

EULAR Recommendations for Vaccination in Patients With AIIRDs¹

Increased burden of infections is a reality for patients with AIIRDs, including RA. Use of intensive immune therapies at early disease stages necessitates prevention of infections via vaccination.

Overarching principles

1. Assess vaccination status on an annual basis



2. Use shared decision-making for implementation of individualised vaccination programs



3. Administer vaccines during quiescent disease



4. Administer vaccines prior to planned immunosuppression, in particular B cell-depleting therapy



5. Non-live vaccines can be administered during use of DMARDs and systemic glucocorticoids



6. Live vaccines may be considered with caution
 - Preferably administered 4 weeks prior to treatment initiation, except for MMR and HZ vaccines

Highlights of vaccination recommendations

- Influenza and pneumococcal vaccines
 - > strongly consider for majority of patients

- Hepatitis A, hepatitis B, and HZ vaccines
 - > administer to patients at risk

- Routine vaccines for immunocompetent household members of patients with AIIRDs
 - > follow national guidelines, with exception of oral polio vaccines

- Tetanus toxoid and human papillomavirus vaccine
 - > provide as for general population

- Yellow fever vaccine
 - > avoid administration

- Live-attenuated vaccines for newborns of mothers treated with biologics during second half of pregnancy
 - > avoid during first 6 months of life



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AIIRD, autoimmune inflammatory rheumatic disease; DMARD, disease-modifying antirheumatic drug; EULAR, European Alliance of Associations for Rheumatology; HZ, herpes zoster; MMR, measles, mumps, and rubella; RA, rheumatoid arthritis.

Reference: 1. Furer V, Rondaan C, Heijstek MW, et al. *Ann Rheum Dis*. 2020;79(1):39-52.

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For patients with active disease, consider immunisation on an individual basis