Short in Supply

Rabies Vaccine *from page 1*

not be available until mid-to-late 2009 because of renovations in its rabies vaccine production facility.

However, as of Aug. 29, Sanofi Pasteur, in coordination with the CDC, has resumed shipping Imovax rabies vaccine for postexposure prophylaxis only.

Novartis, the other leading manufacturer of rabies vaccine, will no longer be shipping supplies of RabAvert, and will be redirecting customers back to their state/local public health authorities to obtain a passcode to process their order through Sanofi Pasteur.

"Judicious and appropriate use of rabies vaccines is crucial to avert a situation in which persons exposed to rabies are put at increased risk due to depleted vaccine supplies," the CDC statement said.

Novartis is requiring that providers obtain the confirmation code to ensure that thorough risk assessments are done before ordering vaccine for postexposure prophylaxis, according to the CDC. "These codes should only be released by a state/local health authority that has reviewed the known facts of a given exposure and determined they indicate a sufficient level of exposure risk" as described in the CDC's Advisory Committee on Immunization Practices (ACIP) recommendations on preventing human rabies, which were updated earlier this year.

The CDC said the new requirements will remain in place until vaccine supplies are adequate.

In May, the CDC announced that vaccine would temporarily be unavailable for preexposure prophylaxis.

The current statement says that until supplies are adequate, distribution of rabies vaccine for preexposure prophylaxis will require approval from state and federal public health authorities, with priority given to workers in rabies laboratories, animal control officers, veterinary staff, wildlife workers, and other people at risk for occupational rabies exposure, according to the CDC.

The CDC statement also points out that while people with a possible exposure to rabies need to be evaluated as soon as possible and that postexposure prophylaxis (PEP) is an "urgent medical issue," it is not considered an emergency, and PEP can be delayed until after the animal has had rabies testing "or clinical observation is completed," an approach that "not only limits administration of PEP to persons with confirmed rabies exposure, but it is also cost saving and conserves limited resources."

A national working group has been formed to monitor the supply situation and provide updated recommendations "as the situation evolves," the CDC said. ■

ACIP's recommendations are available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm.

More information on rabies as well as updates on the vaccine supply can be obtained from state or local public health officials, or from the CDC at 800-232-4636 or www.cdc.gov/rabies

Test for Latent TB in Foreign Adoptees

BY DOUG BRUNK
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Twenty-one percent of internationally adopted children demonstrated evidence of latent tuberculosis infection on their first tuberculin skin test, according to results from a single-center study.

And the rate of latent TB infection in those retested at least 3 months after a second tuberculin skin test (TST) was 20%.

The findings underscore the need for internationally adopted children to be tested for TB when they arrive in the United States, according to investigators Dr. Indi Trehan of the department of pediatrics at Cincinnati Children's Hospital Medical Center and his associates.

"TB screening is important, and it should be viewed in the context of postinstitutionalized children," Dr. Todd J. Ochs, a Chicago-based adoption pediatrician who was not affiliated with the study, said in an interview. "Intestinal parasites, especially *Giardia lamblia*, potential exposure to HIV, hepatitis B and C, syphilis, malnutrition (kwashiorkor and marasmus), developmental delays, and emotional and psychological problems, all are seen in these children. The mantra when assessing them should be 'remember who I was, not who I am.' "

Dr. Trehan and his associates evaluated 527 children at the University of Cincinnati's International Adoption Center who

had an initial TST within 2 months of arriving in the United States (Pediatrics 2008;122:e7-e14 [doi:10.1542/peds. 2007-1338]). A repeat TST at least 3 months after the initial one was recommended for those whose initial test was negative or not read.

The mean age of the children was 23 months and 54% were female. Most were from Russia, China, Guatemala, Kazakhstan, and South Korea.

Of the 527 children, 111 (21%) had evidence of latent TB infection after their initial TST.

Of the 416 children with an initially negative TST, only 191 (46%) had a repeat test performed and read at least 3 months after their initial TST, even though the researchers recommended repeat testing to adoptive parents and their primary care physicians. Of these, 38 (20%) had evidence of latent TB infection.

"Presumably, these children were not exposed to TB in the United States but instead, at this later date, were better able to mount an appropriate delayed hypersensitivity response to the TST," the researchers commented.

"The hypothesis that this is perhaps a result of improved nutrition is supported by our data showing that those with an initially positive TST result had a higher weight-for-age *z* score (–1.13 vs. –1.38)," they wrote.

Dr. Ochs, who is the father of four internationally adopted daughters and one biological daughter, noted that when most internationally adopted children present to physician offices "it's very rare that there is family history, so we're seeing children who we know nothing about their history, and we're trying to assess their health. They all need infectious diseases screening. They all need eye exams, hearing exams, developmental evaluations. Many of them also need psychological support. We need to be meticulous with these kids."

He recommends administering a repeat TST 6 months after the initial test in internationally adopted children as well as in foster children, "who may have had multiple placements. They may have entered the health care system because they were being handed off from one caregiver to another and may have been exposed to tuberculosis."

Children should be considered a high-priority group for treatment of TB not only because of their risk for severe disease and lifetime risk for reactivation of disease, but also because they often serve as index cases for widespread transmission of TB, the investigators commented. ■