GESA
Gastroenterological Society of Australia

Information about

Vaccinations and IBD

Treatment of inflammatory bowel disease (IBD) may include drugs that suppress your immune system. Before starting treatment with one of these drugs, your IBD team will check your immunity to certain diseases and may ask you to have one or more vaccinations.

It's also important to talk to your IBD team about any travel plans you may have, to ensure you are up to date with any special vaccinations you may need for the places you are going.

General information about vaccination

In general, it's recommended that people with IBD stay up to date with vaccinations, according to the continually updated recommendations in the Australian Immunisation Handbook (AIH).

Most vaccines are considered safe for people with IBD. However, some vaccines contain a "live" weakened virus or bacterium to boost your immunity against the disease (see Table 1). Talk to your IBD team before you get any of these live vaccines to make sure you stay safe. The live vaccines are NOT recommended if you have already started taking medicine that suppresses your immune system ("immunosuppressive therapy"). They can be safely given to people with IBD at least 3 weeks before starting these medicines. You can ask your doctor for a medical exemption letter for the vaccines you can't safely receive. Medicines that suppress the immune system include:

- steroids (prednisolone)
- immunomodulators, like azathioprine, mercaptopurine and methotrexate
- biologic drugs, like infliximab, adalimumab, vedolizumab, ustekinumab and golimumab
- tofacitinib, upadacitinib, ozanimod and etrasimod
- tacrolimus and cyclosporin.

All people with IBD (whether or not they are taking medication) should have and remain up to date with the following vaccinations:

- influenza (flu) vaccine every year
- pneumococcal (pneumonia) vaccine
- hepatitis B vaccine

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- human papillomavirus vaccine (if aged 9–18 years, or at any age if taking immunosuppressive therapy)
- tetanus vaccine
- COVID-19 vaccine, depending on your age and how compromised your immune system is.

Eligible people with IBD (in line with the AIH and National Immunisation Program funding criteria) should also remain up to date with the following vaccinations:

- respiratory syncytial virus (RSV) vaccine
    - Arexvy or Abrysvo vaccine for people aged 60 years or older who are taking immunosuppressive therapy
    - only Abrysvo vaccine for pregnant women at 28–36 weeks' gestation
- shingles (herpes zoster) vaccine
    - Shingrix vaccine for people who are taking or have taken any of the following medicines within the past 6 months: high-dose conventional immunosuppressive agents (azathioprine, mercaptopurine, tioguanine, methotrexate, tacrolimus, cyclosporin), some biologic drugs (infliximab, adalimumab) and small-molecule therapies (upadacitinib, tofacitinib, ozanimod, etrasimod).

Table 1. Classification of vaccines

✖ = not recommended while taking immunosuppressive therapy*	✓ = safe while taking immunosuppressive therapy
Live vaccines against viruses	**Inactivated vaccines against viruses**
✖ Japanese encephalitis (depends on brand) ✖ Measles–mumps–rubella (MMR) ✖ Measles–mumps–rubella–varicella (MMRV) ✖ Varicella (chickenpox) ✖ Yellow fever	✓ COVID-19 ✓ Hepatitis A ✓ Hepatitis B ✓ Human papillomavirus (HPV) ✓ Influenza (flu) ✓ Inactivated poliomyelitis ✓ Japanese encephalitis (depends on brand) ✓ Rabies ✓ Recombinant non-live herpes zoster (shingles; Shingrix) ✓ Respiratory syncytial virus (Abrysvo, Arexvy)
Live vaccines against bacteria	**Inactivated vaccines against bacteria**
✖ Oral typhoid ✖ Tuberculosis (BCG) ✖ Oral cholera (depends on brand)	✓ Diphtheria–tetanus (dT) ✓ Diphtheria–tetanus–pertussis (dTpa) ✓ Haemophilus influenza type B (HiB) ✓ Injectable typhoid ✓ Meningococcal ✓ Oral cholera (depends on brand) ✓ Pneumococcal (pneumonia) ✓ Q fever

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

Most people with IBD will be checked for immunity to certain diseases, like chickenpox and hepatitis B, before starting IBD medicines. You may also be checked to see if you have been exposed to tuberculosis (TB).

Your IBD team may recommend you get vaccinated against preventable diseases by your GP or community pharmacist.

Vaccination in specific situations

Vaccinations in pregnant women and newborns

Pregnant women taking immunosuppressive therapy should avoid all live vaccines, including those for measles–mumps–rubella (MMR), and should talk to their IBD team or GP about other vaccines.

Mothers taking biologic drugs should talk to their IBD team about vaccination of their infant, as medicines taken during pregnancy can affect the safety of live vaccines for the baby. It is now recommended that the rotavirus vaccine can be given to babies of mothers exposed to biologic medications in pregnancy. Please discuss this with your doctor.

You can ask your doctor for a medical exemption letter for the vaccines you can't safely receive. Not being able to receive these vaccines may increase your or your children's risk of acquiring a disease that you or they would otherwise be protected from.

Travel vaccinations

If you are planning any travel, it's important to discuss this with your IBD team and doctors in travel clinics at least 6–8 weeks before leaving. This allows time to get vaccinations if needed or if advised by your doctors. It's a good idea to attend an expert travel clinic to ensure you are properly prepared for the places you plan on visiting on your trip.

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- As outlined above, if you are using certain medicines for your IBD that suppress your immune system, you may find you cannot receive live vaccines (Table 1).
- Consider your travel destination carefully. If diseases that you can't get vaccinated against are present in the country you intend to travel to, you should think about choosing a different destination if possible.
- Carry a vaccination card with you on your trip.
- For helpful travel tips, see our separate IBD – Travel information sheet on the GESA website.

Some travel vaccines, like those for hepatitis A and rabies, although safe, may not be as effective when you are taking immunosuppressive therapy for IBD. Discuss this with your doctors.

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