VACCINATIONS RELATING TO RHEUMATOLOGY MEDICATION

Non-Live Vaccinations

Non-live vaccines in the UK include:

- Flu (influenza), COVID-19, Shingles (Shingrix), and Pneumococcal

I'm getting a vaccination, do I need to stop Methotrexate?

- Following non-live vaccination in adults, methotrexate should be withheld for up to two weeks. However if your arthritis is not well controlled you do not need to stop your medication following these vaccinations.

I'm getting a vaccination, do I need to stop my biologic injections/infusions?

- You do NOT need to stop your biologic injection or infusion. However, timing your vaccine can help your body make a better response. You can use the guide below:

If you take weekly injections:

- Have your vaccine one week after your last injection
- Skip the dose that would fall on the day of your vaccine

If you take injections every 2 weeks:

- Have your vaccine in the middle of your 2-week cycle

If you take injections or infusions every 4 weeks / monthly

- Have your vaccine halfway between doses

If you have infusions every 6-8 weeks:

- Have your vaccine halfway between infusions

If you take Rituximab:

- Have your vaccine at least 4 weeks before your next infusion, and
- Wait 3-4 months after an infusion before having a vaccine

- You may not gain a full response to the vaccine when on immunosuppressive therapy but you will still have some response to the vaccination

Useful Links:

Vaccines and COVID-19 | Arthritis UK
Medication Used To Treat (RA) | Medication For Rheumatoid Arthritis (RA)

Live Vaccinations

Live vaccines in the UK include:

- Nasal flu vaccine (Fluenz Tetra), MMR (Measles, Mumps, Rubella), Rotavirus, Shingles (Zostavax – *not Shingrix*), BCG, Oral typhoid, Chickenpox (Varicella) and Yellow Fever.

Can I have a live vaccine?

- You should **avoid live vaccines** if you are currently on, or have recently taken, strong immune-suppressing treatment, including:
    - **Biologic medication**: (e.g., anti-TNFs, rituximab, adalimumab, Infliximab) within the last **12 months**, unless your specialist advises otherwise.
    - **High-dose immune-modulating drugs:** (Methotrexate more than 25 mg/week, Azathioprine more than 3 mg/kg/day)
    - Try to avoid children who have had recent nasal flu vaccinations as these are live but the risk of transmission is small. For example if they are sneezing encourage them to use tissues and try to avoid close contact and maintain good hand hygiene.

When can live vaccinations be given safely?

You can have live vaccines if you are on:

- Low-dose steroids (less than 20mg prednisolone daily)
- Low-dose methotrexate (less than 25 mg/week)
- Low-dose azathioprine

I'm on Rheumatology medication but I need to get live vaccinations for going abroad?

- **You can't have live vaccinations if you have taken biologic treatment within the last 12 months**, such as:
  - Anti-TNF, Rituximab, Infliximab *(please see table below with all medications listed)*

- **You can't have live vaccination if you are taking high dose non-biologic immune-modulating medicines**, such as:
  - Methotrexate more than 25 mg per week
  - Azathioprine more than 3 mg/kg/day

Why can't I have live vaccinations while on certain Rheumatology medications?

- Live vaccines aren't safe to have while you're on certain rheumatology medications because these treatments suppress your immune system. This means the vaccine could cause a serious infection or make you very unwell.

NHS Grampian

Vaccines You Can Have While on Rheumatology Treatment

Rheumatology medication	Influenza	COVID-19	Pneumococcal	Shingles	Live Vaccinations
Abatacept	Yes	Yes	Yes	Yes	No
Adalimumab	Yes	Yes	Yes	Yes	No
Anakinra	Yes	Yes	Yes	Yes	No
Baricitinib	Yes	Yes	Yes	Yes	No
Belimumab	Yes	Yes	Yes	Yes	No
Bimekizumab	Yes	Yes	Yes	Yes	No
Certolizumab	Yes	Yes	Yes	Yes	No
Etanercept	Yes	Yes	Yes	Yes	No
Filgotinib	Yes	Yes	Yes	Yes	No
Golimumab	Yes	Yes	Yes	Yes	No
Guselkumab	Yes	Yes	Yes	Yes	No
Ixekizumab	Yes	Yes	Yes	Yes	No
Leflunomide	Yes	Yes	Yes	Yes	No
Methotrexate	Yes[1]	Yes[1] >20mg weekly	Yes	Yes >20mg weekly	No[2]
Prednisolone	Yes >20mg daily for more than a month	Yes >20mg daily for more than 10 days in the month before	Yes >20mg daily for more than 10 days in the month before	Yes >20mg daily for more than 10 days in the month before	No[2]
Prednisolone		Yes ≥10mg daily for >4 weeks in the last 3 months		Yes ≥10mg daily for >4 weeks in the last 3 months	No[2]

Prednisolone				Yes >40mg daily for >1 week in the past month	No[2]
Rituximab	Yes*	Yes*	Yes*	Yes*	No
Sarilumab	Yes	Yes	Yes	Yes	No
Secukinumab	Yes	Yes	Yes	Yes	No
Sulfasalazine			Yes	Yes	
Tocilizumab	Yes	Yes	Yes	Yes	No
Upadacitinib	Yes	Yes	Yes	Yes	No
Ustekinumab	Yes	Yes	Yes	Yes	No

Vaccinations should be taken at least 4 weeks before Rituximab infusions and 3 - 4 months after. This is to allow your body to make the best response to the vaccination before your receive your immunosuppression

[1] Following influenza or COVID-19 vaccination in adults, methotrexate should be withheld for up to two weeks, assuming disease activity/risk of flares allows. That means if your arthritis is not well controlled you do not need to stop your medication following your flu vaccination

[2]You can have a live vaccination if on less than 20mg methotrexate weekly on its own and not in combination with other arthritis medication

[2] adults on high-dose corticosteroids (more than 40mg prednisolone per day) for more than 1 week

[2]adults on lower dose corticosteroids (more than 20mg prednisolone per day) for more than 14 days

Influenza Vaccination

When is it given?

