

# EULAR Recommendations for Vaccination in Patients With AIIRDs<sup>1</sup>

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