPSV23 is not recommended if you received PCV20</li> <li>• Age 65 years or older: administer 1 dose PPSV23 at least 5 years after most recent PPSV23</li> </ul> <p><i>Notes:</i></p> <p>1) <i>If you receive the Pneumovax® before your Prevnar 13® or Prevnar 15® or Prenar20® vaccine, the earliest you should receive Prevnar13® or Prevnar15® or Prenar20® is one year later.</i></p> <p>2) <i>Only 1 dose PPSV23 recommended at age 65 years or older and must be administered at least 5 years after having received PPSV23 before the age of 65.</i></p>
<p>Respiratory Syncytial Virus (RSV)</p>	<p>Non-live</p>	<p>Adults 60 years of age and older may receive a single dose of RSV vaccine using shared clinical decision-making.</p> <p>Women may receive a single dose of the RSV vaccine between 32-36 weeks of pregnancy to protect babies from severe RSV.</p> <p>Infants younger than 8 months born during or entering their first RSV season and infants and children 8-19 months old who are at increased risk for severe RSV disease and entering their second RSV season may receive the RSV vaccine.</p> <p>It is recommended you speak to your GI, OB and primary care provider about whether you should receive the RSV vaccine.</p>