

Flu Vaccine Guidance for Patients with Immune Deficiency

This article has been reviewed by Thanai Pongdee, MD, FAAAAI



While vaccinations for both the seasonal flu and H1N1 are among the best prevention tools available to prevent complications from the flu, should patients with immune deficiency be given the vaccines?

Immune deficient patients have a decreased resistance to infections, they often have repeated infections, or cope with infections that are more severe and cause unexpected complications.

In general, there are two different types of vaccines. One is a live vaccine, the other is a killed vaccine. Live vaccines contain live bacteria or a virus that has been modified. This means they've lost their disease-causing ability or are administered by a route that prevents them from causing clinical disease. Killed vaccines are just what the name says—the bacteria or virus in the vaccine is dead.

The difference between the live and killed vaccines is important for those with immune disorders. The live viral vaccines should not be given to patients with immunodeficiencies. This includes FluMist[®], a live viral intranasal vaccine.

Also, family members or household contacts should not receive a live viral vaccine, as they may transmit the live virus to the immune deficient family member. On the other hand, most people in these categories should get the killed vaccines for seasonal influenza and H1N1 because there is no risk of disease from killed or microbial subunit vaccines in patients with immune deficiency. Patients with severe T-cell deficiency should not receive the H1N1 vaccine.

Patients with primary immune deficiency, but not patients with severe T-cell deficiency, should receive the H1N1 vaccine. Although the antibody response may be poor or low, the cell-mediated immune response may be a helpful immune response to the virus.

In addition to the immune deficient patient and his or her household members receiving vaccinations with the killed influenza virus, preventative measures such as hand washing should be practiced. If a family member or household contact begins to have flu symptoms, anti-viral influenza drugs should be made available and taken at the first sign of the symptoms.

To the Point

Family members or household contacts should receive the killed vaccine to prevent transition of the live virus to an immune deficient family member.

DID YOU KNOW?

- An estimated 400 children a year are born in the United States with a serious primary immune deficiency.
- There are two different types of vaccines; live and killed.
- The killed version of a vaccine will not pass the virus to a person with immune deficiency.



Your source for more information
or to find an allergist/immunologist.