



## **EBMT Advisory: H1N1 influenza ("swine flu")**

Dear EBMT Centres:

As you certainly are aware, the world is faced with a new pandemic caused by the influenza H1N1 virus. The full impact of this virus is as yet unknown for example we do not know the risks from infection with H1N1 in haematopoietic stem cell transplant recipients. However, most information existing for other influenza A strains suggest that immunocompromised patients are vulnerable to develop more severe infections. Thus, preventive measures are necessary.

A new H1N1 vaccine is in development but the schedule for delivery to different countries is not yet established although the first deliveries are supposed to happen by the end of September. Although the prioritization will be made by the national authorities, it is important that HSCT patients are regarded as belonging to a risk group and therefore prioritized for early vaccination. Since this is a new influenza strain, two doses of the vaccine is needed given 3-4 weeks apart. It is unclear how early vaccination will be effective but it is suggested that vaccinations are started as soon as there is stable engraftment in a situation where there is an ongoing significant outbreak in the local area. If the epidemiologic situation is less pronounced, it is recommended that vaccination is started at 3-4 months after HSCT. It is also important to initiate pneumococcal vaccination preferably with the conjugate vaccine at 3 months after HSCT. It should also be remembered that vaccination with the H1N1 vaccine will not protect against seasonal flu with other influenza subtypes. Therefore, the seasonal flu vaccine should be administered as well.

It is recommended that hospital staff in SCT units are vaccinated against H1N1.

In non-vaccinated patients with symptoms and in patients who are diagnosed with H1N1 regardless of vaccine status, oseltamivir (Tamiflu) should be given as early as possible when symptoms of influenza appear. Oseltamivir or zanamivir (Relenza) is recommended as prophylaxis for patients exposed to H1N1 for example from household contacts (unless contraindicated by local guidelines).

We are currently designing a short report form for those centers that are interested to report verified cases of H1N1.

For and on behalf of the Infectious Diseases Working Party of the EBMT:

**Hermann Einsele**  
WP Chair

**Per Ljungman**  
EBMT secretary

**Catherine**  
**Cordonnier**

**Dan Engelhard**