

IBD Checklist for Monitoring & Prevention™

Name: _____

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

Vaccine-Preventable Illnesses	Dates Completed
COVID (SARS-CoV-2) Recommended for any age meeting local vaccine approval criteria, with any mRNA, nonreplicating viral vector, or subunit vaccine, regardless of immune suppression.	
Diphtheria and Pertussis (Non-Live Vaccine) Vaccinate with Tdap if not given within the last ten years or if Td ≥ 2 years.	
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.	
Herpes Zoster (Shingles) (Non-Live Recombinant Vaccine (RZV)) Recommended for all adults >50 yrs old regardless of immune suppression. Consider for patients ≥18 yrs old based on their risk, particularly if on a JAK inhibitor or S1P receptor modulator.	
HPV (Non-Live Vaccine) Recommended for all patients 9-26 yrs old. Consider in patients up to 45 yrs old on a case-by-case basis for those at risk, regardless of immune suppression.	
Influenza (Non-Live Vaccine) Annual dose of trivalent (or quadrivalent) for all patients during flu season. Avoid intranasal live vaccine in immunosuppressed patients.	
Meningococcal Meningitis (Non-Live Vaccine) Vaccinate at-risk patients (college students, military recruits) if not previously vaccinated, regardless of immunosuppression.	
MMR (Live Vaccine) Contraindicated in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.	
Pneumococcal Pneumonia (Non-Live Vaccine) For adults (19 years or older) who have never received a pneumococcal vaccine or w/unknown vaccination history, administer 1 dose PCV20 or 1 dose PCV15 followed by 1 dose PPSV23 at least 8 weeks later. For adults who previously received PPSV23 but have not received any pneumococcal conjugate vaccine (e.g., PCV13, PCV15, PCV20), administer one dose of PCV15 or PCV20 at least 1 year from PPSV23. For adults or children who received PCV13 but have not received all recommended doses of PPSV23, administer a single dose of PPSV23 >8 weeks after PCV13. If the patient <65 yrs old at first dose of PPSV23 and still <65 yrs old, administer a 2nd PPSV23 >5 years after 1st PPSV23. At 65 yrs old and >5 years since last PPSV23, administer final PPSV23.	
RSV (Non-Live Vaccine) Abrysvo & Arexvy approved by FDA & CDC for adults >60 years old. A single dose Abrysvo (bivalent (RSV-A and -B)) and Arexvy (bivalent (RSV-A) plus adjuvant) is safe for patients on immune therapies. In pregnancy, administer Abrysvo during weeks 32-36. Parents should consult with their pediatrician to determine if their infant/toddler should receive RSV monoclonal antibody (nirsevimab/palivizumab).	
Varicella (Chicken Pox) (Live Vaccine) Check for varicella zoster virus IgG. If negative, consider vaccination for patients not on immunosuppressants or planning to start immunosuppressants within 4 weeks of vaccination.	

Bone Health	Dates Completed
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.	
Calcium & Vitamin D Prescription Co-prescription of calcium and vitamin D tablets for all patients with each course of oral corticosteroids and if vitamin D deficient or insufficient (25(OH) D<40 ng/mL).	
Vitamin D 25-OH Level Serial monitoring of vitamin D levels, supplement if deficient.	

REFERENCES

<https://www.cancer.gov/types/skin/hp/skin-screening-pdq> accessed 4/27/2021

<https://www.cdc.gov/hpv/hcp/schedules-recommendations.html> accessed 4/27/2021

<https://www.acog.org/topics/immunization> accessed 4/27/2021

Rubin DT, et al. ACG Clinical Guideline: Ulcerative Colitis in Adults Am J Gastroenterol. 2019 Mar;114(3):384-413

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.

