LETTER TO THE EDITOR

Long term safety and efficacy of H1N1 vaccine in a single-center cohort of IBD patients treated with immunomodulators and/or anti-TNFα biologics

Dear Sir,

Long term efficacy and safety data on influenza A (H1N1) virus vaccination are lacking in patients with Crohn’s disease (CD) and/or ulcerative colitis (UC) who are treated with immunomodulators (IMM) and/or anti-TNFα biologics. This report summarizes our prospectively collected data on this topic in IBD patients who were in deep remission on IMM and/or anti-TNFα biologics who received the H1N1 vaccine (Focetria®) between November 2009 and April 2010 and were followed for one year. The activity of CD and UC were assessed by the Harvey-Bradshaw Index (HB-I) and the Partial Mayo Score (P-MS), respectively. Patients were scheduled to receive 2 doses of Focetria® with an interval of 4 weeks.

Demographic and clinical data of 26 IBD patients enrolled in this vaccination program are shown in Table 1. The H1N1 vaccine was well tolerated, as shown by other studies.1,2 Local pain and systemic symptoms (headache n=1, fatigue n=2, fever n=3) were reported by 8 (30.7%) and 6 (23.7%) patients, respectively, following the 1st dose of the vaccine. These adverse events were unrelated to patient and/or disease characteristics but were numerically higher in patients on anti-TNFα biologics compared to IMM [4/19 (21%) vs 1/7 (14.3%)]. Vaccination did not trigger any flare in either UC or CD patients and all patients maintained normal values of HB-I and P-MS during the 1 year follow up which is in agreement with the study of Rahier et al.1

Furthermore, although IBD patients vaccinated with the 2009 H1N1 influenza vaccine seemed to have a low rate of sero-protection, particularly those who were immunosuppressed3, none of our patients despite treatment with immunosuppressives, reported any flu-like symptoms nor had documented H1N1 infection for 12–15 months following vaccination. This is especially important because the cases of H1N1 reported in the general Greek population between November 2010 and March 2011 far outnumbered and were more severe compared with previous year. Reports from 12 IBD centres showed that 22 of 25 (88%) patients who developed H1N1 infection were on steroids, immunomodulators and/or anti-TNFα agents while none of these patients had been vaccinated against H1N1 virus although 12 patients had received a vaccination against seasonal influenza and pneumococus.4

In conclusion, immunization against H1N1 was proved safe and effective and should be part of our precautionary strategy for patients on IMM and/or anti-TNFα agents.

References

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