

# Cornerstones IBD Checklist for Monitoring & Prevention™

VACCINE-PREVENTABLE ILLNESSES	DATE COMPLETED
<p><b>COVID-19 (SARS-CoV-2)</b> Recommended for any age meeting local vaccine approval criteria with mRNA, nonreplicating viral vector, or subunit vaccine regardless of immune suppression.</p>	
<p><b>Diphtheria &amp; Pertussis — Tdap (Non-Live)</b> Vaccinate if not given Tdap vaccine within the last 10 years, or if Td vaccine was ≥ 2 years ago.</p>	
<p><b>Hepatitis A (Non-Live)</b> Safe to administer regardless of immunosuppression.</p>	
<p><b>Hepatitis B (Non-Live)</b> Check HBsAg, HBeAb, HBeAb before anti-TNF therapy. If non-immune: 3-dose vaccine series. If active infection or core Ab+: check PCR and withhold anti-TNF until active infection is excluded or treated.</p>	
<p><b>Herpes Zoster/Shingles (Inactivated Recombinant)</b> RVZ recommended for adults &gt;50 yrs regardless of immune suppression. Consider for patients ≥18 yrs, based on risk, particularly if treated with JAK inhibitor or S1P receptor modulator.</p>	
<p><b>HPV (Non-Live)</b> Recommended for ages 9–26. Consider up to 45 yrs on case-by-case basis for at-risk patients, regardless of immune suppression.</p>	
<p><b>Influenza (Inactivated or Recombinant)</b> Vaccinate annually with trivalent or quadrivalent dose during flu season. Intranasal live vaccine CONTRAINDICATED in immunosuppressed patients.</p>	
<p><b>Meningococcal Meningitis</b> If not previously vaccinated, recommended for all increased-risk patients (college students, military recruits, certain travel) regardless of immunosuppression.</p>	
<p><b>MMR ⚠️ (Live Vaccine)</b> CONTRAINDICATED in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.</p>	
<p><b>Pneumococcal Pneumonia (Inactivated)</b> Adults ≥19 with no prior vaccine or unknown history: 1 dose PCV15 followed by PPSV23 &gt;8 weeks later <b>OR</b> 1 dose PCV20. If prior PPSV23 vaccination, but no pneumococcal conjugate (e.g., PCV13, PCV15, PCV20): 1 dose PCV15 or PCV20 ≥1 year after PPSV23. If prior PCV13 vaccination, but not all doses of PPSV23: 1 dose PPSV23 &gt;8 weeks after PCV13. If &lt;65 at 1<sup>st</sup> PPSV23 and still &lt;65: administer 2<sup>nd</sup> PPSV23 &gt;5 years after 1<sup>st</sup> PPSV23. If ≥65 and &gt;5 years since last PPSV23: administer final PPSV23.</p>	
<p><b>RSV (Non-Live)</b> Abrysvo (bivalent, RSV-A and-B) or Arexyl (bivalent, RSV-A plus adjuvant) recommended for adults &gt;60 yrs. A single dose of Abrysvo or Arexyl is safe regardless of immunosuppression. Administer Abrysvo to pregnant patients at 32–36 weeks gestation. Coordinate with their pediatrician to determine whether the infant should receive nirsevimab/palivizumab.</p>	
<p><b>Varicella/Chicken Pox ⚠️ (Live Vaccine)</b> Check VZV IgG and consider vaccination if non-immune. CONTRAINDICATED in immunosuppressed patients and those planning to start immunosuppressants within 4 weeks.</p>	

