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*The American Journal of Gastroenterology* requests your high-quality, clinically relevant research about the burden of digestive disease in women. We will collect the very best original studies and clinical reviews into a special issue highlighting this vital area of our field.

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For Eligible: 3rd & 4th Year Fellows & Physicians <5 years out of fellowship
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**Week 14: EOE and EGID: Pearls and Pitfalls**
Kathy A. Peterson, MD, Msci
*June 25, 2020 at Noon EDT*

**Week 15: Management of Anti Coagulation for GI Endoscopy**
Aasma Shaukat, MD, MPH, FACG
*July 2, 2020 at Noon EDT*

Visit [gi.org/ACGVGR](http://gi.org/ACGVGR) to Register
Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.

ACG will submit MOC points on the first of each month. Please allow 3-5 business days for your MOC credit to appear on your ABIM account.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

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Co-Founder: Cornerstones Health Inc. (non-profit medical education company), GoDuRn LLC (non-profit medical education company)
Royalties: Slack Publications

Speaker:
Francis A. Farraye, MD, MSc, FACG
Consulting Fee: BMS, Braintree Labs, Gilead, GI Reviewers, GSK, Janssen, Sebela, Pfizer
Ownership Interest: Innovation Pharmaceuticals
DSMB: Lilly, Theravance
Health Maintenance for the Patient with IBD

Francis A. Farraye, MD, MSc, FACG
Professor of Medicine
Department of Gastroenterology and Hepatology
Director, Inflammatory Bowel Disease Center
Mayo Clinic, Jacksonville, FL
farraye.francis@mayo.edu

Objectives

1. Appreciate the increased risk of infections in patients with IBD.
2. Review necessary vaccinations for patients with IBD.
3. Review non vaccine ACG preventive care clinical recommendations for patients with IBD.
Health Maintenance in the Patient with IBD

- IBD patients do not receive preventive services at the same rate as general medical patients
- GI MD/NP/PAs are often the only clinician that the IBD patient will interact with
- Clarify the limits of your responsibilities with the patient; Delegate routine health care issues to the primary care clinician
- Offer guidance on the unique health maintenance needs in IBD patients on immunomodulators and biologic agents
- Should certain health maintenance tasks such as vaccinations be the responsibility of the treating gastroenterologist?


Why are the Initial Visits with a Patient with IBD so Important?

As many as 70% of IBD patients require immunosuppressive therapy at some time in their course

Why Vaccination?

- Immunomodulators and biologics used to treat IBD puts patients at increased risk for infections
  - Multiple case reports of infections including fulminant hepatitis or fatal varicella
  - Risk of infection increases with the number of immunosuppressive therapies
  - Several of these are vaccine preventable

- IBD patients (like other patients on immunosuppressive therapy) are not being vaccinated appropriately


Patients With IBD Are at an Increased Risk of Pneumonia

Crude and Multivariate Analyses of Medication Use Within the Previous 120 Days and Pneumonia in Patients with IBD (N=108,361)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Crude OR, 95% CI</th>
<th>Adjusted OR, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologic</td>
<td>2.83 (2.04-3.93)</td>
<td>1.32 (1.11-1.57)</td>
</tr>
<tr>
<td>Thiopurine</td>
<td>1.77 (1.49-2.11)</td>
<td>1.13 (1.00-1.27)</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>3.59 (3.14-4.10)</td>
<td>1.91 (1.75-2.12)</td>
</tr>
</tbody>
</table>

Annual Pneumonia Incidence in IBD and Non-IBD Populations

Patients With IBD Are at an Increased Risk of Herpes Zoster

Crude and Multivariate Analyses of Medication Use Within the Previous 120 Days and Zoster in Patients with IBD (N=108,361)

<table>
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<tr>
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<tr>
<td>Biologic</td>
<td>3.85 (2.47-6.00)</td>
<td>1.81 (1.48-2.41)</td>
</tr>
<tr>
<td>Thiopurine</td>
<td>2.20 (1.73-2.78)</td>
<td>1.85 (1.62-2.13)</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>2.83 (2.34-3.43)</td>
<td>1.73 (1.52-1.99)</td>
</tr>
</tbody>
</table>

Annual Zoster Incidence in IBD and Non-IBD Populations


Best Practices in Vaccinations

- The ideal time to obtain a vaccination history is during the initial office visit(s)
- Patients should be vaccinated prior to starting immunosuppressive therapy
- If vaccinations are not offered in your office, write a prescription for your patient to take to their local pharmacy
- Necessary IBD therapy should never be delayed in order to administer vaccines

Vaccinating the IBD Patient

Who Owns Vaccinations?

