GBS | CIDP Foundation International

Speaker Series Summary Episode: Cold & Flu Season with GBS, CIDP & MMN: What Patients Should Know

Overview

As cold and flu season approaches, staying healthy can feel especially important when living with GBS, CIDP, or MMN. Questions about infections, vaccinations, and managing symptoms can leave patients wondering how best to protect themselves. Join us for an informative webinar exploring practical ways to navigate respiratory illness season, including infection prevention, vaccination considerations, recognizing symptoms that may require medical attention, and what to know if you become sick. Participants will leave with helpful information and practical strategies to support their health and have informed conversations with their healthcare providers.

Summary

Introduction	**Dr Nicolas Dubuisson is a consultant neurologist specializing in neuromuscular disorders.** **He completed his neurology residency at the Université catholique de Louvain (UCLouvain), Belgium, followed by a clinical fellowship at the University Medical Center (UMC) Utrecht, the Netherlands, where he received advanced training in inflammatory neuropathies and peripheral nerve ultrasound.**
Is there anything different about catching a cold or flu with GBS, CIDP or MMN?	• **There are three points. Patients shouldn't be scared of the season, because most infections resolve without affecting the condition.** • **Fever, dehydration, poor sleep or reduced activity can temporarily magnify symptoms, usually only for the length of the cold.** • **New or rapidly evolving symptoms are a different matter and warrant contacting a provider, though this is very rare.**

How likely is a relapse after infection?	• **CIDP: There is no clear literature on relapse after infection. Infection precedes only about 10% of CIDP cases.** • **MMN: No relationship to infection has been established. The trigger is unknown.** • **GBS: Recurrence is possible but very rare, about 2–3% of patients.** **If symptoms last about 7 days alongside a cold, that's fine. If they continue or worsen beyond that, contact someone.**
How should patients prepare?	**The aim is to avoid getting sick in the first place:** 1. **Vaccinate, and vaccinate household members too, following your country's recommendations and your provider's guidance.** 2. **Prevent spread. Colds travel by air droplets and sometimes surfaces, so wash hands, use sanitizer, avoid close contact with infected people and ventilate rooms.** 3. **Stay in good shape with sleep, hydration, good diet and rest.**
What should be at home, and what should be avoided?	• **Have a thermometer, paracetamol (acetaminophen) for fever and pain, plain saline nasal spray, masks and hand sanitizer.** • **Avoid nasal sprays containing pseudoephedrine, especially with autonomic problems or high blood pressure, since it can worsen hypertension.** • **No specific medication needs to be stocked for these conditions.** • **Keep a current medication list, allergies, your diagnosis and emergency contacts (your neurologist or neuromuscular center) handy.** • **Have a plan for getting to the hospital or provider in an emergency.**
Any special considerations for IVIG, SCIG or steroids when sick?	• **If you have a fever, ask your provider about postponing an infusion. It's usually flexible, and a delay of a day or two is fine.** • **Being vaccinated while on IVIG or SCIG is fine, but avoid getting the vaccine on the same day as the infusion, so any adverse event can be traced to one or the other.**
Do antivirals or antibiotics interfere with IG treatment?	**No. Antivirals can interact with other medications on your list, so check with your provider or pharmacist. Antibiotics are fine with IG.**

