



Medicines that affect your immune system – general safety advice

Information for people with inflammatory bowel disease

PE-IBD-04

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Keep this sheet with the information sheet for your own medicine. It applies to steroids, azathioprine, mercaptopurine and methotrexate, to biologics such as infliximab, adalimumab, vedolizumab, ustekinumab, risankizumab and guselkumab, and to JAK inhibitors. They damp down the part of the immune system attacking your bowel, so they also make you somewhat less able to fight infection. For most people the benefit clearly outweighs this – uncontrolled inflammation carries its own risk of serious infection.

Before you start

We check for hepatitis B and C, HIV and previous chickenpox, and screen for tuberculosis with a chest X-ray and a blood test before a biologic or a JAK inhibitor is started, because these medicines can reactivate an old, silent infection. We also check that your vaccinations are up to date.

Infection – what to watch for

If you have	What to do
Fever above 38°C, shivering, or feeling suddenly unwell	Contact your doctor or attend the Emergency Department the same day. Say you take a medicine that affects the immune system.
Sore throat, mouth ulcers or unexplained bruising or bleeding	Contact your doctor the same day and have a full blood count.

Cough for more than three weeks, night sweats, or weight loss	Contact your doctor – tuberculosis must be excluded.
A painful blistering rash in a band on one side of the body	Contact your doctor the same day – shingles is treatable if caught early.
Contact with chickenpox or measles, if you have not had them	Contact your doctor within 24 hours – protective treatment may be needed.

Tell every doctor, dentist and pharmacist that you are on this medicine, and take your medicine list with you.

Vaccines – the important rule

Vaccines that do not contain live organisms are safe and recommended: annual influenza, COVID-19, pneumococcal, hepatitis A and B, and the recombinant shingles vaccine. They may work slightly less well than in other people, which is a reason to have them, not to avoid them.

Live vaccines must be avoided: MMR, the live chickenpox and live shingles vaccines, yellow fever, oral typhoid, oral polio and BCG. A live vaccine should be given at least four weeks before treatment starts, or after a gap we will advise on. Never accept one, including for travel, without checking with us first.

Other everyday precautions

- Protect your skin from the sun, avoid sunbeds, and report any new or changing mole or a sore that does not heal – some of these medicines raise the risk of skin cancer.
- Women should attend cervical screening as advised; it matters more on these medicines.
- Take care with food hygiene, and plan travel at least eight weeks ahead.
- Avoid anti-inflammatory painkillers such as ibuprofen and diclofenac, which can trigger a flare. Paracetamol is safe.
- Do not stop or change these medicines yourself, including during a flare or before surgery. Speak to us first.

Reaching us, and blood tests

Contact your doctor in working hours, using the numbers your clinic has given you, about any reaction to a medicine – that is what lets your doctor bring your appointment forward – and about repeat prescriptions. If you are seriously unwell, go to the Emergency Department rather than waiting.

Most medicines need regular blood tests – usually a full blood count with kidney and liver tests. The schedule differs by medicine and is on your own medicine sheet. Missing them is the commonest reason a treatment has to be stopped, so attend even when you feel completely well.

Pregnancy, breastfeeding and fertility

Most of these medicines are continued through pregnancy and breastfeeding, because a flare in pregnancy is more dangerous to the baby than the medicine is. Methotrexate is the important exception and must be stopped well before conception, by women and men; JAK inhibitors and S1P modulators are also stopped beforehand. Do not stop any medicine on your own – contact your doctor, who will plan it with you.

Biologics cross to the baby late in pregnancy, so the baby's live vaccines must be delayed. BCG matters most, because in Oman it is given at birth: the deferral has to be arranged before you deliver, not decided on the day. The manufacturer of infliximab advises waiting twelve months and international consensus advises at least six, so the IBD and paediatric teams will agree the timing for your baby. The rotavirus vaccine, given at two and four months, is normally still given on schedule. Tell your doctor as soon as you know you are pregnant, and make sure this is written in the maternity and newborn notes.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. This sheet is general information and does not replace the advice of your own doctor. Version 1.0 · review date October 2028.

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