• Survey of 109 Gastroenterologists (2011)
  • Only 50% of GI providers ask about vaccinations always or most of the time with associated poor knowledge of appropriate vaccinations
  • Poor knowledge regarding the appropriate vaccines to recommend
  • Majority thought PCP was responsible for determining which vaccinations to give (65%) and administering the vaccine (83%)

• Survey of 61 PCPs (2010)
  • Only 30% felt comfortable coordinating vaccinations for the immunosuppressed IBD patient

IDSA Guidelines 2013

“Specialists who care for immunocompromised patients...

...share responsibility with the primary care provider for ensuring that appropriate vaccinations are administered to immunocompromised patients.”

...share responsibility with the primary care provider for recommending appropriate vaccinations for members of immunocompromised patients’ household.”


ACG Clinical Guideline: Preventive Care in Inflammatory Bowel Disease

Francis A. Farraye, MD, MSc, FACG; Gil Y. Melmed, MD, MS, FACG; Gary R. Lichtenstein, MD, FACG; and Sunanda V. Kane, MD, MSPH, FACG

Recent data suggest that inflammatory bowel disease (IBD) patients do not receive preventive services at the same rate as general medical patients. Patients with IBD often consider their gastroenterologist to be the primary provider of care. To improve the care delivered to IBD patients, health maintenance issues need to be co-managed by both the gastroenterologist and primary care team. Gastroenterologists need to explicitly inform the primary care provider of the unique needs of the IBD patient, especially those on immunomodulators and biologics or being considered for such therapy. In particular, documentation of up to date vaccinations are crucial as IBD patients are often treated with long-term immune-suppressive therapies and may be at increased risk for infections, many of which are preventable with vaccinations. Health maintenance issues addressed in this guideline include identification, safety and appropriate timing of vaccinations, screening for osteoporosis, cervical cancer, melanoma and non-melanoma skin cancer as well as identification of depression and anxiety and smoking cessation. To accomplish these health maintenance goals, coordination between the primary care provider, gastroenterology team and other specialists is necessary.

SUPPLEMENTARY MATERIAL is linked to the online version of the paper at http://www.nature.com/ajg

Am J Gastroenterol advance online publication, 10 January 2017; doi:10.1038/ajg.2016.537

IBD is rare before age 5 so most patients have received all their childhood vaccines

In adults, consider hepatitis A, hepatitis B, HPV, influenza, pneumococcal, herpes zoster and varicella vaccinations
Will the Vaccine Work or Worsen the IBD?

- Diminished immune response in patients on anti TNFs alone or with immunomodulators but not with vedolizumab

- No evidence that vaccination exacerbates IBD

New Adjuvant Recombinant Hepatitis B Vaccine (Heplisav-B)

- FDA approved 2-dose hepatitis B vaccine in November 2017, given over one month instead of 6 months
- HepB-CpG vaccine is a yeast-derived vaccine prepared with a novel adjuvant recommended for use in all patients over the age of 18
- Seroprotective anti-HBs after two doses of HepB-CpG versus three doses of Engerix-B were 95.4 versus 81.3 percent respectively
- Potentially immune-mediated adverse events 0.1%-0.2% (HEPLISAV-B) vs. 0.0%-0.7% (comparator)
- To date, no studies have studied this new vaccine in immunosuppressed populations, including patients with IBD

Zoster Vaccine Recombinant, Adjuvanted (Shingrix)

- Zoster Vaccine Recombinant, Adjuvanted indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older
- Administer 2 doses IM (0.5 mL each) at 0 and 2 to 6 months
- After a mean follow-up of 3.2 years, the overall vaccine efficacy was 97.2% (95% CI, 93.7%-99.0%), compared with placebo
- Solicited local adverse reactions in subjects aged 50 years and older were pain (78.0%), redness (38.1%), and swelling (25.9%)
- Solicited general adverse reactions in subjects aged 50 years and older were myalgia (44.7%), fatigue (44.5%), headache (37.7%), shivering (26.8%), fever (20.5%), and gastrointestinal symptoms (17.3%)
Recommendations for the Use of Herpes Zoster Vaccines

Zoster Vaccine Recombinant, Adjuvanted (Shingrix)

In October 2017, the Advisory Committee on Immunization Practices (ACIP) made the following three recommendations:

1. Recombinant zoster vaccine (RZV) is recommended for the prevention of herpes zoster and related complications for immunocompetent adults aged ≥ 50 years.

