

# IBD Checklist for Monitoring & Prevention™

Patient's Name: \_\_\_\_\_

MR#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Vaccine Preventable Illnesses	Dates Discussed	Dates Completed
<b>Varicella (Chicken Pox - Live Vaccine)</b> Check Varicella Zoster Virus IgG. If negative consider vaccination. Can be considered in patients on "low dose" immunosuppression (prednisone ≤20mg/day, MTX, 6-MP, azathioprine), but not on biologics. Can administer > 4 weeks prior to starting biologics.		
<b>Zoster (Shingles - Live Vaccine)</b> Can be administered to patients ≥ 50 on "low dose" immunosuppression (prednisone ≤ 20mg/day, MTX, 6-MP, azathioprine), but not on biologics. Can administer > 4 weeks prior to starting biologics.		
<b>MMR (Live Vaccine)</b> Contraindicated in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.		
<b>Diphtheria and Pertussis (Non-Live Vaccine)</b> Vaccinate with Tdap if not given within last ten years, or if Td ≥ 2 years.		
<b>Influenza (Non-Live Vaccine)</b> 1 dose annually to all patients during flu season (avoid intranasal live vaccine in immunosuppressed patients).		
<b>HPV (Non-Live Vaccine)</b> Related to cervical and anal cancer. 3 doses approved for females and males ages 9-26 (regardless of immunosuppression).		
<b>Hepatitis B (Non-Live Vaccine)</b> Check hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody before initiating anti-TNF therapy. If non-immune consider vaccination series with non-live hepatitis B vaccine, 3 doses. If active viral infection or core Ab positive, check PCR and withhold anti-TNF therapy until active infection is excluded or treated appropriately.		
<b>Hepatitis A (Non-Live Vaccine)</b> Safe to administer at-risk patients regardless of immunosuppression.		
<b>Meningococcal Meningitis (Non-Live Vaccine)</b> Vaccinate at-risk patients (college students, military recruits) if not previously vaccinated regardless of immunosuppression.		
<b>Pneumococcal Pneumonia (Non-Live Vaccine)</b> If not immunosuppressed: Consider vaccination with PSV23 (Pneumovax®). If immunosuppressed: Vaccinate with PCV13 (Prevnar®) followed by PSV23 (Pneumovax®) ≥ 8 weeks later followed by PSV23 booster after 5 years.		

Bone Health	Dates Discussed	Dates Completed
<b>Vitamin D 25-OH Level</b> Check at least once in all patients and supplement if deficient or insufficient.		
<b>Bone Density Assessment</b> Assess bone density if the following conditions are present: 1. Steroid use > 3 months; 2. Inactive disease but past chronic steroid use of at least 1 year within the past 2 years; 3. Inactive disease but maternal history of osteoporosis; 4. Inactive disease but malnourished or very thin; 5. Inactive disease but amenorrheic; 6. Post menopausal women; regardless of disease status.		
<b>Prescription of Calcium &amp; Vitamin D</b> Co-prescription of calcium and vitamin D tablets for all patients with each course of oral corticosteroids and if vitamin D deficient or insufficient.		

The above highlighted entries are a part of The Physician Quality Reporting System (PQRS). [www.gastro.org/practice/quality-initiatives/cms-physician-qualitative-report-initiative](http://www.gastro.org/practice/quality-initiatives/cms-physician-qualitative-report-initiative), accessed October 5, 2014

Therapy Related Testing	Dates Discussed	Dates Completed
<b>Mesalamines</b> Annual renal function monitoring.		
<b>Corticosteroids - See Bone Health.</b> Document plan and use of corticosteroid-sparing therapy. Consider ophthalmology exam.		
<b>Thiopurines</b> TPMT, CBC and liver function prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.		
<b>Methotrexate</b> CBC, liver, and renal function prior to initiating therapy. Routine CBC, liver, and renal function monitoring while on therapy.		
<b>Anti-TNFa</b> Tuberculosis (TB) screening prior to initiating therapy with PPD skin testing and/or QuantiFeron-TB Gold assay. Chest X-Ray if high-risk and/or indeterminate PPD or QuantiFeron-TB Gold. Perform annual TB risk assessment and consider re-testing if high risk (including travel to endemic region). See Hepatitis B vaccine. CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.		
<b>Natalizumab</b> Enrollment in TOUCH program. Check JCV antibody and treat if negative. Retest JCV antibody q 4-6 months prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.		
<b>Vedolizumab</b> CBC, liver, and renal function prior to initiating therapy and periodic monitoring.		

Cancer Prevention	Dates Discussed	Dates Completed
<b>Colon Cancer</b> If ulcerative colitis beyond the rectum or Crohn's is present in at least 1/3 of the colon, perform annual or bi-annual surveillance colonoscopies with targeted mucosal sampling; consider chromoendoscopy if available, to assess for dysplasia after 8-10 years or history of dysplasia.		
<b>Cervical Cancer</b> Annual PAP smears if immunocompromised.		
<b>Skin Cancer</b> Annual visual exam of skin by dermatologist if immunocompromised and recommend sun exposure precautions.		

Miscellaneous	Dates Discussed	Dates Completed
<b>Assessment of anatomic location and activity</b>		
<b>Smoking Cessation</b> Discuss at every visit.		
<b>Nutritional Assessment</b> B12 if ileal disease or resection, iron panel.		

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