- Once a year from autumn through to winter

Who is Eligible?

- Everyone 65 years and over
- Clinical risk groups including: Immunosuppression due to disease or treatment including
- Biologic therapy including:
  - anti-TNF (Etanercept, Adalimumab, Certolizumab Pegol, Infliximab and Golimumab)
  - B-cell depletors (Rituximab and Belimumab)
  - IL6 inhibitors (Tocilizumab and Sarilumab)
  - T-cell co-stimulator inhibitors (Abatacept)
  - IL17A inhibitors (Secukinumab and Ixekizumab)
  - IL17A and F inhibitors (Bimekizumab)
  - IL23 inhibitors (Guselkumab)
  - IL12 and 23 inhibitors (Ustekinumab)
  - JAK inhibitors (Baricitinib, Filgotinib, Tofacitinib and Upadacitinib)
- If you are taking steroid tablets more than 20mg daily for more than 1 month
- Pregnant women at any stage of pregnancy
- Individuals who share living accommodation with immunosuppressed individuals

COVID-19 Vaccination

When is it given?

- Offered to Eligible individuals twice a year in Autumn and Spring

Who is Eligible?

- Adults aged 75 years and over
- Individuals aged 6 months and over who are immunosuppressed
- Those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma and psoriasis.
- Biologic therapy including anti-TNF (Etanercept, Adalimumab, Certolizumab Pegol, Infliximab and Golimumab), B-cell depletors (Rituximab and Belimumab), IL6 inhibitors (Tocilizumab and Sarilumab), T-cell co-stimulator inhibitors (Abatacept), IL17A inhibitors (Secukinumab and Ixekizumab), IL17A and F inhibitors (Bimekizumab), IL23 inhibitors (Guselkumab), IL12 and 23 inhibitors (Ustekinumab), JAK inhibitors (Baricitinib, Filgotinib, Tofacitinib and Upadacitinib), Cyclophosphamide and Mycophenolate,
- If you are taking steroid tablets more than 20mg daily for more than 10 days in the month before vaccination.
- Long term steroids more than 10mg daily for more than 4 weeks in the 3 months before vaccination.
- Methotrexate more than 20mg weekly, Azathioprine more than 3mg/kg/per day and Mycophenolate more than 1gram per day in the 3 months before vaccination

Pneumococcal Vaccination - Infections caused by the bacterium *Streptococcus Pneumoniae*

When is it given?

- Once off only vaccination - some people need an extra pneumococcal (PPV23) vaccine every five years. This applies to people who have no spleen, reduced spleen function, chronic renal disease or certain other conditions where antibody levels drop more quickly.
- Because protection can wear off faster in these groups, a repeat PPV23 (or PCV20 when available) is recommended every five years.
- You do not need blood tests to check antibody levels before having the vaccine, this is not required for any risk group.

Who is Eligible?

- Adults aged 65 years and over
- Those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma and psoriasis.
- Biologic therapy including:
    - anti-TNF (Etanercept, Adalimumab, Certolizumab Pegol, Infliximab and Golimumab)
    - B-cell depletors (Rituximab and Belimumab)
    - IL6 inhibitors (Tocilizumab and Sarilumab)

- T-cell co-stimulator inhibitors (Abatacept)
- IL17A inhibitors (Secukinumab and Ixekizumab)
- IL17A and F inhibitors (Bimekizumab)
- IL23 inhibitors (Guselkumab)
- IL12 and 23 inhibitors (Ustekinumab)
- JAK inhibitors (Baricitinib, Filgotinib, Tofacitinib and Upadacitinib)
- Cyclophosphamide and Mycophenolate.

- If you are taking steroid tablets more than 20mg daily for more than 10 days in the month before vaccination.
- If you are taking Methotrexate, Sulfasalazine and Leflunomide.

Shingles Vaccination (Shingrix non-live)

When is it given?

- 2 injections from 8 weeks to 6 months apart any time of the year

Who is Eligible?

- Adults aged 60 - 79 years of age
- 18 years and over in those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma and psoriasis.

- Biologic therapy including:
  - anti-TNF (Etanercept, Adalimumab, Certolizumab Pegol, Infliximab and Golimumab)
  - B-cell depletors (Rituximab and Belimumab)
  - IL6 inhibitors (Tocilizumab and Sarilumab)
  - T-cell co-stimulator inhibitors (Abatacept)
  - IL17A inhibitors (Secukinumab and Ixekizumab)
  - IL17A and F inhibitors (Bimekizumab)
  - IL23 inhibitors (Guselkumab)
  - IL12 and 23 inhibitors (Ustekinumab)
  - JAK inhibitors (Baricitinib, Filgotinib, Tofacitinib and Upadacitinib)
  - Cyclophosphamide and Mycophenolate
- Methotrexate more than 20mg per week (tablets and injections)
- Moderate to high dose corticosteroids (equivalent more than 20mg prednisolone per day) for more than 10 days in the previous month
- Long term moderate dose corticosteroids (equivalent to more than 10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- certain combination therapies at individual doses lower than stated above, including those on more than 7.5mg prednisolone per day in combination with other immunosuppressant’s (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

- Individuals who have received a short course of high dose steroids (equivalent more than 40mg prednisolone per day for more than a week) for any reason in the previous month.