2. RZV is recommended for the prevention of herpes zoster and related complications for immunocompetent adults who previously received zoster vaccine live (ZVL).

3. RZV is preferred over ZVL for the prevention of herpes zoster and related complications.


Safety of Recombinant Vaccine (RZV) in Patients with IBD

- RZV administered between February 2018 and July 2019
- Sixty-seven patients received at least one dose of RZV
- Of these 55 (82%) receive two doses
- Median induration of follow-up was 207 days and no cases of herpes zoster identified
- Local and systemic adverse reactions reported 74.6 and 56.7% of patients, respectively
- One patient flared (1.5%)

Low vs High Level Immunosuppression

**Low-level immunosuppression**
Treatment with:
- Prednisone <2 mg/kg with a maximum of ≤20 mg/day;
- Methotrexate ≤0.4 mg/kg/week;
- Azathioprine ≤3 mg/kg/day;
- 6-mercaptopurine ≤1.5 mg/kg/day

**High-level immunosuppression**
Regimens include treatment with doses higher than those listed for low-dose immunosuppression and biologic agents such as tumor necrosis factor antagonists or rituximab


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**Recommended Adult Immunization Schedule by Medical Condition (US 2020)**

Table 2

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Hematologic/oncologic conditions (including HIV infection)</th>
<th>Other conditions (including solid or hematologic malignancy)</th>
<th>Adult or adolescent dose schedule</th>
<th>Vaccine-specific indications</th>
<th>Vaccine-specific contraindications</th>
<th>Vaccine-specific warnings</th>
<th>Non-vaccine indications</th>
<th>Vaccine-specific recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV</td>
<td>1 dose annually</td>
<td>PRECAUTION</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Tdap</td>
<td>1 dose</td>
<td>NOT RECOMMENDED</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>MR</td>
<td>NOT RECOMMENDED</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>PPSV23</td>
<td>NOT RECOMMENDED</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>HepA</td>
<td>1 or 2 doses depending on age and indication</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
</tr>
<tr>
<td>HepB</td>
<td>1 or 2 doses depending on age and indication</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
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<tr>
<td>Mmr</td>
<td>1 dose</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
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<td>2 doses depending on vaccine</td>
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<tr>
<td>Mmr2</td>
<td>1 dose</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
</tr>
<tr>
<td>OrchMrr</td>
<td>1 or 2 doses depending on age and indication</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
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<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
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<tr>
<td>Akk</td>
<td>1 dose</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
</tr>
<tr>
<td>His</td>
<td>1 dose</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
<td>2 doses depending on vaccine</td>
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<td>2 doses depending on vaccine</td>
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</tr>
</tbody>
</table>

1. Protection for IPV does not apply to alcoholics. 2. Inactivated influenza: hepatitis B, measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.

Barriers to Vaccination

- General apathy amongst both patients and physicians
- Fears and concerns about the side effects of vaccination
- Costs associated with storage and administration of vaccines
- Other logistical barriers:
  - Time constraints of an office visit
  - Location of offices
  - Wait times to see a provider
Utilizing Community-Based Pharmacies to Improve Vaccination Rates in Patients With IBD

- Methods to conveniently administer vaccines to IBD patients are needed.
- We surveyed seven pharmacies that account for > 90% total prescription revenue in 2015-2016.
- Referring IBD patients to local community based pharmacies bypasses the challenges of determining whether IBD patients should receive their vaccines at gastroenterology or primary care offices.
- This uncertainty often delays successful and timely vaccinations.
- Benefits to this resource include little cost variation amongst different pharmacies and our institution, convenient patient access on a walk in basis including weekends and nights and the assurance that large chains are fully stocked with inventory.

Vaccination status pre and post intervention
- Flu: 17.6% → 43.4% (P<.001)
- PNA: 20.8% → 39.8% (P<.001)

Intervention sustainable based on 3 and 15 month data

ACG Preventive Care Guideline
Non-Vaccine Recommendations

➢ Women with inflammatory bowel disease on immunosuppressive therapy should undergo annual cervical cancer screening.

➢ Patients with inflammatory bowel disease (both ulcerative colitis and Crohn’s disease) should undergo screening for melanoma independent of the use of biologic therapy.

