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Vaccine Guidelines

General Vaccination Recommendations:

- **Optimize Timing:**
  - When possible, schedule vaccinations during periods of lower immunosuppression to ensure a stronger immune response.

- **B-cell Depleting Therapy:**
  - Plan vaccinations before scheduled B-cell depletion therapy. Avoid vaccinating immediately after receiving therapy. (B-cells are important to achieving normal responses to vaccines. The response to the vaccine may be muted if you have just been treated with a B-cell depleting medication).
  - If receiving intermittent immunosuppression (for example, B-cell depletion every once in a while), aim to be vaccinated 2 to 4 weeks before the first infusion.

- **Partial Protection is Better than None:**
  - If unvaccinated, it is still advisable to receive vaccines even during immunosuppression, knowing revaccination (a booster) may be necessary later.

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- **Booster Doses:**
  - Consider booster doses or revaccination as needed.
    - **Example**: COVID-19 vaccines may be recommended every 6 months rather than yearly for immunocompromised individuals.
- **Multiple Vaccines in One Visit:**
  - It is safe to receive more than one vaccine on the same day, but mild side effects like fatigue or arm pain may occur.
  - To manage vaccine site soreness: Use acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) – if this is approved by your clinical team. Can also use an ice pack.

Key Vaccine Guidelines:

- **Influenza (Flu) Vaccine:**
  - Inactivated (IIV) or Recombinant (RIV) only
  - **Timing:**
    - At least 4 weeks before starting B-cell depleting therapy for optimal response.
    - If already on therapy, vaccinate 5-6 months after the last infusion and at least 4 weeks before the next infusion, if possible.
    - **Avoid**: Live nasal spray vaccine (LAIV)

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- **COVID-19 Vaccine:**
  - **Timing**:
    - If already on B-cell depletion therapy, administer 2-4 weeks before the next scheduled infusion.
    - Revaccination may be needed 6 months after therapy completion if vaccinated while immunosuppressed.
  - **Boosters:**
    - May be needed 6 months instead of annually—discuss with your healthcare team.
  - **Prednisone Considerations:**
    - If on long-term prednisone, vaccination is ideal at 5-10mg daily, but if higher doses are required, vaccination is still recommended with a discussion with your healthcare team about booster strategies.
- **Respiratory Syncytial Virus (RSV) Vaccine:**
  - **Recommended for:**
    - All adults aged 75+
    - Adults aged 60-74 with increased RSV risk (including moderate/severe immune compromise)
    - Not yet recommended for those under 60 years old

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- ## Pneumococcal Vaccine (Pneumonia)
  - **Recommended for:**
    - Adults **≥19 years** with immunosuppression
  - **Timing:**
    - Preferably before therapy; if given during therapy, immune response may be lower
- ## Shingles (Herpes Zoster) Vaccine
  - **Risk**: Immunocompromised individuals are 51% more likely to develop shingles
  - **Recommended for:**
    - All immunocompromised adults **≥18** years old (CDC-approved, even if under 50—pharmacists may require CDC documentation)
  - **Timing:**
    - Two doses 2-6 months apart (can be longer if needed to avoid intense immunosuppression periods)

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Additional Considerations

- Consult your healthcare team to discuss individual vaccine timing based on your disease activity and treatment schedule.
- Vaccination has been shown to reduce risk of severe disease and complications even if the immune response is lower.
- Revaccination should be considered for individuals who received vaccines while on B-cell depleting therapy.

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