

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/preventing-serious-infections-in-immunocompromised-patients/32817/>

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Preventing Serious Infections in Immunocompromised Patients

Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from Dr. Leonard Calabrese, who will be sharing insights from his presentation at the 2025 Congress of Clinical Rheumatology West conference on preventing serious infections in patients with immune-mediated inflammatory diseases. Dr. Calabrese heads the Section of Clinical Immunology at the Cleveland Clinic in Ohio, where he also manages the Clinical Immunology Clinic and is on the staff of the Department of Rheumatic and Immunologic Diseases.

Dr. Calabrese:

Rheumatologists deal with a broad spectrum of patients of varying levels of immunocompetency. We have patients with noninflammatory rheumatism, who basically are compromised by age and comorbidities. But the most challenging group are our patients with immune-mediated inflammatory diseases, which by definition, have immune systems that are perturbed and, moreover, are virtually all on some form of immunomodulatory or immunosuppressive drugs.

I think the first task at hand is to appraise and triage patients as to their level of immunocompromise.

Once you assess the patient's level of immunocompetency, then there's a series of, procedures and considerations that should follow. The first, of course, is preventing infections, and this has to do with the concepts of vaccination and where they stand in terms of their vaccination status. The problem is that the higher the level of immunosuppression—and again, coming back to our patients who are B-cell depleted on drugs like rituximab or inebilizumab, or now, we're starting to actually treat patients with CAR T-cells and bispecific engagers—these patients may be incapable of mounting a protective vaccine response, and they have to be dealt with separately. For the others, we should be working in partnership with their primary care physician or other healthcare professional that is in their circle of care to see if they have had their appropriate age-related vaccines that they should be receiving, and then examine them for specific vaccines that they may be eligible for that a person who's not immunocompromised is not.

Secondly, determine what the best time to administer these vaccines are, and that's before we start immunosuppression, if that's at all possible. For patients on B-cell depletion therapy, we try to schedule them at the end of a cycle. The question that always comes up to us is, "Well, if I'm going to give a vaccine to this patient that has rheumatoid arthritis and their disease is flaring, should I give it then, or should I wait at some other time?" And optimally, if the situation allows, we like to give them during periods of disease control, because vaccines can cause reactogenicity and inflammation and could upset the status quo of their disease.

Announcer:

That was Dr. Leonard Calabrese talking about serious infections in patients with immune-mediated inflammatory diseases and strategies for preventing them. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!