

Table 4.24.1: Recommendations for use of zoster vaccine in persons on immunosuppressive therapy

Immunosuppressive therapy		Treatment regimen	Potential timing of vaccination
High-dose corticosteroid monotherapy (≥20 mg per day of prednisone or equivalent)		Therapy for less than 14 days	Immunise 1 month prior to treatment initiation OR any time after treatment cessation
		Therapy for 14 days or longer	Immunise 1 month prior to treatment initiation OR at least 1 month after treatment cessation
csDMARDS	Azathioprine	>3.0 mg/kg per day	Immunise 1 month prior to treatment initiation OR at least 3 months after treatment cessation
	6-mercaptopurine	>1.5 mg/kg per day	
	Methotrexate	>0.4 mg/kg per week	
	All other csDMARDS*	All regimens	
T-cell inhibitors (e.g. tacrolimus, cyclosporine)		All regimens	
Other unspecified immunosuppressants (e.g. chemotherapy [§]) [†]			
bDMARDs or tsDMARDs (e.g. monoclonal antibodies)		All regimens	Immunise 1 month prior to treatment initiation OR at least 12 months after treatment cessation [‡]

* Does not include sulfasalazine which is considered safe at any dose.

[†] This does not include persons who have received haemopoietic stem cell transplantation (HSCT) who should not receive zoster vaccine until at least 24 months post HSCT (refer also to 3.3 *Groups with special vaccination requirements*).

[‡] In some cases immunosuppression that absolutely contraindicates live attenuated vaccines can persist for a year or more after the last dose of therapy. Live attenuated vaccines should preferably not be given to any patient who has previously received biologic immunotherapies, unless this has been approved by the treating physician after evaluation of the delay since last treatment and in some cases an assessment of immunological recovery.

[§] For patients who have recently received chemotherapy and/or radiotherapy waiting at least 6 months rather than 3 months may be appropriate. An individual patient risk benefit assessment is required.