

Children With IBD May Be at Risk for Hepatitis B

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GASTROENTEROLOGY

SAN ANTONIO – Approximately half of children being treated with infliximab for inflammatory bowel disease did not have immunity to hepatitis B, based on data from 100 children.

Patients with inflammatory bowel disease (IBD) treated with infliximab who lack immunity to hepatitis B virus are at risk for severe liver disease if exposed to

with anti-HBs levels of 10 mIU/mL or higher were considered immune.

Regardless of vaccination history, 49% of the children were immune to HBV and 51% were not. The mean concentration of anti-HBs levels in the immune children was 295.6 mIU/mL.

The children were aged 5-18 years (mean, 13 years) at the time of diagnosis with IBD. The mean age at which the blood sample for this study was taken

was 18 years. Approximately 60% of the patients were boys, and most were white.

Vaccination data were available for 87 patients, 91% of whom had been vaccinated. Most of these patients received the hepatitis B vaccine as part of their routine childhood immunization schedules, so they had a 5- to 10-year gap between the time they received hepatitis B vaccination and the time they started infliximab for IBD, Dr. Moses said.

Factors related to HBV immunity, including body mass index percentile and Crohn's disease location, were similar between the two groups. Patients with immunity were slightly older at the time of IBD diagnosis.

A booster dose of HBV vaccine had been given to 20 patients, and the full vaccination series had been started in 7 patients at the time of the study presentation at the meeting. ■

VITALS

Major Finding: Among children being treated with infliximab for IBD, 51% had no immunity to hepatitis B and were at increased risk for liver complications.

Data Source: A prospective, single-center study of 100 children with IBD.

Disclosures: Dr. Moses had no financial conflicts to disclose.

the virus in the community, noted Dr. Jonathan Moses of the Cleveland Clinic.

To determine the degree of hepatitis B virus (HBV) immunity, Dr. Moses and his colleagues conducted a prospective study of 100 consecutive children who were being treated with infliximab for IBD at a single center; 91 of the children (91%) had Crohn's disease. The mean duration of infliximab therapy was 38 months, and the mean dose was 7 mg/kg.

Blood samples were taken at a routine visit for infliximab infusion. The samples were tested for three markers: hepatitis B surface antigen (HBsAg), hepatitis B core antibody (anti-HBc), and hepatitis B surface antibody (anti-HBs). Patients

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sides preventing rheumatic fever. "We know that treating results in a reduction in contagion," he said. "And it prevents sequelae like abscesses of the lymph nodes."

The question of which antibiotic to use was not the only group A strep controversy Dr. Harrison discussed. He also spoke highly of new rapid tests for strep, citing a recent study in *Clinical Pediatrics* (2010;49:1050-2) that found that several of the new tests had sensitivity and specificity above 95%.

Based on this research, he doesn't think everyone needs to order a throat culture in the case of a negative result with a rapid test. "It's not really a necessary thing, in my personal opinion, for everyone, although it's recommended."

The exception? In an area with rheumatic fever or some other special cause for concern, the throat culture is still advisable.

Dr. Harrison disclosed that he has had a financial relationship with Glaxo-SmithKline Vaccine Group. Dr. Pichichero said that he had no relevant financial disclosures. ■

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