Influenza Questions and Answers

What is the difference between the live seasonal flu vaccine from the live H1N1 version for patients with PIDD?

There should be no difference between the seasonal and H1N1 live vaccines as far as potential risk to PIDD patients is concerned. IDF recommends that PIDD patients not receive either live influenza virus vaccine (FluMist) or live H1N1 intranasal vaccine even though the level of potential risk is low.

Is there any risk associated with a patient with PIDD being in contact with someone who has recently received the live H1N1 vaccine?

According to the CDC, “The flu shot is preferred for people (including health-care workers and family members) in close contact with anyone who has a severely weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit). People in close contact with those whose immune systems are less severely weakened (including those with HIV) may get the live attenuated vaccine.” Our recommendation is that only patients with the most severe forms of PIDD (babies with untreated SCID) need to strictly avoid contact with individuals recently immunized with FluMist.

What are school guidelines for children with PIDD in regard to contact with recipients of the live vaccines?

Using the guidelines from the CDC, children with all but the most severe PIDD should not be at risk from contact with recent recipients of the live virus vaccine. Those children who are this severely affected would not be well enough to be attending school in any event.

Is there at least one form of shot that will have live or partial live virus in it for H1N1?

All vaccines that are given by injection are the killed virus vaccines. The one live virus vaccine available now (FluMist) is given as drops administered into the nose and not by injection, and it is likely that the live H1N1 vaccine would be given the same way.

How are people to know which shot is acceptable?

Although the killed virus vaccine is being produced by several manufacturers, they all are equivalent and one should not worry about which of these killed vaccines to choose. The manufacturer of the live vaccine (FluMist) does not manufacture a killed vaccine.
Although a test for H1N1 can be done in a physician’s office, most physicians’ offices are not testing, and people have been turned down when they’ve asked to be tested. What are they supposed to do at that point?

The clinical diagnosis of influenza is usually easy, particularly when there is a wide spread outbreak. Persons affected usually have high fevers, a sore throat, aching and other symptoms. The standard office test used for influenza has proven to be unreliable for the H1N1 virus and therefore it is recommended that the lab test is not necessary and might be misleading. From the point of view of patients with PIDD, whether the flu is H1N1 or seasonal influenza, both are expected to have a similar severity profile and would be treated identically.

What do we do if someone in the family becomes ill with influenza?

Although antiviral medications are usually not recommended for individuals who do not have underlying medical conditions that might result in complications, we recommend that immediate family members with influenza who will be in close contact with patients with PIDD be treated with anti-viral drugs to reduce the level of exposure of the PIDD patient. The patient should also be given 10 days of prophylactic antiviral drug treatment if exposed to someone with influenza and should immediately be treated with full dose antivirals if they develop influenza symptoms.

Your doctor will be able to prescribe either Tamiflu or Relenza as antiviral treatments. We recommend contacting your physician immediately if anyone in the family becomes ill with symptoms of influenza to make plans for all members of the family.