



Simcoe Muskoka Regional Cancer Program
Frequently Asked Questions



H1N1 and the Cancer Patient

Q. *What is H1N1?*

Answer: Influenza A/California/2009/H1N1 is a new strain of the flu that is different from the seasonal or 'regular' flu. It is thought to contain elements of avian, swine and human influenza that have adapted to be transmitted and to cause illness in people.

When this virus infects individuals it causes respiratory illness with symptoms similar to seasonal influenza.

Symptoms include:

- fever/chills plus cough
- fatigue
- body/muscle aches, joint pain
- headache
- sore throat
- vomiting and diarrhea is also reported in some infected individuals.

Q. *How serious an illness is H1N1?*

Answer: People with weaker immune systems as a result of cancer treatments – surgery, chemotherapy and or radiation therapy - are more at risk for complications from H1N1 and regular flu. These complications can result in pneumonia, hospitalization and in some cases, death.

Q. *Should I get BOTH? -- the regular flu shot, and the H1N1 vaccine/shot?*

Answer: Yes you should get both vaccines to protect yourself. Patients diagnosed with cancer may have a weaker/compromised immune system and are at higher risk of having severe illness if you get the flu – both the newer strain of H1N1, and also the regular flu strains that come out every year.

The H1N1 vaccine is available now to higher risk groups which includes individuals like you who are diagnosed with cancer and who may have a much weaker or compromised immune system. You can get the H1N1 vaccine from any of the free Public Health clinics and your family doctor may be giving this vaccine. The regular flu shot will be available from your family doctor in December.

You should also encourage your family members to get both the H1N1 vaccine and the regular flu shot, to protect themselves and you, given that your system needs as much overall protection as possible. The average-risk individual with no chronic health conditions can get the H1N1 vaccine starting November 2 from public vaccination clinics, and the regular flu shot in December.

Q. *If I should take both the H1N1 vaccine and the regular flu shot, which should I get first?*

Answer: Given that right now 95 per cent of the type of flu that's around is the newer strain H1N1, it's best to protect yourself first with the H1N1 vaccine. The vaccine is available now to higher risk groups which includes individuals like you who are going through cancer treatment and who have much weaker or compromised immune systems. The average-risk individual with no chronic health conditions can get the H1N1 vaccine starting November 2 from public vaccination clinics.

For added protection, you should also get the regular flu vaccine to be available likely in December. The regular flu shot protects you against the regular strains of flu we see every year.

Q. I am getting chemo treatment, when best should I get the vaccines?

Answer: If you are going to start chemotherapy, and you can get your flu shot before you begin, then do it. If you are already on chemotherapy, then get the flu shot a day or two before you start your next treatment. If you are toward the end of your chemotherapy treatment or have finished, you should wait at least 3 to 4 weeks after your chemotherapy is complete before you get the flu shot.

Q. Is it safe to get flu shots when I am receiving radiation treatment?

Answer: The flu shot will not impact on your radiation treatment. You may get the flu shot at any time during the radiation treatment. Alternatively, if you do not get the flu shot and catch the flu, your radiation treatment will be interrupted until you recover. If you are getting radiation and chemotherapy at the same time, please refer back to the previous question regarding the timing of the flu shot with chemotherapy.

Q. I'm already getting cancer treatment and I'm not feeling great...will I get more sick (get the flu) if I get (i) the regular flu shot, (ii) or the H1N1 vaccine?

Answer: No. There is no living virus in either the regular flu shot, or the H1N1 vaccine. The virus in both vaccines is killed, and then split, so not only is there is no live virus; the 'killed' virus is also split into pieces.

Q. How does the vaccine work? Answer: The vaccine contains substances called antigens that fool the body's immune system into thinking it needs to fight the H1N1 virus. The immune system then produces antibodies to protect the person from H1N1 infection.

Q. I've been hearing about something called an 'adjuvant' that's been added to the H1N1 vaccine? What is that?

Answer: Adjuvants are used to make the immune system respond better. Adjuvants are not new. They have been used in Canada for several decades in commonly-used vaccines such as the tetanus vaccine. They are also commonly used in vaccines in European countries.

Q. Someone told me you can get a thing called Guillain-Barre syndrome (a peripheral nerve disease) from the flu vaccine. Is that true?

Answer: Generally, no. All medications carry side effects. The major side effect linked to flu vaccines is a sore arm for a day or two. 1 – 2 per cent of individuals may have a mild fever or achy sensations for a day or two, but that's just a person's immune system responding.

Guillain-Barre syndrome has only been linked to a 1976 'swine flu' vaccine, and was only linked to certain batches of that vaccine. There hasn't been more risk of this syndrome with any other flu vaccine.

Also, without the vaccine, individuals can get Guillain-Barre syndrome after having the flu or after having other types of respiratory or gastrointestinal infections. Your risk of getting Guillain-Barre syndrome is about 4 to 7 times higher after getting the flu than after the flu vaccine.