Influenza and Diabetes



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Diabetes and Influenza



1918 - 1919 pandemic

- •This killed between 20 – 40 million people
- •Face masks were worn but provided little protection against infection



What is the current Issue?



• Diabetes was responsible for 12% of healthcare spending in 2015 and is expected to reach USD 802 billion by 2040

Vaccine recommendations

- CDC has come up with recommendations of vaccines for diabetes patients
 - Influenza vaccine
 - Pneumococcal vaccine
 - Hepatitis B vaccine
 - Tdap vaccine- against whooping cough and tetanus
 - Zoster vaccine
 - HPV vaccine
 - MMR vaccine
 - Varicella vaccine
- The same are also recommended by
 - American Diabetes Association
 - Advisory Committee on Immunization Practices
 - World Health Organization

Classification

RNA virus



Kingsbury DW. In: Fields BN *et al.*, eds. *Virology*. 2nd Edn. New York: Raven Press; 1990: 1076–87. Photo courtesy of Linda Stannard, University of Cape Town, South Africa.



Risk of complications with Influenza



Insulin resistance damages beta-cells and leads to autoimmune insulitis



Insulin resistance damages b-cells and leads to autoimmune insulitis



Autoimmune Activation in T2DM



Suppressed Immunity in DM Patients

- PMN functions ↓ (particular when acidosis is present):
 - Lecukocyte adherence ↓
 - Chemotaxis ↓
 - Phagocytosis ↓
 - Antioxidant activities ↓
- But response to vaccines appear to be <u>normal</u>
- Improving <u>glycemic control</u> might improve immune function

Diabetes and Influenza

- Diabetes is associated with several immunological changes
- Cell-mediated immunity appears to be the most affected, with alterations in immune cells including polymorphonuclear leukocytes, monocytes, and lymphocytes
- Diabetes patients are more common and serious because of several pathological changes in diabetes patients including;
 - Reduced T lymphocyte response
 - Reduced neutrophil function
 - Changes in humoral immunity
 - Reduced antioxidant defense
 - Lower secretion of inflammatory cytokines
 - Hyperglycemia

The effects of hyperglycemia on the immune system



HYPERGLYCEMIC IMMUNE RESPONSE PMNs adhere Decreased Decreased Decreased to endothelium chemotaxis phagocytosis bacterial destruction Decreased IgG fication of complement Glycosylation 20 Decreased WBC count 09 Decreased oxidative Decreased complement burst with supeoxide binding to bacterial radical production surfaces

Pathophysiology of infections associated with diabetes mellitus

