

CLINICAL CAPSULES

Mistaken Menactra Still Protective

Persons who mistakenly received the meningococcal conjugate vaccine (Menactra) subcutaneously rather than intramuscularly were nonetheless sufficiently protected, according to a report by the Centers for Disease Control and Prevention.

The CDC received reports that 101 persons aged 11-47 years (median age 17.5) in seven states received the new meningococcal vaccine (MCV4) subcutaneously, although it is licensed for intramuscular use only. Of the 38 individuals who agreed to participate in a study, 36 were protect-

ed for each of the four vaccine subgroups (A, C, Y, and W-135). Two patients failed to achieve protective titers against a single serogroup (serogroup C in one case and serogroup W-135 in the other).

The geometric mean titers (GMTs) were significantly lower for the subcutaneous vaccinees, compared with age-matched intramuscular vaccinees from the MCV4 clinical trials, for serogroups A, C, and Y, but there were no significant differences in GMTs for serogroup W-135 (MMWR 2006;55:1016-7).

Based on these findings, the researchers

did not recommend revaccination for any of the subcutaneous vaccinees.

The meningococcal polysaccharide vaccine, which has been used for 30 years, is licensed for subcutaneous use, not intramuscular use, and this is the most likely reason for the misadministration of MCV4, according to the health care providers involved in the study.

Flu Vaccine Less Effective in SLE

Influenza vaccination appears to be safe in patients with quiescent systemic lupus erythematosus, but may be less effective than in healthy controls, reported Dr. A. Holvast of the University of Groningen,

the Netherlands, and colleagues.

They studied 56 SLE patients with quiescent disease who were divided into groups based on their use of immunosuppressive drugs, with 12 using no drugs, 17 using hydroxychloroquine (at least 400 mg/day), 13 using azathioprine (at least 50 mg/day), and 14 using prednisone (at least 10 mg/day) (Ann. Rheum. Dis. 2006; 65:913-8).

All patients, along with 18 healthy controls, were vaccinated in October and November of 2003 with Influx (Solvay Pharmaceuticals Inc.), a trivalent influenza vaccine. At 30 days after vaccination, the SLE disease activity index had not changed in any of the patient groups, and there were no significant changes in patient-recorded visual analogue scores—suggesting that vaccination did not induce disease activity.

Compared with controls, SLE patients had more systemic side effects of vaccination, although these were all mild. After excluding all subjects who had been vaccinated the previous year, the researchers found that significantly fewer SLE patients achieved seroconversions and protective titers to A/H1N1 and A/H3N2.

“It is conceivable that SLE patients have an intrinsic [immunologic] defect that results in decreased responsiveness to vaccination,” the authors wrote, adding that the use of immunosuppressive drugs may further decrease the vaccination response in these patients. There was a trend toward a further decrease in the vaccine’s efficacy among systemic lupus erythematosus (SLE) patients taking azathioprine, compared with several other immunosuppressive drugs.

Vaccine Refusal Tied to Measles Cases

The vast majority of the people infected last year in the largest documented measles outbreak to hit the United States in a decade were children whose parents had objected to immunization.

The Indiana outbreak, which involved 34 people, “shows that states, localities, and health care organizations need to implement more effective policies to protect persons traveling abroad, home-schooled children, and health care workers against measles and other vaccine-preventable diseases,” wrote Amy A. Parker of the Centers for Disease Control and Prevention in Atlanta, and her associates.

Of the 34 infections, 32 were in people who had never been vaccinated for measles; 30 of the patients (88%) were children aged 19 years or younger.

“Concern about adverse events, particularly related to media reports of a putative association between vaccinations and autism and of the dangers of thimerosal, appeared to play a major role in the decision of these families to decline vaccination,” the investigators found (N. Engl. J. Med. 2006;355:447-55).

“As long as some groups within a given community respond to spurious claims about the risks of the vaccine by refusing to vaccinate their infants, further outbreaks will occur,” said Dr. E. Kim Mulholland, a professor of infectious disease epidemiology at the London School of Hygiene and Tropical Medicine, in a commentary that ran with the article (N. Engl. J. Med. 2006;355:440-3).

—From staff reports

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