

LETTER FROM THE EDITOR



Amid the controversy about vaccines among the sometimes misinformed and disinformed lay public and lay health educators, some physicians—including gastroenterologists—are ill-informed about the importance of immunizations in patients with inflammatory bowel disease (IBD). Many gastroenterologists do not evaluate the immunization status of new patients and are either not well-informed or adherent to guidelines. The data on the matter suggest that more physician and patient education is needed on this issue.

Most patients with IBD will, at some point, receive immunosuppressive therapy, putting them at increased risk for infections and, in turn, complications that persons with intact immune systems can better avoid. It becomes the treating gastroenterologist's responsibility to make sure that, before initiating therapy, patients are up-to-date with vaccinations and demonstrate adequate immunity following vaccination. The gastroenterologist also needs to have a guidelines-guided strategy in place for patients who require one or another vaccine while on immunosuppressive therapy.

The recommendation is that pediatric patients with IBD should receive the same routine immunization schedule as healthy children but receive inactivated vaccines if they are on immunosuppressive therapy. All patients, including adults, should receive the influenza vaccine.

In this issue of *Gastroenterology & Hepatology*, Dr Ying Lu, of the Division of Pediatric Gastroenterology at Cohen Children's Medical Center of New York at Hofstra North Shore–Long Island Jewish School of Medicine in Lake Success, and Dr Athos Bousvaros, of the Inflammatory Bowel Disease Center at Boston Children's Hospital and Harvard University in Boston, Massachusetts, present an informative and comprehensive review on immuniza-

tions in children with IBD who are being treated with immunosuppressive therapy.

In our well-illustrated second feature, which is authored by Dr Justin M. Gomez and Dr Andrew Y. Wang, of the University of Virginia in Charlottesville, a strong case is made for adhering to surveillance guidelines to intercept gastrointestinal metaplasia and prevent gastric cancer.

Complementing our article on immunizations and IBD, Dr Marla C. Dubinsky, of Cedars-Sinai Medical Center in Los Angeles, California, discusses risk assessment in Crohn's disease in our Advances in IBD column. In our Advances in Hepatology column, Dr Hie-Won Hann, of Jefferson Medical College and the Thomas Jefferson University Hospital in Philadelphia, Pennsylvania, discusses advances in hepatitis B virus therapeutics. In addition, Dr Ronnie Fass, of Case Western Reserve University in Cleveland, Ohio, speaks on functional heartburn in our Advances in GERD column, and Dr Vanessa M. Shami, of the University of Virginia in Charlottesville, provides insights on the endoscopic treatment of esophageal strictures in the Advances in Endoscopy column.

I am pleased to present this issue of highly relevant and timely information for application in clinical practice.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive, with a large, stylized "G" and "L".

Gary R. Lichtenstein, MD, AGAF, FACP, FACG