

UCSF Health

Staying Healthy with Inflammatory Bowel Disease

UCSF Center for Crohn's and Colitis

March 24, 2022

Staying Healthy with IBD

“An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

- Preventing Infections (including COVID)
- Preventing Cancer
- Preventing Complications from Steroid Use
- Exercise and Diet
- Mental Health

Preventing Infections

- Many patients with IBD are on medications that suppress the immune system
- Patients that are not on immunosuppressive medications may require them in the future

Preventing Infections

- Live vaccines= inoculation with weakened living form (measles, rotavirus, yellow fever)
 - Small chance of getting sick if immune system suppressed
- Inactive vaccines= inoculation with non-living particles (polio, pertussis, tetanus)
 - No risk of getting sick

Recommendation: Immunosuppressed IBD patients should avoid live vaccines, but inactive vaccines are safe

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) 1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)	2 doses		
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

Which vaccines to get?



All adults:

- Childhood vaccine series
- Influenza
- Tdap booster
- COVID Vaccine

Immunocompromised Adults:

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Pneumonia
- Zoster

Pneumonia Vaccination

New CDC Recommendations



- **Adults 19 through 64 years old** with certain medical conditions or other risk factors who have not already received a pneumococcal conjugate vaccine should receive either:
 - a single dose of PCV15 followed by a dose of pneumococcal polysaccharide vaccine (PPSV23), or
 - a single dose of PCV20.
- **Adults 65 years or older** who have not already received a pneumococcal conjugate vaccine should receive either:
 - a single dose of PCV15 followed by a dose of PPSV23, or
 - a single dose of PCV20.

Shingles

Recombinant Shingles Vaccine “Shingrix”



- July 2021 FDA expanded the indication to include adults aged ≥ 18 years who are or will be at increased risk for shingles because of immunosuppression
- Can be given at 0 and 1-2 months as opposed to 0 and 2-6 months which is the recommendation in patients 50 and older

COVID Vaccine Recommendations

Table 1. Immunization schedule for persons 5 years of age and older

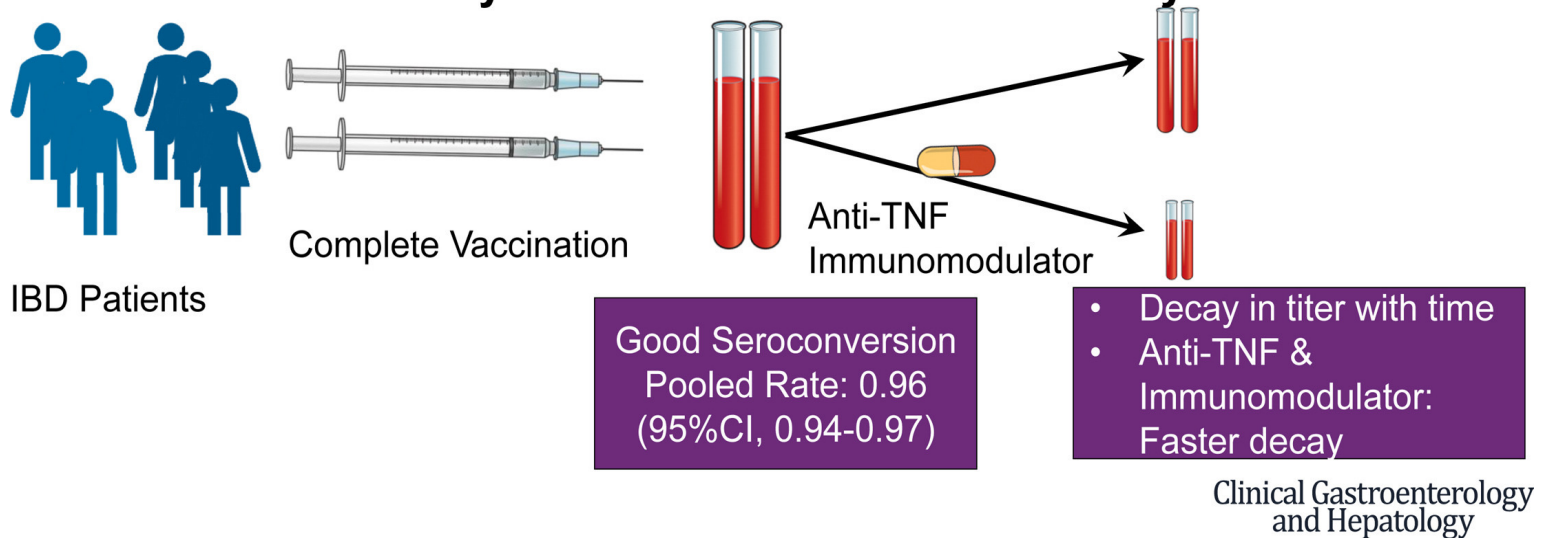
Recipient Age	Product**	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series†§	Booster Dose†¶	Primary Series†§	Booster Dose†¶
Type: mRNA vaccine					
18 years and older	Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap	2 doses. Separate: Dose 1 and 2 by at least 3 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
	Moderna	2 doses. Separate: Dose 1 and 2 by at least 4 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 4 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
Recipient Age	Product**	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series†§	Booster Dose†¶	Primary Series†§	Booster Dose†¶
Type: Viral vector vaccine					
18 years and older	Janssen††	1 dose	At least 8 weeks after Dose 1	2 doses. Separate: Dose 1 and 2 by at least 28 days††. Dose 2 MUST be a mRNA vaccine	At least 8 weeks after Dose 2

