World Federation of Hemophilia statement on H1N1 influenza and vaccination

October 26, 2009 – New vaccines are becoming available for H1N1 influenza as the virus continues to spread around the world. The threat of the H1N1 virus is the same for people with bleeding disorders as for anyone else. For the purposes of vaccination, people with hemophilia and other bleeding disorders should be considered part of the general population. Vaccines are effective tools to prevent infectious diseases and people with bleeding disorders should be vaccinated against the H1N1 virus in accordance with the recommendations of their national health authority. People with hemophilia should be given vaccines only subcutaneously.

Patients with other health issues (such as HIV infection or liver disease) should consult their physician and public health authorities regarding which form of vaccination is appropriate for them. One form of the vaccine, called live attenuated influenza vaccine (LAIV), is administered intranasally. It should not be used in individuals with compromised immunity. See these CDC documents for more information: www.cdc.gov/mmwr/preview and www.cdc.gov/h1n1flu/guidance_HIV.htm.

Although this potential pandemic is cause for general concern, the virus in question poses no threat to the safety of plasma-derived medicinal products such as clotting factor concentrates. The influenza virus is a lipid-enveloped virus and is inactivated by common methods used in the manufacture of clotting factor concentrates, such as pasteurization and solvent-detergent treatment. Furthermore, plasma donations would not be accepted from donors that show symptoms of the flu such as fever, a cough, or general pain. People with the flu are contagious when they have symptoms; after their symptoms have gone, they are no longer likely to infect others. No case of influenza transmitted by transfusion has been reported in the scientific literature.

Any global pandemic could have the effect of reducing the plasma supply if significant numbers of plasma donors showing symptoms of the flu were to be deferred. If H1N1 continues to spread around the world, it is possible that, over time, supplies of donated plasma would be affected. This could eventually reduce the supply, but not the safety, of plasma-derived clotting factor concentrates. The WFH will continue to be vigilant regarding any threat to global safety and supply of treatment products for bleeding disorders.

As more information emerges, in particular if there is any risk to the supply of plasma-derived treatment products, the WFH will update the bleeding disorders community.

For more information, please go to:

Health Canada | www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php