<https://www.mdcalc.com/caprin-score-venous-thromboembolism-2005>, accessed Feb 9, 2020

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Therapy-Related Testing	Dates Completed
Mesalamines/5-ASAs Annual renal function monitoring while on therapy. For sulfasalazine, additional monitoring of CBC and LFTs should be considered.	
Corticosteroids – Also 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. Consider NUDT15 polymorphism prior to dosing. Annual skin check and annual Pap smears should be performed.	
Methotrexate CBC, liver, and renal function prior to initiating therapy. Routine CBC, liver, and renal function monitoring while on therapy.	
S1P Receptor Modulators 1) Perform ECG/rhythm strip before initiating therapy. 2) CBC, liver function, and BP before initiating therapy and routine monitoring while on therapy. 3) Fundoscopic exam, including the macula, near the start of treatment and periodically while on treatment, specifically in patients with a history of uveitis or macular edema. 4) Skin examinations before or near the start of treatment and periodically while on therapy. 5) Confirm documented history of varicella (chicken pox) or documentation of full vaccination course or that VZV IgG is positive. Herpes zoster (shingles) vaccine should be strongly considered. See Varicella information for guidance on live vaccines.	
JAK Inhibitors 1) CBC and liver function at baseline and periodically while on therapy. 2) Tuberculosis (TB) screening with PPD skin testing and/or QuantiFeron-TB Gold assay before 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). 3) Baseline fasting lipids and fasting lipid profile 4-12 weeks after initiating therapy. Screen for risks of thrombosis at https://www.mdcalc.com/caprin-score-venous-thromboembolism-2005 . Consider alternative therapies if high risk. 4) Herpes zoster (shingles) vaccine strongly recommended.	
Anti-TNFa 1) Hepatitis B assessment and vaccine. 2) Tuberculosis (TB) screening before 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). 3) CBC, liver, and renal function before initiating therapy and routine monitoring while on therapy.	
Anti-Integrins Vedolizumab: CBC, liver, and renal function before initiating therapy and routine monitoring while on therapy. Natalizumab: CBC, liver, and renal function before initiating therapy and routine monitoring while on therapy. Enroll in TOUCH program. Check JCV antibody and treat if negative. Retest JCV antibody every 6 months after initiating therapy.	
Anti-IL12/23 & Anti-IL23 1) Hepatitis B assessment and vaccine. 2) Tuberculosis (TB) screening before 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). 3) CBC, liver, and renal function before initiating therapy and routine monitoring while on therapy, plus additional liver function up to 12 weeks of starting therapy for risankizumab and up to 24 weeks for mirikizumab.	

Cancer Prevention	Dates Completed
Colon Cancer If ulcerative colitis beyond the rectum or Crohn's is present in at least 1/3 of the colon, perform surveillance colonoscopies for neoplasia detection after 8 yrs of disease. Interval varies based on risk factors (annually to every 3-5 years). High-definition scopes preferred, augmented imaging (NBI or dye spray), and targeted biopsies recommended.	
Cervical Cancer If immunocompromised, perform annual Pap smears. If results of 3 consecutive Paps are normal, perform every 3 yrs. Otherwise follow general population screening guidelines.	
Skin Cancer Annual visual exam of skin by dermatologist if immunocompromised and recommend sun exposure precautions.	

Miscellaneous	Dates Completed
Behavioral Health Screen and address mental health co-morbidities.	
Nutritional Assessment Assess for risk of malnutrition and significant weight loss. Check iron panel, vitamin B12, and vitamin D levels. Consider additional micronutrient assessments based on prior surgery or malnutrition.	
Pregnancy Recommend starting baby aspirin (81mg-162mg) at week 12 to lower risk of preterm pre-eclampsia.	
Smoking Cessation Discuss at every visit. Refer for counseling.	

<https://www.cdc.gov/vaccines/vpd/shingles/hcp/index.html>, accessed Feb 9, 2020.

Farraye et al. ACG Preventive Care Guidelines Am J Gastro 2017

Kucharzik et al. ECCO Guidelines on Infection Prevention/Treatment J Crohn's Colitis 2021

<https://www.cdc.gov/rsv/high-risk/index.html> Accessed 10 September 2023