COVID Vaccine Recommendations

Persons Who ARE Moderately or Severely Immunocompromised	
Primary Series^{‡§}	Booster Dose[¶]
3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
3 doses. Separate: Dose 1 and 2 by at least 4 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3

COVID Vaccine response

Effectiveness and Durability of COVID-19 Vaccination in 9447 Patients with IBD: A Systematic Review and Meta-Analysis



Jena, et al. CGH 2022

COVID Pre-Exposure Prophylaxis

Should all IBD patients get Evusheld (tixagevimab + cilgavimab)?

FDA Emergency Use Authorization for:

Moderate to severe immunocompromise due to receipt of immunosuppressive medications or treatments and may not mount an immune response to COVID-19 vaccination.

Check antibody status and consider if no response mounted

Staying Healthy with IBD

“An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

- Preventing Infections (including COVID)
- **Preventing Cancer**
- Preventing Complications from Steroid Use
- Exercise and Diet
- Mental Health

Preventing Cancer



- Some "immunosuppressive" drugs **make the immune system less able to detect and destroy cancer cells or fight off infections that cause cancer.**
- Inflammation in the colon can also increase the risk of colon cancer.

Preventing Cancer



Cancer Prevention	Which Patients	How Often
Cervical Cancer (Pap Smear)	All women on immunosuppression	Annual
Skin Cancer (Full Body Skin Exam)	All on systemic immunosuppression	Annual
Colon Cancer (Colonoscopy)	Colitis patients with extensive disease >8 years	Every 1-3 years

Staying Healthy with IBD

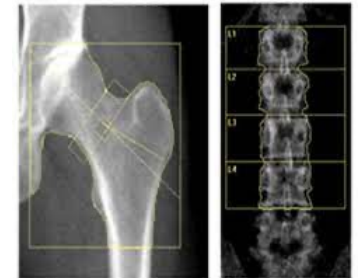
“An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

- Preventing Infections (including COVID)
- Preventing Cancer
- **Preventing Complications from Steroid Use**
- Exercise and Diet
- Mental Health

Preventing Complications of Steroids

Prolonged steroid use can cause:

- Weakened bone density → DEXA scan
→ Vitamin D and Calcium
- Glaucoma and cataracts → Annual eye exam



Staying Healthy with IBD

“An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

- Preventing Infections (including COVID)
- Preventing Cancer
- Preventing Complications from Steroid Use
- **Exercise and Diet**
- Mental Health

Exercise and Diet



- Active disease decreases physical activity
 - Limiting factors abdominal pain and fatigue
- Exercise may decrease risk of flare in both UC and CD
- Exercise improves skeletal health
- Exercise decreases colon cancer risk

Jones, et al IBD 2015

UCSF Health

Exercise and Diet

Diet- an entire town hall!

- Mediterranean diet
- Avoid highly processed foods

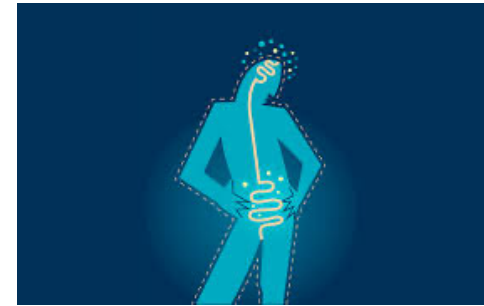


Staying Healthy with IBD

“An ounce of prevention is worth a pound of cure.” –Benjamin Franklin

- Preventing Infections (including COVID)
- Preventing Cancer
- Preventing Complications from Steroid Use
- Exercise and Diet
- **Mental Health**

Depression and Anxiety



- Depression and anxiety are common in IBD (up to 25% and twice as common than general population)
- Depression and anxiety symptoms associated with relapse and decreased response to medical treatment
- Antidepressants are safe in IBD and may be associated with less active disease

Farraye, et al; Am J Gastro, 2017

Thank you!

