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UKPIN Position statement on Swine 'flu vaccination

Patients with antibody deficiencies such as Common Variable Immunodeficiency will not develop a protective antibody titre to vaccinations. The influence of the vaccination on the T cell component of the immune system is unknown but may actually be potentially beneficial during a real infection. Dead vaccines are perceived to be safe in patients with antibody immunodeficiencies. Hence, the yearly inactivated flu-vaccine should not cause more side effects in patients with an antibody deficiency than in any healthy individual.

The outcome of vaccinations in patients with CVID has however been systematically studied (1,2) These studies found that positive vaccination responses can be seen in patients with a diagnosis of CVID; they occurred against protein vaccines in around 25% and against polysaccharide vaccines in around 20% of all vaccinations. They therefore recommended that active vaccination in addition to immunoglobulin replacement therapy should be performed in patients with a retained memory B cell compartment - especially for vaccines in which passive protection could not be guaranteed. It can be assumed that vaccination with inactivated dead influenza vaccine will not harm the patients and may even benefit a subgroup of patients who do mount (even if transient) immunisation responses.

In the current pandemic situation UKPIN therefore recommends that all antibody-deficient patients should be vaccinated with the 2009 inactivated vaccine against H1N1 influenza.

The European Medicines Agency (EMA) has recommended the authorisation of two vaccines (**Focetria, Pandemrix**) for influenza pandemic (H1N1) 2009.

The information that the EMA has made public on this issue, including the product information for each vaccine, can be found on the following website:

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

REFERENCES:

1. Goldacker et al. ([Clin Immunol](#). 2007 Sep;124(3):294-303.)
2. Rezeai et al. ([Clin Vaccine Immunol](#). 2008 April; 15(4): 607–611).