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Summary

RISK FOR BACTERIAL INFECTIONS AMONG INFLAMMATORY BOWEL DISEASE PATIENTS TREATED WITH BIOLOGICAL AGENTS

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A retrospective Israeli nationwide database study of 1999-2022 found significantly higher rates of bacterial infections across multiple organ systems in IBD patients treated with Anti-TNF, Vedolizumab, or Ustekinumab compared to IBD patients not receiving these biologics.

KEY POINTS

- Among 5523 Anti-TNF-treated patients versus 29,598 controls, higher rates were observed for respiratory tract infection (36.2% vs 31.2%), gastrointestinal tract infection (31.8% vs 21.6%), skin infection (22.5% vs 14.3%), genitourinary infection (26.7% vs 23.7%), and ear-nose-throat infection (31.5% vs 24.2%).
- Among 2220 Vedolizumab-treated patients versus 35,100 controls, significantly higher rates (all $p<0.001$) were found for respiratory tract infection (13.5% vs 5.1%), gastrointestinal tract infection (12.6% vs 3.5%), skin infection (8.4% vs 3%), genitourinary infection (9.7% vs 3.8%), and ear-nose-throat infection (11% vs 4.4%).
- The 940 Ustekinumab-treated patients also showed higher risk of bacterial infection compared to those not treated with Ustekinumab.
- The authors conclude that clinicians should consider the increased susceptibility to bacterial infections when deciding which biological agent to prescribe to IBD patients.

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