➢ Screening for depression and anxiety is recommended in patients with inflammatory bowel disease.
Depression Screening Tools

1. Over the past month, have you felt down, depressed, or hopeless?

2. Over the past month, have you felt little interest or pleasure in doing things?

Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12)

Non-Vaccine Recommendations

- Inflammatory bowel disease patients on immunomodulators (6-mercaptopurine or azathioprine) should undergo screening for non-melanoma squamous cell cancer (NMSC) while using these agents, particularly over the age of 50.

- Patients with conventional risk factors for abnormal bone mineral density with ulcerative colitis and Crohn’s disease should undergo screening for osteoporosis with bone mineral density testing at the time of diagnosis and periodically after diagnosis.

- Patients with Crohn’s disease who smoke should be counseled to quit.
IBD Checklist for Monitoring and Prevention

https://www.cornerstonesheath.org/ibd-checklists/
## Health Maintenance Checklist for Adult IBD Patients

<table>
<thead>
<tr>
<th>Vaccine/Preventable Disease</th>
<th>Which Patients</th>
<th>Check Time</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (influenza vaccine)</td>
<td>All patients</td>
<td>Yes</td>
<td>Annually</td>
</tr>
<tr>
<td>PCV13 (Pneumococcus) and PPV23 (Pneumonia)</td>
<td>All</td>
<td>No</td>
<td>Annually</td>
</tr>
<tr>
<td>Hib</td>
<td>All</td>
<td>No</td>
<td>Annually</td>
</tr>
<tr>
<td>Polio</td>
<td>All</td>
<td>No</td>
<td>Annually</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>All</td>
<td>Yes (1d/5d)</td>
<td>2-dose series, first dose at 0-6 months and 2nd dose at 0-18 months</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>All</td>
<td>Yes (6d, 1d/1m, 6m)</td>
<td>2-dose series, first dose at 0-6 months and 2nd dose at 0-12 months</td>
</tr>
<tr>
<td>Varicella</td>
<td>All</td>
<td>Yes (6d, 1d/1m, 6m)</td>
<td>2-dose series, first dose at 12-18 months and 2nd dose at 4-6 years</td>
</tr>
<tr>
<td>Cervical Pap Smear</td>
<td>All women</td>
<td>Yes (5d, 7d)</td>
<td>2-dose series, at least 6 months apart (3-18 months before immunocompromise)</td>
</tr>
<tr>
<td>Full Skin Screen</td>
<td>All</td>
<td>Yes</td>
<td>Annual</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>All patients</td>
<td>Yes (1/5 years)</td>
<td>Every 1-3 years</td>
</tr>
</tbody>
</table>

### Cancer Prevention

<table>
<thead>
<tr>
<th>Which Patients</th>
<th>Check Time</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Pap Smear</td>
<td>Women &gt; 65</td>
<td>Once identified, and no sooner than 2 years after last cervical Pap smear with negative results</td>
</tr>
<tr>
<td>Full Skin Screen</td>
<td>All</td>
<td>Annual</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>All patients</td>
<td>Annual</td>
</tr>
</tbody>
</table>

### Other Screenings

<table>
<thead>
<tr>
<th>Which Patients</th>
<th>Check Time</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional evaluation</td>
<td>All</td>
<td>Height, weight, and BMI at each visit</td>
</tr>
<tr>
<td>Smoking status</td>
<td>All</td>
<td>Annual</td>
</tr>
<tr>
<td>Depression check</td>
<td>All</td>
<td>Annual</td>
</tr>
<tr>
<td>DEXA Scan</td>
<td>All</td>
<td>Annual</td>
</tr>
<tr>
<td>PPD or IGRA</td>
<td>Prior to anti-TNF or anti-IL-12/23</td>
<td>Once (if repeat if TB exposure or in high-risk region)</td>
</tr>
<tr>
<td>Serologies ( HepB, Anti-HIV)</td>
<td>Prior to anti-TNF or anti-IL-12/23</td>
<td>Once (if repeat if TB exposure or in high-risk region)</td>
</tr>
</tbody>
</table>

**Notes:**
- PPD = purified protein derivative; IGRA = interferon gamma release assay.
- All patients should receive the pneumococcal vaccine if they have never received it or their last dose was more than 5 years before the most recent immunocompromise.
- Patients with a history of gastric cancer should also receive the Helicobacter pylori test.