Do vaccines interfere with IVIG?	• **Only live attenuated vaccines (essentially MMR) are affected. IVIG can block the vaccine from working, but it won't cause the disease.** • **Flu and COVID vaccines are recombinant, mRNA or inactivated types and don't interact with IVIG.**
Is there data on flu or COVID vaccines and GBS recurrence?	• **No data exists, mainly because recurrent GBS is so rare. Recurrences tend to have the same symptoms, to be milder, to be more common in people under 30, and to have a different trigger than the first episode.** • **The IGOS study (Rotterdam) suggests immune and genetic background may matter, but the specifics are unknown.**
Can vaccines trigger a CIDP or MMN relapse?	**Large vaccine adverse-event registries have shown no signal for relapse in either condition.**
Should flu and COVID shots be given together or separately?	**There's no specific recommendation either way. Most of his patients take them together without trouble, though one prefers separate shots. Discuss it with your provider.**
Does IG therapy raise the risk of colds and flu?	**No. IVIG replaces the harmful circulating antibodies with healthy donor antibodies and doesn't drastically increase infection risk.**
When should someone be concerned, and how can illness worsen ongoing symptoms?	**Know your baseline, then watch two areas:** • **Respiratory: breathing difficulty means contacting your GP.** • **Neurological: pre-existing symptoms or fatigue getting worse is fine during the infection, but contact your neurologist if they persist or keep worsening afterward.** **For a serious emergency, go to the emergency room.**
What should someone with a GBS history watch for?	• **Full recovery after the first episode: Contact your provider for rapid weakness or sensory changes, especially symptoms returning more than about two months after the first episode.** • **Residual symptoms: Existing symptoms may be temporarily magnified during an infection. Contact someone for new symptoms, rapidly evolving symptoms, or breathing or swallowing problems.**

How is a flu or cold treated in this setting?	• **Antivirals exist for severe flu but only work in the first 48 hours, and are usually for people with comorbidities such as prior respiratory problems.** • **On the neurological side, the doctor repeats the clinical exam and may order an EMG/nerve conduction study. That test only shows changes if symptoms have lasted at least 1–2 weeks. If recurrent GBS is diagnosed, IVIG can be given again.**
Do these patients take longer to recover from a cold?	**Not noticeably. Recovery takes a similar time as for anyone else. Lingering problems such as breathing difficulties from earlier GBS may slow recovery, but that comes from the aftereffects, not from the autoimmune disease itself.**
Why can a virus trigger GBS?	**The proposed mechanism is molecular mimicry. Antibodies made against a virus's surface proteins can also recognize similar proteins on nerves, so they attack both.**
When is ongoing fatigue concerning?	• **Fatigue is a major feature of GBS, CIDP, MMN and autoimmune disease generally, and it can worsen during a cold or flu.** • **Fatigue alone is hard to use to tell a relapse from temporary worsening, and the available questionnaires aren't very precise. If it persists beyond the infection, get a proper clinical exam.**
What about vitamins, probiotics and "immune boosters"?	**There's no evidence they boost immunity.** • **Vitamins help only if you're deficient (for example vitamin D, shown by a blood test). Extra vitamins beyond normal levels add nothing.** • **Vitamin B6 in excess can damage nerves, so be careful with multivitamin or supplement doses.** • **Probiotics have no proven benefit here, apart from restoring gut bacteria after diarrhea or a gastrointestinal infection.** **If supplements give you a psychological boost, that's fine, as long as you know they aren't proven to help.**

Final takeaways!	**Most colds and flu pass without lasting effect on GBS, CIDP or MMN, so don't panic.** 1. **Prevent first. Get vaccinated (as your provider advises), vaccinate your household, wash hands, ventilate, and protect your sleep, fluids and diet.** 2. **Watch the timing. Temporary worsening while sick is expected. Call your neurologist if symptoms last past the infection, keep worsening, or are new and fast-moving.** 3. **Emergencies. Trouble breathing or swallowing, or rapidly progressing weakness, means urgent care or the ER.** 4. **Keep a medication list with allergies, your diagnosis and emergency contacts.** 5. **Know your IG rules. Ask about postponing infusions during a fever, and keep vaccines and infusions on separate days. Only the live MMR vaccine is affected by IVIG.** 6. **Choose remedies carefully. Use plain saline nasal spray, not pseudoephedrine. Skip immune boosters, which are unproven, and excess B6 can harm nerves.** 7. **When sick, isolate, hydrate and rest.**

Relevant Resources

Centers of Excellence: https://www.gbs-cidp.org/support/centers-of-excellence/

Doctor to Doctor Consult: https://www.gbs-cidp.org/doctor-to-doctor/

Find our Awardee's Research Here: https://pubmed.ncbi.nlm.nih.gov/

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