



## **EFFCA breaking news nr. 4 - SPECIAL ISSUE**

### **- FLU AND IBD -**

Influenza is a viral infectious disease caused by some influenza viruses. These viruses are characterized by some surface proteins (called H and N) that distinguish the different kinds of agents. Common seasonal influenza is caused by the type A virus, with two subtypes, H1N1 and H3N2 that affect million of people every year. Recently, a new H1N1 virus has widespread in all continents determining a new pandemic influenza (known as swine flu), that resulted more contagious than seasonal flu. The WHO is monitoring the spreading of this new kind of illness and morbidity and mortality rate. Even though more contagious, mortality rate is rather low (about 0,3% in Europe), especially concerning people with severe comorbidities.

Both seasonal flu and "swine" flu can have a mild severity up to lead to death. They usually cause asthenia, fever, cough, muscular and joints pain, and are often self-limiting. Some patients with cardiac or respiratory diseases may have complications of their diseases due to influenza. The best way to prevent the infection is to vaccine against the infection as well as behaving according to general hygienic rules.

A new vaccine for this new kind of influenza has been quickly developed and tested, resulting to be efficacious and safe as well as the seasonal flu vaccine. It is thus recommended to vaccine as more people as possible, in order to stop the diffusion of this new virus and to protect high risk population.

Patients with IBD are strongly recommended to vaccine themselves against several infectious agents, especially when under immunosuppresant therapy, that is steroids, azathioprine and 6-mercaptopurine, cyclosporine, methotrexate and anti TNF-a agents. The medical immunosuppression increases the risk to get infections, then the patient should carefully follow everyday preventive actions. The possibility to vaccinate should be discussed carefully together with the gastroenterologist, considering individual risks and benefits. It has been reported that patients on immunosuppression may not develop an adequate immune response against the vaccine, then the eventuality to boost the vaccine effects should be considered (dosing immunoglobulines, following preventive hygienic rules, repeating vaccination if needed).

Considering the WHO recommendations, EFCCA suggests to all patients:

Vaccinate yourself. The EFCCA recommends a yearly seasonal flu vaccine. Because seasonal flu vaccine will not protect against H1N1 2009, it is appropriate to vaccinate against both viruses. The

optimum time to get vaccinated against the flu is from late October to mid-November. A flu shot takes one to two weeks to be effective. You are not protected from the flu until the flu shot takes effect. For "swine" influenza you should be vaccinated twice, again after 3 weeks after first shot. All three vaccines which are approved by EMEA are acceptable for IBD patients and those who take any immunosuppressive drug. If you are on anti-TNF therapy you should get influenza vaccine shot at the middle of period between two anti-TNF therapy

Take everyday preventive actions: Cover your nose and mouth with a tissue when you cough or sneeze; wash hands frequently with soap and water (take 20 seconds at least); avoid touching your eyes, nose, or mouth; avoid close contact with sick people as much as possible.

Take flu antiviral drugs if recommended by your doctor. If you get seasonal or "swine" H1N1 flu, antiviral drugs can treat the flu. Antiviral drugs are medicines (pills, liquid or an inhaled powder) that keep the viruses from reproducing in your body. Please, remember that antiviral drugs are effective in the earliest stage of the disease and that must be taken only after medical prescription.

## **References**

<http://www.emea.europa.eu/influenza/vaccines/home.htm>

<http://www.ccfa.org/frameviewer/?url=/media/pdf/FactSheets/flufinal.pdf>

<http://www.ccfa.org/frameviewer/?url=/media/pdf/FactSheets/flufinal.pdf>

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