

# Immunization and inflammatory bowel disease

INFORMATION FOR PARENTS



DEPARTMENT OF INFECTIOUS DISEASES  
AND GASTROENTEROLOGY



**Your child has an intestinal  
inflammatory bowel disease (IBD).**

**This document will inform you about  
immunization and recommended tests**

## RECOMMENDED VACCINES

Inflammatory bowel disease associated with immunosuppressive therapy is a medical condition that requires, in addition to the regular schedule of vaccines, additional vaccines against pneumococcal and influenza infections.

There are two types of vaccines that protect against disease:

- Inactivated (or dead) vaccines: these vaccines do not contain any live bacteria or viruses. The agent in the vaccine cannot cause the disease.
- Live attenuated vaccines: These vaccines contain a live attenuated virus. The agent in the vaccine can cause the disease when given to a child with a compromised immune system.

Regular immunization schedule	
Inactivated vaccines	Live attenuated vaccines
Diphtheria Pertussis Tetanus Haemophilus influenza B Poliomyelitis Pneumococcus Meningococcus C Hepatitis A and B Human papilloma virus	Rotavirus Measles Rubella Mumps Chickenpox
Supplementary immunization	
Pneumococcus	Influenza*

Local community service centers (CLSCs) are the designated places in Quebec to receive immunizing products. Other facilities that may offer you immunization include family medicine groups (FMGs), private medical clinics, hospitals and pharmacies with nursing staff. You will need to make an appointment to start your child's free, recommended immunization plan.

\* **Intramuscular only.** The intranasal influenza vaccine is a live attenuated vaccine, so your child **MUST NOT** receive it. The immunization campaign begins after November 1 of each year.

## IMMUNOSUPPRESSION

Immunosuppression is a weakening of the immune system's ability to fight off germs. Immunosuppressed people have a high risk of infection.

A number of immunosuppressive therapies can be used to treat IBD:

- High-dose corticosteroids for at least two weeks
- (Prednisone®)
- Immunosuppressive agents (Methotrexate®, Azathioprine®, Purinethol®)
- Biological agents (Infliximab®, Adalimumab®, Ustekinumab®, Vedolizumab®)

Your gastroenterologist will discuss with you whether **immunosuppressive therapy** is needed for your child. If this is the case, he or she will not be able to receive **any live attenuated vaccine** for the duration of the immunosuppressive therapy.

In some cases, when time permits and depending on your doctor's opinion, your child may receive these live attenuated vaccines **4 to 6 weeks** before the start of immunosuppressive treatment (see following table).

### Timing BEFORE starting immunosuppressive therapy when live attenuated vaccines can be given

Measles, mumps, rubella and influenza (intranasal) vaccines: **4 weeks**  
Chickenpox vaccine: **6 weeks**

### Timing AFTER completing immunosuppressive therapy when live attenuated vaccines can be given

**3 months minimum**  
The timing may vary depending on the type, intensity and duration of the immunosuppressive therapy.

*Inactivated vaccines can be safely given during immunosuppressive therapy.*



## VACCINES AND FAMILY MEMBERS

If your child is receiving immunosuppressive therapy, it is recommended that all other family members get vaccinated against influenza (intramuscular influenza vaccine) annually.

Live attenuated vaccines (measles-mumps-rubella-varicella) can be given safely to family members of immunosuppressed children. These vaccines can occasionally cause a mild form of the disease. If a rash occurs after the vaccine, while not very contagious, it should be covered to avoid direct contact with the immunosuppressed person, until it disappears or dries out.

## VACCINES AND TRAVEL

If you're planning a trip abroad and your child has IBD, a consultation with a travel health specialist is strongly recommended, whether or not your child is immunosuppressed. The specialist will discuss infectious risks, vaccinations and medications recommended for your destination.

The travel consultation and the vaccinations recommended for travelers are not covered by medicare. Here are the most frequently used vaccines:

### Inactivated vaccines that can be given safely to immunosuppressed children

Hepatitis A  
Injectable typhoid  
Travellers' diarrhea (cholera and ETEC)  
Japanese encephalitis  
Rabies

### Live attenuated vaccines that **cannot** be given to immunosuppressed children

Oral typhoid      Yellow fever      Tuberculosis (BCG)

We suggest that you contact a travel health clinic at least 6 to 8 weeks before your departure. The Government of Canada offers information on safe travel at:

<https://voyage.gc.ca/>

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## TESTS RECOMMENDED AT THE TIME OF DIAGNOSIS

### Antibody testing for vaccine-preventable diseases

Blood test to make sure your child has enough protection against certain diseases (e.g. hepatitis B, chickenpox).

### Screening for tuberculosis

To make sure your child has not been exposed to tuberculosis, a tuberculin skin test (intradermal) and a chest X-ray will be necessary.

If you have any questions or concerns that are not answered in this brochure, please do not hesitate to contact us:

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