H1N1 Virus and Vaccination Among Rheumatology Patients, Especially Those on DMARDS

Sir,

With the influenza season facing us much concern exists among rheumatologist and rheumatology patients regarding the impact of the seasonal influenza virus. Unfortunately this year we also face the additional challenge and worry of the H1N1 virus, first described in April 2009, among rheumatology patients, especially those on Disease-Modifying Anti-Rheumatic Drugs (DMARDs). Traditionally Rheumatologists have become structured in dealing with seasonal influenza vaccination, however 2009 saw many rheumatologists struggling to advise patient regarding the H1N1 virus and associated vaccination. Thankfully the American College of Rheumatology have issued clear guidelines (September 2009), along with the Irish Society for Rheumatology (October 2009) on how to advise and manage patients regarding the H1N1 virus and vaccination.

Most individuals have no pre-existing antibodies to H1N1 due to its swine origin and this makes humans susceptible. In response to this lack of immunity several companies have developed vaccines against the H1N1 virus, with available vaccines first becoming available in mid-October 2009 and conferring protection in 8 to 10 days post administration. The manufacture of these vaccines involves the same process, involving chicken eggs, as the seasonal influenza vaccine and therefore adverse reactions are not anticipated to be any different. The traditional seasonal vaccine can be administered at the same time as the H1N1 vaccine but contraindicated in patients with a history of anaphylaxis to eggs or egg proteins.

From a Rheumatology perspective the group at risk for H1N1 infection and complications are similar to those at risk with the seasonal influenza. Such patients are those with inflammatory arthritis, systemic inflammatory diseases, those receiving immunosuppressive therapies (including steroids, non-biologic and biologic DMARDs), and those with multiple chronic medical conditions. For those patients on DMARDS and receiving the vaccine it is advised that they skip their DMARD treatment on the week of vaccination, those patients on DMARDS and suspected of having H1N1 already it is advised that they stop treatment until the symptoms of the H1N1 virus have completely resolved. It is only safe to recommence at that stage. It is advised that healthcare professionals should continue to monitor the CDC website for updated advice.

For those rheumatology patients who are not vaccinated and suspected of having the H1N1 virus but have an uncomplicated febrile illness treatment is generally not required. For those who are febrile the advice is to avoid work, school or travel until 24 hours after they become afebrile without fever reducing medication. The use of oseltamivir (Tamiflu®) or zanamivir (Relenza®) is also recommended, however zanamivir should be avoided in patients with asthma or an underlying respiratory disease. Administration of antiviral should be administered as early as possible, ideally within 48 hours, and continued for 5 days, and not be delayed while waiting for laboratory confirmation. Empiric therapy for high risk individuals may be appropriate if exposed to a confirmed or presumed H1N1 case, with post-exposure prophylaxis continuing for 10 days after the last known date of exposure.

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