



Vaccinations: How should vaccinations in psoriasis patients on systemic treatment be managed?

A narrative literature review was conducted in November 2019.

Results/Answer:

In psoriasis patients vaccination using dead vaccines and live vaccines can be performed at any time, unless a systemic treatment is given that necessitates a different strategy. Psoriasis on its own should not be considered a reason to deviate from standard vaccination recommendations.

Before initiating a systemic treatment, vaccination status should be checked and completed if possible. Annual flu vaccination and vaccination against pneumococci (for those 60 and older) is particularly recommended. National recommendations for vaccinations should be followed.¹

When psoriasis patients receive any kind of systemic therapy dead vaccines can be given; however, vaccination responses may be decreased. Therefore it is recommended to use inactivated vaccines 2 weeks, and attenuated live zoster vaccine 2-4 weeks prior to initiation of systemic therapy. If patients receiving systemic/immunosuppressive therapy inactivated vaccines should be given without treatment interruption².

Live vaccines (including measles-mumps-rubella, varicella) can be used in patients receiving acitretin, apremilast and fumarates. Live vaccines are contraindicated in psoriasis patients treated with ciclosporin, methotrexate, tumor-necrosis-factor alpha (TNF α)-antagonists adalimumab, certolizumab, etanercept and infliximab, and the interleukin 17A- and IL-17A/F antibodies ixekizumab, secukinumab and bimekizumab, and interleukin 17RA-antibody brodalumab.

Generally, before administration of a live vaccine after discontinuation of immunosuppressive therapy, the drug's half life (specifically, the time of five half-lives) and mechanism of action should be taken into consideration. For the following medications, the respective SmPC provide recommendations with regard to timing is available:

Guselkumab: Wait two weeks after live vaccine, start vaccination 12 weeks after last dose.³

Risankizumab: Wait four weeks after live vaccine, start vaccination 21 weeks after last dose.⁴

Ustekinumab: Wait two weeks after live vaccine, start vaccination 15 weeks after last dose.⁵

Tildrakizumab: Wait four weeks after live vaccine, start vaccination 17 weeks after last dose.⁶

For live or live attenuated vaccines in infants (up to six months of age) whose mothers received biologic therapy beyond 16 weeks gestation see chapter pregnancy.



References

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