

IBD Checklist for Monitoring & Prevention™

Patient's Name: _____

MR#: _____ D.O.B.: _____

Vaccine Preventable Illnesses	Dates Discussed	Dates Completed
Varicella (Chicken Pox - Live Vaccine) 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 > 4 weeks prior to starting biologics.		
Herpes Zoster (Shingles- Non-Live Recombinant Vaccine (RZV)) Recommended for patients taking low-dose immunosuppressive therapy and persons anticipating immunosuppression. Recommendations regarding the use of RZV in patients already on higher dose immunosuppression have not yet been made by the CDC.		
MMR (Live Vaccine) Contraindicated in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.		
Diphtheria and Pertussis (Non-Live Vaccine) Vaccinate with Tdap if not given within last ten years, or if Td ≥ 2 years.		
Influenza (Non-Live Vaccine) One dose annually to all patients during flu season. Avoid intranasal live vaccine in immunosuppressed patients.		
HPV (Non-Live Vaccine) Related to cervical and anal cancer. Three doses approved for females and males ages 9-26 (regardless of immunosuppression).		
Hepatitis A (Non-Live Vaccine) Safe to administer to at-risk patients regardless of immunosuppression.		
Hepatitis B (Non-Live Vaccine) 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.		
Meningococcal Meningitis (Non-Live Vaccine) Vaccinate at-risk patients (college students, military recruits) if not previously vaccinated regardless of immunosuppression.		
Pneumococcal Pneumonia (Non-Live Vaccine) 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.		

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

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/?Langua=geCheck=1>. Accessed April 5, 2013.

Therapy Related Testing	Dates Discussed	Dates Completed
Mesalamines Annual renal function monitoring.		
Corticosteroids - See Bone Health Document plan and use of corticosteroid-sparing therapy. Consider ophthalmology exam.		
Thiopurines TPMT, CBC, and liver function prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.		
Methotrexate CBC, liver, and renal function prior to initiating therapy. Routine CBC, liver, and renal function monitoring while on therapy.		
Anti-TNFα/Anti-IL-12/23 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.		
Natalizumab 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.		
Vedolizumab CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.		
Tofacitinib 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 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). Routine CBC and liver function monitoring while on therapy. Fasting lipid profile 4-8 weeks after initiating therapy. See Zoster recommendation prior to treatment.		

Cancer Prevention	Dates Discussed	Dates Completed
Colon Cancer If ulcerative colitis beyond the rectum or Crohn's is present in at least 1/3 of the colon, perform annual or bi-annual surveillance colonoscopies with targeted mucosal sampling; consider chromoendoscopy if available, to assess for dysplasia after 8-10 years or history of dysplasia.		
Cervical Cancer Annual PAP smears if immunocompromised.		
Skin Cancer Annual visual exam of skin by dermatologist if immunocompromised and recommend sun exposure precautions.		

Miscellaneous	Dates Discussed	Dates Completed
Assessment of anatomic location and activity		
Smoking Cessation Discuss at every visit.		
Nutritional Assessment B12 if ileal disease or resection, iron panel.		

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

Dooling 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

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