SESSION 1
Viral Infections in IBD
INTERACTIVE CASE PRESENTATION

Kelsey is a 24-year-old law student who has recently moved from Montreal. She presents to your office with a three-year history of post-prandial lower abdominal discomfort with borderline microcytic anemia and elevated CRP. She is otherwise well. You schedule a colonoscopy, which shows a distorted ileocecal valve (ICV) preventing ileal intubation. Magnetic resonance enterography (MRE) shows extensive ileal disease with skip lesions and segmental dilation. Budesonide 9 mg PO daily is started.

You remember attending a conference lecture on vaccination and ask if hers are up to date. She believes that she had all her childhood vaccinations and that she has had chicken pox.

ARS Decision Node

1. Which of the following tests would you order?

- **a.** Varicella IgG, mumps IgG, rubella IgG, hepatitis B surface antibody (HBsAb), hepatitis B surface antigen (HBsAg)
- **b.** Varicella IgG, HBsAb, HbsAg
- **c.** HBsAg only
- **d.** None of the above

At her next visit, you review Kelsey's results. She tested positive for mumps and rubella IgG, but negative for HBsAb, HBsAg, and varicella IgG. She tells you her family doctor also got her lab results and wants your guidance on vaccination.

ARS Decision Node

2. Which vaccines would you now advise her family doctor to administer?

- **a.** Hepatitis B (HBV) and varicella vaccines
- **b.** HBV, varicella and conjugate pneumococcal vaccines
- **c.** HBV, varicella and polysaccharide pneumococcal vaccines
- **d.** HBV and conjugate pneumococcal vaccines
- **e.** HBV and polysaccharide pneumococcal vaccine

You decide she should receive HBV, varicella and conjugate pneumococcal vaccines. Unfortunately, Kelsey tells you her pain is worse. Her C-reactive protein (CRP) has also increased. You decide to start adalimumab and azathioprine in combination.

ARS Decision Node

3. How would you advise her to time her vaccinations?

- **a.** Start adalimumab/azathioprine and cancel plans to vaccinate
- **b.** Start adalimumab/azathioprine and administer the vaccines
- **c.** Start adalimumab/azathioprine and administer only the inactivated vaccines
- **d.** Administer the vaccines and delay adalimumab/azathioprine for 3 months

A year after starting combination therapy, Kelsey calls your nurse to report a painful, itchy rash on her chest. She is in the middle of exams and stressed. Her family doctor is away, so you see her the next day. You make a clinical diagnosis of shingles and start oral valcyclovir. The patient asks if she should stop her medications.

ARS Decision Node

4. What change to her medications would you make?

- **a.** No azathioprine or adalimumab for 4 weeks
- **b.** No azathioprine or adalimumab for 2 weeks
- **c.** No azathioprine or adalimumab until the lesions heal
- **d.** There is no need to interrupt treatment

She responds well to antiviral therapy and the rash heals after 10 days. She tells you her father has had a vaccine against shingles and asks if she should also receive it.

ARS Decision Node

5. What vaccine strategy would you advise for Kelsey?

- **a.** Restart her medications and give the shingles vaccine
- **b.** Delay her medications for 3 months and give the varicella-zoster virus (VZV) vaccine
- **c.** Delay her medications for 3 months and give the shingles vaccine
- **d.** Restart her medications and do not vaccinate