Recommended adult (age>19) immunization schedule (IBD)

Indication	Titers needed?	Schedule	Vaccination needed?
If last shot			
>10y or unknown		2 deces	
19-26		(0,2 and 6m)	
Anually			
Vaccinate (1 dose) + repeat after 5y if immunosuppressed			
	Yes (at least for Hep B)	Per preparation	
If at risk per CDC guidelines			
	If last shot >10y or unknown Every female aged 19-26 Anually Vaccinate (1 dose) + repeat after 5y if immunosuppressed If at risk per	If last shot >10y or unknown Every female aged 19-26 Anually Vaccinate (1 dose) + repeat after 5y if immunosuppressed Yes (at least for Hep B)	If last shot >10y or unknown Every female aged 19-26 3 doses (0,2 and 6m) Anually Vaccinate (1 dose) + repeat after 5y if immunosuppressed Yes (at least for Hep B) If at risk per

Inactivated vaccines considered safe in immunocompetent as well as immunosuppressed (IS) pts.!

Live vaccines	Indication	Titers needed?	Schedule	Vaccination needed?
MMR	Contraindicated if plan of IS therapy <6 weeks	(Yes)	1 dose (19-49y) repeat >50	
Varicella	Everybody	(Yes)	2 doses	
Zoster	Age>60	No	1 dose	

Zoster vaccine may be administered in pts. with:

- Short-term corticosteroid therapy (<14 days); low to moderate dose (<20 mg/ day of prednisone or equivalent)
- Persons on therapy with low doses of methotrexate (<0.4 mg/Kg/week), azathioprine (<3.0 mg/Kg/day), or 6-mercaptopurine (<1.5 mg/Kg/day) for treatment of rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease, and other conditions.