

Health Maintenance Checklist

Name: _____

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

Vaccines	Which Patients	How Often
<input type="checkbox"/> COVID-19 vaccine (Moderna, Pfizer, Novavax)	All patients with IBD.	Follow recommendations for the general population.
<input type="checkbox"/> Influenza, Fluzone High Dose, Flublok recombinant, Flud adjuvanted	All adult patients with IBD should receive a standard dose. Those on Anti-TNF monotherapy should receive a high dose influenza vaccine. ¹ Older Adults aged ≥ 65 should receive the high dose, recombinant or adjuvanted inactive influenza vaccine. ²	Annually.
<input type="checkbox"/> Pneumococcus (PCV 15, PCV 20 or PPSV23)	All patients ≥ 19 years age receiving systemic immunosuppression.*	Vaccine naïve should receive PCV20 or PCV 15 then 8 weeks apart PPSV23 in one year. Those previously vaccinated with PCV13 and PPSV23 should receive one PCV 20 at least one year since last dose of pneumococcal vaccine. Older adults > 65 should receive a dose of PCV 20.
<input type="checkbox"/> Recombinant Herpes Zoster (RZV) (adjuvanted- non-live) SHINGRIX	All patients with IBD ≥ 19 years of age. ³	Should receive two dose recombinant herpes zoster vaccine 2–6 months apart.
<input type="checkbox"/> Human Papilloma Virus (HPV) gvalent GARDASIL	All Adults 18–26. Adults 26–45* shared decision who are likely to have a new sexual partner.	Should receive 3 doses series 0, 1–2 months and 6 months.
<input type="checkbox"/> Hepatitis B Heplisav [®] Engerix [®] or Recombivax [®] :	All adult patients with IBD. Universal vaccination is recommended for all adults 19–59. ⁴	Heplisav [®] : Two dose series (HepB-CpG) at 0 and 1 month. Engerix [®] or Recombivax [®] : Three doses series on 0, 1, 6-month schedule 3 doses series Hep A-Hep B (Twinrix [®] at 0, 1, 6-months).
<input type="checkbox"/> Measles, Mumps, and Rubella (MMR) two-dose live vaccine	Patients with IBD not immune to MMR. If immune status is uncertain, obtain immunization history. IgG antibody titer can be checked but not recommend by ACIP. MMR live vaccine should not be given to patients currently on systemic immunosuppressive therapy. ⁵	Should receive a 2-dose series, at least 4 weeks apart.
<input type="checkbox"/> Varicella two-dose live vaccine	Documentation of two doses or varicella vaccine. Serology not recommended by ACIP for evaluation of vaccine induced immunity in those with appropriate documentation. ⁶	All patients who are not immune should receive a 2-dose series, 4–8 weeks apart, ≥ 4 weeks before immunosuppression, if therapy can be postponed.

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Cancer Screening	Which Patients	How Often
<input type="checkbox"/> Colorectal	All IBD patients with extensive colitis (>1/3 of the colon) for ≥8 years should undergo surveillance colonoscopy every 1–3 years, depending on cancer risk.	Patients with IBD with a diagnosis of PSC should undergo colonoscopy, starting at the time of PSC diagnosis, and annually thereafter. Patients with IBD with features that are high-risk for developing colon cancer (i.e. prior history of adenomatous polyps, dysplasia, family history of colon cancer and extensive colitis) should have colonoscopies more frequently than every 3 years.
<input type="checkbox"/> Cervical	All women with IBD who are being treated with systemic immunosuppression.*	Should undergo cervical cancer by cytology annually (if cytology alone) or every 3 years (if HPV negative). ⁷
<input type="checkbox"/> Skin	All IBD patients being treated with systemic immunosuppression.*	Should have annual total body skin exams to screen for skin cancer.
Other Screenings	Which Patients	How Often
<input type="checkbox"/> Mental Health	All	Annual; Depression (PHQ2) and anxiety (GAD7) at baseline, and then annually. Refer for counseling/ therapy when identified.
<input type="checkbox"/> Osteoporosis	All	Screen for osteoporosis by central (hip and spine) DXA scan in all patients with IBD if ANY risk factors for osteoporosis; low BMI, >3 months cumulative steroid exposure, smoker, post-menopausal, hypo-gonadism. Repeat in 5 years and no sooner than 2 years ¹ if initial screen is normal. Vitamin D (800-1000 IU per day) and calcium (1200 mg/day) for Women >65 yo, male > 70 yo (regardless of clinical risk factors).
<input type="checkbox"/> Smoking	All	Refer current smokers for smoking cessation therapy.
<input type="checkbox"/> Latent infections Hepatitis B and tuberculosis	Patients with IBD starting on anti-TNF therapy.	Evaluate prior to starting anti-TNF therapy.
<input type="checkbox"/> Nutritional deficiencies	Patients with IBD annually.	Ferritin, Transferrin %, Vitamin D, Vitamin B12, and Vitamin B6.

* Systemic immunosuppression refers to current treatment with prednisone (>20mg/day for more than 14 days), azathioprine (>2.5 mg/kg/day) mercaptopurine (>1.5 mg/kg/day), methotrexate (>0.4 mg/kg/week), cyclosporine, tacrolimus, infliximab, adalimumab, golimumab, certolizumab, ustekinumab, rizankizumab, ozanimod, upadacitinib or tofacitinib.

References:

- Caldera F, Hillman L, Saha S, Wald A, Grimes I, Zhang Y, Sharpe AR, Reichelderfer M, Hayney MS. Immunogenicity of High Dose Influenza Vaccine for Patients with Inflammatory Bowel Disease on Anti-TNF Monotherapy: A Randomized Clinical Trial. *Inflamm Bowel Dis*. 2020 Mar 4;26(4):593-602. doi: 10.1093/ibd/izz164. PMID: 31504526.
 - Grohskopf LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK, Morgan RL, Fry AM. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2022-23 Influenza Season. *MMWR Recomm Rep*. 2022 Aug 26;71(1):1-28. doi: 10.15585/mmwr.rr7101a1. PMID: 36006864; PMCID: PMC9429824.
 - Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:80–84.
 - Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:477–483
 - McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS; Centers for Disease Control and Prevention. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2013 Jun 14;62(RR-04):1-34. Erratum in: *MMWR Recomm Rep*. 2015 Mar 13;64(9):259. PMID: 23760231.
 - Marin M, Güris D, Chaves SS, Schmid S, Seward JF; Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention (CDC). Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2007 Jun 22;56(RR-4):1-40. PMID: 17585291.
 - Osteoporosis Prevention, Screening, and Diagnosis: ACOG Clinical Practice Guideline No. 1. *Obstetrics & Gynecology* 138(3):p 494-506, September 2021. | DOI: 10.1097/AOG.0000000000004514
- Crohn's & Colitis Foundation Professional Education Sub-Committee; Freddy Caldera, MD, Shubha Bhat, PharmD, Shail Govani, MD | 8/29/2022