**Sources:**

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## Health Maintenance Checklist for Pediatric IBD Patients

<table>
<thead>
<tr>
<th>Vaccine/Preventable Disease</th>
<th>Which Patients</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal disease</td>
<td>All with altered immunocompetence</td>
<td>1. If aged &gt; 6 yrs and not previously received PCV3, give 1st dose (2, 4, 6 weeks before starting anti-TNF therapy) 2. If aged &gt; 2 yrs, give 1st dose 2 doses 1st dose PCV3, then second dose 3 months after the first dose</td>
</tr>
</tbody>
</table>

### Cancer Prevention

<table>
<thead>
<tr>
<th>Which Patients</th>
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<td>Height, weight, and BMI at each visit</td>
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<td>All</td>
<td>Annual</td>
</tr>
<tr>
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<td>All</td>
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<tr>
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**Notes:**
- PPD = purified protein derivative; IGRA = interferon gamma release assay.
- All patients should receive the pneumococcal vaccine if they have never received it or their last dose was more than 5 years before the most recent immunocompromise.

**Sources:**
Managing Immunosuppressed Patients With Inflammatory Bowel Disease During a Measles Outbreak

Erica R. Cohen, MD1; Mark Salem, MD1 and Christina Ha, MD, FACG, AGAF1

Am J Gastroenterol 2019;114:1563–1565. https://doi.org/10.14309/ajg.000000000000396; published online September 6, 2019

Centers for Disease Control and Prevention

MMWR

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Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020

Jeanne M. Santoli, MD1; Megan C. Lindley, MPH1; Malini B. DiSilvio, MD2; Elyse O. Khurbanda, MD2; Matthew F. Daley, MD2; Lisa Galloway1; Julianne Gee, MPH1; Mick Glover1; Ben Herring1; Yoonjae Kang, MPH1; Paul Lucas, MD3; Cameron Nobles, MPH1; Jeanne Troppen, MPH, MS, MBA1; Tina Vogt, PhD3; Eric Weltermuhs, MPH4

A 2015 report looked at disease patterns in several countries following measles epidemics before vaccines were developed, and found that illnesses and deaths from other infectious diseases increased for as long as five years after the outbreaks. The study suggested that the measles virus may have been linked to up to 50 percent of childhood deaths from infectious diseases, mostly illnesses other than measles itself.

Natural infection causes "immune amnesia" in which the infection erases memory of previous infection.
Vaccination Rates Year to Date in US


World Health Organization

“Immunization is an essential health service which may be affected by the current Covid-19 pandemic”

“Disruption of immunization services, even for brief periods, will result in increased numbers of susceptible individuals and raise the likelihood of outbreak-prone vaccine preventable diseases such as measles”

WHO/2019-nCoV/immunization_services/2020.1
**A Call to Action**

The Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians have each urged doctors to maintain vaccination schedules as rigorously as reasonably possible, particularly for the youngest children.

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**COVID Vaccine Update**

- Operation Warp Speed (OWS) is a collaboration of several US federal government departments including Health and Human Services and the private sector.

- Within OWS, the US National Institutes of Health (NIH) has partnered with more than 18 biopharmaceutical companies to accelerate development of drug and vaccine candidates for COVID-19.

- The US government is choosing three vaccine candidates to fund for Phase 3 trials under OWS: Moderna’s mRNA-1273 in July, The University of Oxford and AstraZeneca’s AZD1222 in August, and Pfizer and BioNTech's BNT162 in September.
Vaccinations in IBD: What, When, and Why?

What: Several vaccines

When: Ideally before immunosuppression but don’t miss the opportunity to update vaccinations at all encounters with the patient

Why: Keep our patients with IBD safe

Take Home Points

- IBD patients have poor immunization rates so ask about vaccination status
- When possible, vaccinate prior to initiation of immunosuppressive agents
- IBD patients can mount a response to vaccines, although immunogenicity is diminished in patients on combination therapy of immunomodulator and anti-TNF agents
- IBD disease activity will not be affected by vaccination
- Take responsibility to vaccinate your IBD patients or make explicit recommendations to the patients’ PCPs
Take Home Points

- Refer women for Pap testing especially those on thiopurines
- Screen for depression in your IBD patients
- Refer patients for melanoma and non-melanoma skin cancer screening
- Screen patients with risk factors for osteoporosis with bone mineral density testing
- Counsel your Crohn’s disease patients to stop smoking
- Use checklists and electronic medical record enhancements in your practice to increase vaccination rates and monitor completion of health maintenance tasks

Thank You
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Kathy A. Peterson, MD, Msci
June 25, 2020 at Noon EDT

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Week 15: Management of Anti Coagulation for GI Endoscopy
Aasma Shaukat, MD, MPH, FACG
July 2, 2020 at Noon EDT

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