

The Saudi Society for Rheumatology (SSR) Recommendations for Shingles Immunizations in Adults with Autoimmune Inflammatory Rheumatic Diseases

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Background

Patients with AIIRDs are at increased risk of Herpes Zoster Virus (HZV) infection compared with the general population, with the highest risk in patients with inflammatory myositis and SLE.1 Vaccination against HZV has been associated with a reduced incidence of HZV infection over a median of 2 years follow-up.²

Methodology

This guideline was adapted from the American College of Rheumatology (ACR)
Guideline for Vaccinations in Patients with Rheumatic and Musculoskeletal Diseases. A Core Leadership Team (7 Rheumatologists and one Infectious disease) supervise the project.

Timing of recombinant HZ Vaccination

Rituximab³

Time vaccination when the next rituximab dose is due, and then hold rituximab for at least 2 weeks after vaccination

Glucocorticoids³

Defer vaccination until glucocorticoids are tapered to the equivalent of prednisone <20 mg daily.

Methotrexate³
Continue methotrexate

JAK inhibitors4

Give vaccination while on medication

Biologics⁵ (except for Rituximab)

Give vaccination before initiating therapy.

Objectives

1-Review and validate the SSR recommendations for recombinant HZ vaccine in specific populations.
2- Define the timing of vaccination based on the treatment that the patient is receiving.

Recommendation For Vaccination

The Saudi Society for Rheumatology recommends administering the recombinant HZ vaccination:

1-For Patients older than 18 years and younger than 50 years of age who are taking immunosuppressive³ medication, Janus kinase (JAK) Inhibitors (JAKi)⁴, and biologics therapy⁵.

(Strong recommendation). 2- For the general public age ≥50 years³.

Conclusion

New non-live recombinant subunit adjuvant zoster vaccine (Shingrix) is licensed and available in Saudi Arabia, safe and effective for protection for Adults with Autoimmune Inflammatory Rheumatic Diseases.⁶⁷

References

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