

NEW: 2019 update of EULAR Recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases

25 November, 2019, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published updated recommendations for vaccination of patients with autoimmune inflammatory rheumatic diseases (AIIRD). This update supersedes EULAR's 2011 recommendations, and incorporates recent evidence on efficacy, immunogenicity and safety of vaccination.

The recommendations are designed to help physicians and health professionals make decisions when immunising AIIRD patients, who face an increased risk of vaccine-preventable infections such as influenza and pneumonia. However, some vaccines may be less efficacious in certain AIIRD patient subgroups and could lead to exacerbation of underlying disease.

Based on evidence from a systematic literature review and expert opinion, a EULAR multidisciplinary task force formulated six overarching principles and nine recommendations. These updated guidelines emphasise the responsibility of the rheumatology team in the vaccination programme, and the timing of vaccination with regard to disease activity and treatment with disease-modifying anti-rheumatic drugs.

The six updated overarching principles are:

1. The vaccination status and indications for further vaccination in patients with AIIRD should be assessed yearly by the rheumatology team.
2. The individualised vaccination programme should be explained to the patient by the rheumatology team, providing a basis for shared decision-making, and be jointly implemented by the primary care physician, the rheumatology team and the patient.
3. Vaccination in patients with AIIRD should preferably be administered during quiescent disease.
4. Vaccines should preferably be administered prior to planned immunosuppression, in particular B-cell depleting therapy.
5. Non-live vaccines can be administered to patients with AIIRD during the use of glucocorticoids and DMARDs.
6. Live-attenuated vaccines may be considered with caution in patients with AIIRD.

Nine updated recommendations address the use of specific vaccines:

1. Influenza vaccination should be strongly considered for the majority of patients with AIIRD.
2. Pneumococcal vaccination should be strongly considered for the majority of patients with AIIRD.
3. Patients with AIIRD should receive tetanus toxoid vaccination in accordance with recommendations for the general population. Passive immunisation should be considered for patients treated with B-cell depleting therapy.
4. Hepatitis A and hepatitis B vaccination should be administered to patients with AIIRD at risk; in specific situations, booster or passive immunisation is indicated.
5. Herpes zoster vaccination may be considered in high-risk patients with AIIRD.

6. Vaccination against yellow fever should be generally avoided in patients with AIIRD.
7. Patients with AIIRD, in particular patients with systemic lupus erythematosus, should receive vaccinations against human papilloma virus in accordance with recommendations for the general population.
8. Immunocompetent household members of patients with AIIRD should be encouraged to receive vaccines according to national guidelines with the exception of the oral polio vaccines.
9. Live-attenuated vaccines should be avoided during the first 6 months of life in newborns of mothers treated with biologics during the second half of pregnancy.

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

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Notes to Editors

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