Therapy-Related Monitoring	DATE COMPLETED
<p><b>Mesalamines/5-ASAs</b> During therapy: Annual renal function monitoring. If treated with sulfasalazine, also consider routine CBC + LFTs monitoring.</p>	
<p><b>Corticosteroids</b> Document plan and use of corticosteroid-sparing therapy. Recommend ophthalmology exam. See Bone Health section.</p>	
<p><b>Thiopurines</b> Pre-therapy: TPMT, CBC, LFTs, and consider NUDT15 polymorphism prior to dosing. During therapy: Routine CBC + LFTs monitoring. Recommend annual skin exam and annual Pap tests.</p>	
<p><b>Methotrexate</b> Pre-therapy: CBC, LFTs, and renal function. During therapy: Routine CBC, LFTs, and renal function monitoring.</p>	
<p><b>S1P Receptor Modulators</b> ECG rhythm evaluation prior to therapy; BP, CBC, LFTs prior to therapy &amp; routine monitoring during therapy; fundoscopic exam, including macula, near start of therapy &amp; periodic monitoring during therapy, especially patients with hx of uveitis or macula edema; skin exam near start of therapy &amp; periodic monitoring during therapy. Confirm hx of varicella, documentation of vaccinations, or that VZV IgG is positive. If non-immune, consider vaccination. See Varicella/Chicken Pox. Shingles vaccine strongly recommended. See Herpes Zoster/Shingles.</p>	
<p><b>JAK Inhibitors</b> Pre-therapy: CBC, LFTs, fasting lipid panel; TB screening via PPD skin tests or QuantiFERON-TB Gold assay. CXR if high-risk or indeterminate test results; Assess VTE risk with Caprini score*. Consider alternative therapies if high-risk. Shingles vaccine strongly recommended. See Herpes Zoster/Shingles. During therapy: Routine CBC + LFTs monitoring, fasting lipid panel 4-12 weeks after initiating therapy; annual TB risk assessment (rescreen if high-risk).</p>	
<p><b>Anti-TNFα</b> Pre-therapy: CBC, LFTs, and renal function; TB screening via PPD skin tests or QuantiFERON-TB Gold assay. CXR if high-risk or indeterminate test results; Hepatitis B assessment &amp; vaccine. See Hepatitis B. During therapy: Routine CBC, LFTs and renal function monitoring; annual TB risk assessment (rescreen if high-risk).</p>	
<p><b>Anti-Integrins</b> Vedolizumab: CBC, LFTs, and renal function prior to therapy &amp; routine monitoring during therapy. Natalizumab: CBC, LFTs, and renal function prior to therapy &amp; routine monitoring during therapy; JC Virus antibody test prior to therapy + retest every 6 months during therapy.</p>	
<p><b>Anti-IL-12/23 &amp; Anti-IL-23</b> Pre-therapy: CBC, LFTs, and renal function; TB screening via PPD skin tests or QuantiFERON-TB Gold assay. CXR if high-risk or indeterminate test results; Hepatitis B assessment &amp; vaccine. See Hepatitis B. During therapy: Routine CBC, LFTs and renal function monitoring; annual TB risk assessment (rescreen if high-risk). Risankizumab: additional LFTs up to 12 weeks after initiating therapy; Mirikizumab: additional LFTs up to 24 weeks after initiating therapy.</p>	

Bone Health	DATE COMPLETED
<p><b>Bone Density Screening (DXA)</b> DXA scan indicated in patients meeting any of the following criteria: Corticosteroid use &gt;3 months; Inactive disease w/chronic corticosteroid use ≥1 yr in past 2 yrs; Inactive disease w/maternal history of osteoporosis; Inactive disease w/malnutrition or significantly low body weight; Inactive disease w/ amenorrhea; Post-menopausal females, regardless of disease activity.</p>	
<p><b>Vitamin D &amp; Calcium Levels</b> Co-prescribe calcium and vitamin D for all patients with each course of oral corticosteroids and for patients with deficient or insufficient vitamin D levels (25(OH)D&lt;40 ng/mL).</p>	
<p><b>Vitamin D 25-OH Level</b> Monitor 25-OH vitamin D levels serially. Supplement if levels are deficient or insufficient (25(OH)D&lt;40 ng/mL).</p>	
CANCER PREVENTION	
<p><b>Colorectal Cancer Surveillance</b> With UC beyond the rectum OR Crohn's involving ≥one-third of the colon: initiate surveillance colonoscopy after 8 yrs of disease. Intervals vary by risk stratification, ranging annually to every 3/5 yrs. High-definition scopes with augmented imaging (NBI or dye spray), and targeted biopsies are recommended.</p>	
<p><b>Cervical Cancer Screening</b> Refer immunocompromised patients for annual Pap tests. After 3 consecutive years of normal results, screen every 3 years. For non-immunocompromised patients, follow standard population-based screening guidelines</p>	
<p><b>Skin Cancer</b> Refer immunocompromised patients for annual full-body skin examination by a dermatologist. Counsel patients on sun protection and the increased risk of non-melanoma skin cancers associated with IBD-related immunosuppressive therapy.</p>	
MISCELLANEOUS	
<p><b>Behavioral Health</b> Screen for behavioral health conditions at every visit. Document findings and refer to mental health services when indicated.</p>	
<p><b>Nutritional Assessment</b> Assess for malnutrition and significant weight loss at every visit. Monitor iron, vitamin B12, and vitamin D levels serially. With prior bowel surgery or malnutrition, assess additional micronutrients as clinically indicated.</p>	
<p><b>Pregnancy</b> Recommend low-dose aspirin (81–162 mg/day) initiated at 12 weeks gestation to reduce risk of preterm preeclampsia.</p>	
<p><b>Smoking Cessation</b> Assess smoking status at every visit. Counsel on cessation and refer to support services when indicated.</p>	

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