Health Maintenance Checklist

CROHN'S & COLITIS FOUNDATION

Name: _____

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

Vaccines	Which Patients	How Often
☐ COVID-19 (Moderna, Pfizer, Novavax)	All patients with IBD.	Follow CDC recommendations for the general population.
☐ Influenza (Fluzone High-Dose, Flublok recombinant, Fluad adjuvanted)	All adult patients with IBD should receive a standard dose. Those on Anti-TNF monotherapy should receive a high dose influenza vaccine.[1] Adults aged ≥65 should receive the high dose, recombinant or adjuvanted inactive influenza vaccine.[2] Immunosuppressed patients should avoid live influenza vaccine (nasal).	Annually.
☐ Pneumococcal (PCV15, Vaxneuvance), PCV20 (Prevnar 20), or PPSV23 (Pneumovax 23)	All ≥19 years of age receiving systemic immunosuppression.*	Vaccine naïve should receive: 1) PCV20 or 2) PCV15, followed by PPSV23 in 8 weeks. Those previously vaccinated with PCV13 and PPSV23 • PCV20 at least five years since last pneumococcal vaccine. Those previously vaccinated with PCV13 or PPSV23 • PCV20 at least 1 year after the last pneumococcal vaccine. or Adults ≥65 should receive a dose of PCV20. • PCV20 ≥5 years OPTIONAL if completed PCV13 at any age and PPSV23 at ≥65 years.
☐ Recombinant Herpes Zoster (RZV) (adjuvanted non-live) SHINGRIX	All adults with IBD ≥19 years of age.[3]	Two-dose series administered 1-2 months apart, if on immunosuppression. If not, 2-6 months apart.
☐ Human Papillomavirus (HPV) 9valent GARDASIL	Adults 27-45* shared decision who are likely to have a new sexual partner.	Three-dose series at 0, 1-2 months, and 6 months.
☐ Respiratory Syncytial Virus (RSV) Recombinant vaccine (Abrysvo, Pfizer) Adjuvanted recombinant vaccine (Arexvy, GSK)	Adults with IBD aged 60 years and older.	Once.
☐ Hepatitis B Heplisav-B Engerix-B or Recombivax HB	All adult patients with IBD. Universal vaccination is recommended for all adults 19–59.[4]	Heplisav-B: Two-dose series (HepB-CpG) at 0 and 1 month. Engerix-B or Recombivax HB: Three-dose series at 0, 1, and 6 months. Twinrix® (Hep A-Hep B): Three-dose series at 0, 1, and 6 months.

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Vaccines	Which Patients	How Often
☐ Tetanus Diptheria Pertussis (Tdap or Td) Hepatitis A Meningococcal ACWY (Men ACWY)		Follow recommendations for the general population.
Live Vaccines		
☐ 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.
☐ 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.

Cancer Screening	Which Patients	How Often
☐ 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.
☐ Cervical	All women with IBD who are being treated with systemic immunosuppression.*	Cervical cancer by cytology annually (if cytology alone) or every 3 years (if HPV negative).
☐ Skin	All IBD patients being treated with systemic immunosuppression.*	Annual total body skin exams.

Other Screenings	Which Patients	How Often
☐ Mental Health	All	Annual; Depression (PHQ2) and anxiety (GAD7) at baseline, and then annually. Refer for counseling/therapy if screen is positive.
☐ 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[7] 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).

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Other Screenings	Which Patients	How Often
☐ Smoking	All	Refer current smokers for smoking cessation therapy.
☐ Latent infections Hepatitis B and Tuberculosis	Patients with IBD starting on anti-TNF therapy, ustekinumab, risankizumab, upadacitinib, or tofacitinib	Evaluate prior to starting advanced IBD therapy.
☐ Nutritional Deficiencies	Assess patients with IBD via CCF Nutrition Care Pathway.** Consider checking basic labs & replete/repeat prn. Repeat modified Malnutrition Universal Screening Tool (MUST).** Basic Labs: Hgb, CRP, Lytes, Albumin, Ferritin, Transferrin %, VitD25OH, B12, B6 (PLP). Malnutrition Labs: Above + Mag, Phos, Methylmalonic Acid, Folate, Thiamine, Zinc.	Annually. Annually or with flares.

**Assess patients for Low, Moderate or High Risk based on MUST. *www.crohnscolitisfoundation.org/research/ibd-gorus/care-pathways*

*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:

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4. 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
5. 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.
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