

# Patient information

## Vaccines and Rheumatology

### WHY SHOULD I GET VACCINATED?

If you suffer from a chronic inflammatory disease, you have a higher chance of getting an infection and getting sick. The increased risk is due to the way your body responds to infections, other health issues you may have, and other medications that you may be taking for your underlying inflammatory condition. Vaccines can help prevent many infectious diseases, which is why they are recommended.

### WHEN SHOULD I GET VACCINATED?

- It is often preferred that you receive your vaccines one to two weeks prior to starting rheumatology medications for maximum effectiveness.
- It is also preferred that you receive vaccinations when your disease is under good control
- Always let your health care provider know the type of vaccine(s) you've received or are required and what medication(s) you are currently on

### HOW WILL A VACCINE INTERACT WITH MY DISEASE?

- There is no increased risk of serious or mild side effects related to the vaccine because of your rheumatic disease.
- If you have started rheumatology medications for your disease it is important to know the type of vaccine received and what medications you are currently taking
- Flares (worsening of symptoms) as well as new diagnosis of rheumatic disease have been reported following vaccination. Both the type of vaccine and type of disease may influence whether a flare is more likely. Holding off taking medications after vaccination may also cause your disease to flare.
- Contact your rheumatologist if your symptoms worsen after a vaccination

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- Treatments such as a single steroid injection, can be used without decreasing the effectiveness of the vaccine. Medications may also be restarted after an assessment by your rheumatologist.

## WHAT SPECIAL PRECAUTIONS SHOULD I FOLLOW?

### Inactive vaccines

- Inactive vaccines use a dead version of the germ that causes the disease, but you cannot get sick from the dead virus or bacteria. These vaccines include the Influenza (flu) vaccine, Pneumococcal (Pneumonia) vaccine, Herpes Zoster (Shingles) vaccine, COVID-19 vaccine, Hepatitis A & B vaccine, and the Tetanus, Diphtheria, Pertussis vaccine (Tdap). All vaccines can cause mild flu-like symptoms.
- Your rheumatologist may have you hold off taking some of your medications around the time you receive an inactive vaccine, so that your body can respond to the vaccine better. If you do get your vaccine while taking the rheumatology medications, it is still safe and effective.
- If you require the 'before-exposure' Rabies vaccine, it should only be given in the muscle and not under the skin. This is not a routine vaccination for most individuals.

### Live vaccines

- Live vaccines contain the active or 'live' version of the virus/bacteria, which is weakened in a laboratory. Live vaccines include but are not limited to measles, mumps, and rubella (MMR), varicella, yellow fever, oral typhoid, bacillus Calmette-Guerin (BCG), smallpox and rotavirus.
- In patients whose immune system is weak or who are taking medications that suppress the immune system, live vaccines may cause symptoms of the disease they are being given for, which is why they are usually avoided in these patients.
- Live vaccines should be given two to four weeks prior to starting most rheumatology medications. If you are already taking rheumatology medications, ask your rheumatologist when it would be safe to get a live vaccine, and when to restart your medications afterwards.
- If you are pregnant, ask your rheumatologist about your baby's vaccines during the first six months of age as some adjustments may be needed.
- Patients on rheumatology medications should use extra caution when changing diapers of babies vaccinated against rotavirus, for four weeks. (Either avoid altogether or perform excellent hand hygiene afterwards.)
- Those planning to travel to areas requiring live vaccines; such as yellow fever vaccine, oral polio vaccine, bacillus Calmette-Guerin (BCG) vaccine and oral typhoid

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fever vaccine, will need to be assessed by a travel medicine specialist for advice and planning and/or modify their travel plans.

## MEDICATION INSTRUCTIONS

### Live vaccines

Not recommended unless advised by your specialist

### Inactive vaccines (other than the influenza vaccine)

- Hold off taking methotrexate for one to two weeks after any inactive vaccine if your disease is stable/under control, and then restart your methotrexate as usual
- If on Rituximab, other inactive vaccines should be given at least five to six months after last dose was given, and two to four weeks before the next infusion
- If on more than 20 mg of prednisone daily, you should wait to get an inactive vaccine until the dose can be decreased.
- If on Tofacitinib (brand name: Xeljanz), or Baricitinib (brand name: Olumiant) or Upadacitinib (brand name: Rinvoq), there is an option to skip the medication for one week following the inactive vaccine, and then restart.
- If on Mycophenolate Mofetil and the disease is stable, skip the medication for one week after the COVID-19 vaccine.

### Influenza (flu) vaccine (recommended yearly)

- Skip methotrexate for one to two weeks after the flu vaccine if your disease is stable/under control, and then restart your methotrexate as usual
- If on Rituximab, the influenza vaccine should be given on schedule in the fall and if possible, two to four weeks prior to the next dose
- you should get the flu vaccine on schedule even if you are on more than 20 mg of prednisone daily,
- If on Tofacitinib (brand name: Xeljanz), Baricitinib (brand name: Olumiant), or Upadacitinib (brand name: Rinvoq), there is an option to skip the medication for one week following the flu vaccine