Zoster Vaccine Advised for Adults 60 and Older

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People aged 60 years and older should receive the herpes zoster vaccine to prevent the development of shingles, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommends.

A single dose of the vaccine can be given to adults 60 years and older even if they have already had an episode of shingles, which is characterized by the development of blisters and severe pain that can persist for months or even years. The vaccine, made by Merck & Co., is not indicated to treat acute zoster, to prevent patients with zoster from developing postherpetic neuralgia, or to treat ongoing postherpetic neuralgia. It does not compromise the immunogenicity of trivalent inactivated influenza vaccine if given simultaneously.

The new recommendation, published in an early-release electronic edition of Morbidity and Mortality Weekly Report last month, replaces a provisional recommendation made the CDC's Advisory Committee on Immunization Practices after licensure of the vaccine in 2006 by the Food and Drug Administration. The report also addresses other aspects of treating herpes zoster, such as oral antiviral agents acyclovir, valacyclovir, and famciclovir, which reduce the severity and duration of acute pain from zoster.

The zoster vaccine is not licensed for persons under age 60 years or for persons of any age who have received varicella vaccine.

Zoster vaccine is contraindicated for those with a history of anaphylactic reaction to any component of the vaccine; those with primary or acquired immunodeficiency; and pregnant women, though that is not likely in this age group.

The most common side effects associated with the vaccine are redness, pain, and swelling at the injection site, as well as pruritus and headache. ■

Fluoroquinolone Resistance Rises In Older Patients

WASHINGTON — Fluoroquinolone resistance rose significantly over an 8-year period in hospitalized adults aged 65 years and older with gram-negative bacterial infections.

The safety and bioavailability of fluoroquinolones (FQs) have made them a popular choice for treating infections—especially urinary tract and intra-abdominal infections—in older adults. But increased fluoroquinolone resistance in gram-negative bacteria may have a significant impact on the use of these agents in this population, wrote Jon P. Furuno, Ph.D., of the University of Maryland, Baltimore, and his colleagues in a poster presented at the annual meeting of the American Geriatrics Society.

They collected microbiology data from all cultures that tested positive for gram-negative bacteria in patients aged 65 years and older who were admitted to the University of Maryland Medical Center between January 1998 and December 2005.

During that period, they analyzed a total of 1,839 *Escherichia coli*, 554 *Proteus mirabilis*, 1,044 *Pseudomonas aeruginosa*, 1,068 *Klebsiella*, and 480 *Enterobacter cloacae* isolates.

FQ resistance increased significantly across all species, from 8% in 1998 to almost 27% in 2005. But resistance varied by species and within years. Species-specific significant increases in the percentage of resistant isolates were observed from 1998 to 2005 for *E. coli* (3% vs. 31%), *P. mirabilis* (7 % vs. 39%), and *Klebsiella* (1.7% vs. 9.3%). Resistance rates in *P. aeruginosa* and *E. cloacae* increased from 1998 to 2005, but the differences were not statistically significant.

The researchers defined FQ resistance as resistance to all FQ drugs against which the isolates were tested, including ciprofloxacin, levofloxacin, and gatifloxacin.

They urged that prescribers consider the evidence of rising FQ resistance when choosing antibiotics for hospitalized older adults, although they conceded that more data are needed to determine the impact on treatment failure and subsequent outcomes in this population.

The study was supported in part by funding from the National Institutes of Health, the Centers for Disease Control and Prevention, and the Infectious Diseases Society of America. Dr. Furuno did not disclose any financial conflicts.

—Heidi Splete