



## Vaccinations: How should vaccinations in people with psoriasis who are planning or receiving systemic immune-modifying treatment be managed?

A narrative literature review was conducted.

### Results/Answer:

Psoriasis per se is not considered a reason to deviate from standard vaccination recommendations/national vaccination policy.

Patients who are planning to start systemic immune-modifying therapy for psoriasis:

- The optimal timing for vaccination is prior to starting systemic immune-modifying therapy.
- Check vaccination status and complete appropriate vaccinations in line with national vaccination policy prior to starting systemic immune-modifying therapy where possible.
- Check the drug specific summary of product characteristics (SmPC) for the recommended timeframe for starting systemic immune-modifying medication following vaccination.

Patients who are receiving systemic immune-modifying therapy for psoriasis:

- The immune response to vaccination is influenced by multiple factors including the type and dose of systemic immune-modifying therapy, the type of vaccine (live attenuated or non-live attenuated), intrinsic host factors (e.g. age, comorbidities) and extrinsic factors (e.g. preexisting immunity from prior exposure to antigen)<sup>1</sup>.
- Check national vaccination policy for vaccination requirements during therapy.
- Check the drug specific SmPC for the recommended timeframe for taking systemic immune-modifying treatment following vaccination.
- In general, non-live attenuated vaccines can be safely used in patients receiving systemic immune-modifying therapy, however vaccine immunogenicity may be reduced. Live attenuated vaccines should be avoided in patients receiving systemic immune-modifying therapy, in line with drug specific SmPCs. Live attenuated vaccines should also be avoided in infants (up to six months of age) whose mothers received biologic therapy beyond 16 weeks gestation (see drug specific SmPCs and chapter on pregnancy).
- A complete course of COVID-19 vaccination including an additional (third) primary dose and booster doses in line with national vaccination policy is recommended since individuals



receiving immune-modifying therapy may have attenuated humoral and cellular responses to the COVID-19 vaccine compared with healthy controls <sup>2-5</sup>. A 2-week interruption of methotrexate following vaccination should be considered where possible since it may improve vaccine immunogenicity, although the impact on vaccine clinical effectiveness is unknown <sup>6,7</sup>. There is no consensus on correlates of protection against infection, symptomatic disease or severe COVID-19.



## References

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