ACG Clinical Guideline Update: Preventative Care in Inflammatory Bowel Disease

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KEY POINT- Patients with IBD are at elevated risk for infection and malignancy due to chronic inflammation and immune-modifying therapy (IMT), and gastroenterologists should play an active role in preventative health care.

AVOID all live attenuated vaccines (such as live attenuated influenza, MMR, herpes zoster, dengue, and yellow fever) if on IMT (with exception of anti-integrin)

- If necessary, hold biologic for 3 months or small molecules for 1 month prior to administration, then restart 1 month after administration

OFFER age-appropriate vaccinations prior to immune-modifying therapy if possible

- Blunted immune response with TNF, JAK and immunomodulators
- No change in response with IL 12/23 or anti-integrin (limited data)

DO NOT delay initiation of IBD therapy for vaccination (except in certain cases of varicella non-immunity)

TEST for varicella immunity prior to initiating IMT; if non-immune, consider vaccination prior to starting therapy if possible

HOUSEHOLD CONTACTS: Can receive live vaccines except smallpox vaccine, though take certain precautions (such as avoidance if rash with varicella, avoiding changing diaper of infant who received live rotavirus vaccine)

Vaccine	Recommendations
Inactivated influenza vaccine	• All patients annually, with high dose vaccine for patients on IMT and their household contacts
Pneumococcal vaccine (PCV20 or PCV 21)	**No prior pneumococcal vaccination** • All adults >50 yo • All adults 19-49 yo on IMT **Prior pneumococcal vaccination** -> follow CDC guidance on repeat vaccination • All adults 19-64 yo on IMT • All >65 yo and with previous vaccination
Respiratory syncytial virus (RSV) vaccine	• All adults >75 yo • Adults 50-74 yo with chronic medical conditions or risk factors, including IBD • Pregnant women 32-36 weeks of pregnancy based on seasonal administration
Herpes zoster inactive recombinant vaccine	• All adults >50 yo • Adults 19-49 on IMT or planning to start therapy
SARS-CoV-2 (COVID) vaccine	• Vaccination similar to general population in line with national guidelines
Tdap, hepatitis A, HPV, and meningococcus vaccines	• Administer according to ACIP recommendations
Hepatitis B vaccine	• All adults if non-immune • Check HepB sAb levels 1-3 months after completion of vaccination series due to decreased rates of seroprotection in IBD compared to controls
Live rotavirus vaccine	• Can be offered to children with in-utero exposure to biologic therapy

Other Health Maintenance

CERVICAL CANCER SCREENING: All adults annually within a year of onset of sexual activity, if <30 yo continue annually for 3 consecutive years, then every 3 years after

ANXIETY/DEPRESSION SCREENING: All adults at baseline and annually

OSTEOPOROSIS SCREENING: Adults with risk factors (such as corticosteroid use >7.5 mg/d or >90 days) at time of diagnosis and periodically afterwards

SKIN CANCER SCREENING:

- **Melanoma –** All adults annually independent of the use of IMT
- **Non-melanoma** – All adults annually if on IMT (thiopurines, MTX, JAK, or S1P), particularly age >50

TOBACCO USE: All adults should be counseled to quit

- Adverse effect on therapy response, disease course, post-op recurrence and malignancy risk

Farraye FA, Melmed GY, Lichtenstein GR, Barnes EL, Limketkai BN, Caldera F, Kane S. ACG Clinical Guideline Update: Preventive Care in Inflammatory Bowel Disease. Am J Gastroenterol. 2025 Jul 2;120(7):1447-1473. doi: 10.14309/ajg.0000000000003541. PMID: 40701559.