

Vaccinations and Vasculitis: An Interview with Dr. Selina Gierer



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Important Note: Patients need to consult their own health care provider to discuss whether they should get vaccinated.

VF: One of the most common questions asked by patients with vasculitis is whether or not it's safe to get an annual flu shot. What are your recommendations?

Dr. Gierer: Seasonal influenza vaccination is standardly recommended for everyone over the age of 6 months that does not have a contraindication to the vaccine (i.e. severe allergic reaction or possibly some patients with a history of severe allergic reaction to eggs). The injectable form is inactivated, meaning it does not contain live virus. The nasal spray does contain live virus and therefore, theoretically puts patients at increased risk for symptoms of the flu after vaccination and should be avoided in immunocompromised patients. However, this vaccination will not be recommended this year.



VF: Talk about the risks of a vasculitis patient NOT getting a flu shot. Can such a person be at a greater risk for contracting it and being more vulnerable due to condition?

Dr. Gierer: If an immunocompetent patient does not get the influenza vaccine they are of course at risk for developing influenza, which can cause significant illness that can even be life threatening. In a patient with vasculitis, particularly one who on immunosuppressive medications, that risk is higher and there is potential for more severe symptoms, which can be life threatening because the immune system is not able to deal with the infection such as a person with a normal immune system.

VF: Talk about the cautions with using the nasal (Fluenz) vaccine. Isn't this one recommended for pediatric patients, but not for immune compromised vasculitis patients?

Dr. Gierer: The nasal spray does contain live virus and therefore, theoretically puts patients at increased risk for symptoms of the flu after vaccination and should be avoided in immunocompromised patients. However, this vaccination will not be recommended this year to anyone. Per the CDC: "The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017. "

VF: Share your ideas/feedback on the Shingles vaccine. What are some of the risks/precautions with this particular one, and anyone who has vasculitis or an autoimmune condition. Isn't there a potential interaction with steroids?

Dr. Gierer: The Shingles vaccine (Zostavax) is also a live viral vaccine and thus puts high risk immunocompromised patients at risk for developing disease with the vaccination. Patients should speak with their physician to see whether they feel it is safe to obtain prior vaccination. Steroids can blunt a patient's response to vaccinations and can cause a patient to be immunocompromised at high doses, thus potentially predisposing them to disease from a live viral vaccination.



system?

VF: Is it possible to have an allergic reaction to Prednisone? If so, how would the symptoms manifest?

Dr. Gierer: Prednisone allergy is exceedingly rare and the patients I have seen with this manifest with hives typically. Often, patients can tolerate another systemic steroid like dexamethasone for example.

VF: Does the ZIKA Virus hold any additional risk for someone with a compromised immune

Dr. Gierer: The Zika virus affects immunocompetent patients. I am not aware if there is any additional risk in an immunocompromised patient. I recommend that patients talk to their doctor, or they can check the CDC website for information.

VF: What advice do you have for parents who have a child who has vasculitis and who is going into school and must get the required/recommended vaccinations?

Dr. Gierer: The child needs to be vaccinated for their own protection. The recommendation for this would likely depend on the level of immunosuppression. The recommendation for Varicella is no contact if there are lesions. The recommendation for Rotavirus is not to change diapers after a vaccinated infant for 4 weeks.

