



PATIENT INFORMATION LEAFLET

IMMUNISATION RECOMMENDATIONS FOR ADULT PATIENTS TREATED WITH IMMUNE-SUPPRESSING MEDICINES OR IMMUNOGLOBULINS

What are the aims of this Leaflet?

This leaflet has been written to help you understand what immunisations/vaccinations are recommended, and those to avoid, while you are taking medicines that can suppress your immune system.

It also includes a paragraph at the end about immunisations if you are being treated with immunoglobulins

What medicines can suppress the immune system?

There are plenty of examples of such medicines, including: high dose prednisolone, ciclosporin, methotrexate, mycophenolate mofetil, azathioprine, hydroxycarbamide and new targeted treatments known as 'biological' agents e.g. etanercept, efalizumab, infliximab etc.

Should I have the influenza vaccination (Flu Jab) ?

Ideally you should have the influenza vaccine (Flu Jab) before you start the treatment and then have further influenza vaccinations every year while you are on the immunosuppressant therapy.

You should NOT have the influenza vaccine if you have known anaphylactic hypersensitivity (severe allergy) to egg products.

Should I have the Pneumococcal Vaccination?

Before you start the treatment you should ideally have immunisation with Pneumococcal vaccine, and then five yearly booster immunisations.

Do not worry if you have not had the immunisation before starting treatment.

There are several possible reasons for this:

- The Doctor may feel that your condition is severe enough not to want to delay starting the medicine by waiting for a stock of vaccine to be available at your General Practitioners (GP) surgery.
- It is not always possible for the Doctor to be sure in advance that you are going to stay on the medicine long-term, so vaccination may not be considered necessary.

Is it important to know whether I have had chickenpox in the past?

Yes.

Discuss with your Doctor/GP whether you are sure that you have had chickenpox in the past. If you are unsure then a blood test can be done to check whether you have got antibodies to Varicella (chickenpox). If you are not immune (no antibodies are detected) you may be offered vaccination prior to starting treatment.

However, the vaccination in adults involves having 2 separate injections 4 to 8 weeks apart. As this may delay starting your treatment for up to 3 months it may be considered unacceptable.

If you do not have protective antibodies in your blood it is important that you report any suspected contact with Chickenpox to your Doctor/GP, as they can then decide whether you require the cover of a pre-prepared injection of Chicken Pox Antibodies called Varicella Zoster Immune-Globulin (VZIG).

What should I do if I am planning to travel?

If you are planning to travel while on treatment then you should let your Doctor know. There are certain vaccinations called 'live vaccines' that you should not have once the treatment has started, so it is best to have them before you start the medicine. Your GP or Practice nurse will be able to provide you with up to date information on which vaccinations are required when travelling to different locations.

Which vaccines are 'live', and should be avoided when on immune-suppressing medicine, and which are safe?

Inactivated Vaccines (safe)

Influenza
Pneumococcal
Diphtheria
Tetanus
Pertussis
Haemophilus Influenzae
Type b (Hib)
Hepatitis A
Hepatitis B

Live Vaccines (avoid)

Measles
Mumps
Rubella
Oral poliomyelitis (OPV)
BCG
Oral Typhoid
Varicella
Yellow Fever

Japanese Encephalitis
Meningococcal
Inactivated Poliomyelitis (IPV)
Rabies
Tick borne encephalitis
Monovalent whole cell typhoid
& Typhoid Vi polysaccharide antigen

Does it make any difference to the vaccinations my family members are given?

It is important that other members of your family should not be given live oral Polio Vaccination while you share the same bathroom/toilet facilities. If the live vaccine is accidentally given to them, then you should avoid close personal contact with the person given the live polio vaccine for 4-6 weeks.

An alternative polio vaccine (IPV) is now routinely given in the UK for babies having their primary course of immunisations, and this will not cause a problem.

A special mention about Immunoglobulins

If your Doctor is treating you with immunoglobulins into your muscle/ veins you should be given live vaccines at least 3 weeks before the infusion, or wait until 3 months afterwards. This is because the infusion may interfere with the immune system's response to the vaccination, as it already contains some antibodies to Measles and Varicella.

This does not apply to Yellow Fever, as immunoglobulin used in the UK is unlikely to contain high levels of antibody to this virus.

Where can I find out more about immunisation?

www.immunisation.org.uk

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=719&pid=22646>

http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254

(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

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