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Summary

Opportunistic infections and vaccinations in IBD

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UEG Week Berlin 2025 | Presentation

Colorectal | Endoscopy | IBD | Nurses

October 5, 2025

The speaker reviewed infection risk stratification and vaccination strategies in IBD patients on advanced therapies, emphasizing that while serious infection rates are substantial, mortality remains low except in elderly or frail patients.

KEY POINTS

- The speaker stated serious infections occur at approximately 20 per 1000 person-years with anti-TNF therapy, translating to a 20% cumulative risk over ten years, with mortality below 1% in patients under 65 years but exceeding 10% in those over 65 years.
- IBD disease activity itself is an independent risk factor for infections, and effective treatment may reduce infection risk despite immunosuppression, according to the speaker.
- The speaker emphasized that frailty and comorbidity burden are more relevant than chronological age alone for stratifying infection risk.
- Herpes zoster risk is elevated with all immunosuppressive therapies, particularly JAK inhibitors, but the recombinant zoster vaccine approved in 2018 reduces risk twofold with sustained serologic response.
- Pneumococcal vaccination should be considered at IBD diagnosis regardless of immunosuppressive therapy status, as the speaker noted IBD itself independently increases invasive pneumococcal disease risk.
- The speaker recommended screening for EBV, CMV, hepatitis viruses, and varicella zoster at diagnosis because immunosuppressive therapy lowers vaccine response.

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