
Canadian Rheumatology Association Position Statement for Vaccinations in Patients with Rheumatic Diseases

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1. Children and adults with rheumatic diseases are at increased risk of developing vaccine-preventable infections as a result of disease-related immune dysfunction, as well as the use of immunosuppressive medications.¹ Therefore, routine and specialized vaccinations should be encouraged, and missed opportunities should be minimized.
2. It is recommended that rheumatologists review their patients' vaccination status at the time of diagnosis and during follow-up care. Catch-up vaccination should be considered when possible.
3. Professional organizations, including the American College of Rheumatology (ACR)², European Alliance of Associations for Rheumatology (EULAR)³ and Paediatric Rheumatology European Society (PReS)⁴, have developed guidance for the administration of vaccinations in patients with rheumatic diseases. The Canadian Rheumatology Association recommends that healthcare providers use these resources as a reference and tailor the recommendations outlined in these guidelines to local guidelines.
4. While the Canadian Immunization Guide outlines general immunization recommendations for all Canadians, each province and territory has its own specific vaccination guidelines and schedules.
5. Vaccinations against COVID-19⁵, human papillomavirus², influenza^{2,3,6}, pneumococcal^{2,3,7-9}, zoster (shingles)^{2,3,10,11} and respiratory syncytial virus (RSV) should be considered for individuals with rheumatic disease and immunosuppressed individuals, in addition to routine vaccinations.
6. The Canadian Rheumatology Association recommends that public coverage be provided for vaccinations outside of the routine schedules that are recommended for individuals with rheumatic disease including those who are immunosuppressed.
7. One should distinguish between inactivated and live attenuated vaccines. While inactivated vaccinations can be safely administered in patients with rheumatic diseases, regardless of treatment status, the efficacy may be reduced in immunosuppressed individuals. Concerns exist regarding live attenuated vaccines, which may cause infectious complications in immunosuppressed hosts.

Live Attenuated Vaccines available in Canada
MMR(V): measles, mumps, rubella, (varicella)
Varicella (chickenpox) *
Influenza (nasal spray only)
Rotavirus
Yellow fever
Typhoid (oral only)
Tuberculosis: BCG (Bacillus Calmette–Guérin)

****Of note: this does not apply to the recombinant herpes zoster (shingles) vaccine which is not live-attenuated i.e., Shingrix***

8. It is advised that healthcare providers offer vaccination recommendations by engaging in shared decision-making with their patients and considering the following factors:
 - Patient-specific factors
 - Age and comorbidities
 - Vaccination history
 - Patient preference, and cultural or religious beliefs
 - Public health and policy
 - Public health guidelines and requirements
 - Outbreaks
 - Travel regulations and local disease burden
 - School entry requirements
 - Employment mandates
 - Access-related factors
 - Private or public insurance coverage
 - Vaccination availability and supply

P.S. This position statement supersedes the COVID-19 vaccine position statement of March 2022.

References

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