

VERBATIM

‘What if I could give you a three-word question to ask during pediatric visits that would give you insight into your patient’s family dynamics, routines, communication, sibling interaction, nutrition, language development, social and language skills, and age-appropriate behavior?’

Dr. Barbara J. Howard, page 18

Meningococcal Disease: Two Doses in High Risk

BY MIRIAM E. TUCKER

ATLANTA — Revaccination against meningococcal disease with the quadrivalent meningococcal conjugate vaccine was recommended for certain high-risk individuals by the Advisory Committee on Immunization Practices

of the Centers for Disease Control and Prevention.

Although the Food and Drug Administration labeling of the quadrivalent meningococcal conjugate vaccine (MCV4, Menactra) is only for a single dose, ACIP voted to recommend revaccination for specific groups at high risk for meningococcal disease “out of an abundance of caution,” Dr. Amanda Cohn said at a meeting of ACIP.

The committee recommended a second dose of MCV4—or a first dose of MCV4 in people who already received one dose of polysaccharide meningococcal vaccine—after 5 years for the following high-risk groups of people aged 7-55 years:

- ▶ Persons with persistent complement deficiencies.
- ▶ Persons with anatomic or functional asplenia.
- ▶ Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*.
- ▶ Frequent travelers to or people living in areas with high rates of meningococcal disease, such as the African meningitis belt.

Children who received their first dose of MCV4 or polysaccharide vaccine at age 2-6 years because of a high-risk condition and who remain at increased risk for meningococcal disease should be given an additional dose of MCV4 3 years after their first dose.

At this time, ACIP did not recommend revaccination for college freshmen living in dorms who were previously vaccinated with MCV4 at age 11-18 years, nor did they recommend it for military recruits. In 2009, there are very few individuals in these groups who were vaccinated more than 5 years previously. “We will continue to monitor if there is a need for more broad revaccination with MCV4,” said Dr. Cohn of the division of bacterial diseases at the CDC.

At the time that MCV4 was licensed in 2005, no recommendations were made for revaccination.

Data on duration of protection of vaccination and the safety and efficacy of revaccination are limited. A small study from Sanofi Pasteur showed slightly higher rates of solicited local and systemic reactions after 7 days among recipients of a second dose of MCV4 compared with those receiving a first dose, but there were no increases in unsolicited adverse events or serious adverse events at 28 days. It is unlikely that more data will become available, Dr. Cohn said.

According to Dr. Carol J. Baker of Baylor College of Medicine, Houston, and chair of the ACIP meningococcal working group, “The current FDA labeling is for one dose, the same as the polysaccharide vaccine. I’m not happy, but it’s all the data we have and I’m worried about the individuals at high risk. I want more data.”

Anaphylaxis Alert

Millions are at risk... but how many are prepared?

KEY POINT

One out of 25 people is at risk of anaphylaxis—more than previously thought.¹

Who should you be concerned about?

Anyone with a history of an anaphylactic reaction or prior significant allergic reaction should be considered at increased risk of future anaphylactic reactions.²

A significant allergic reaction involves one or more systemic signs and symptoms, including³⁻⁵:

- Angioedema
- Hypotension
- Pruritus
- Tachycardia
- Urticaria

The consequences of an allergic reaction can be serious

Significant allergic reactions result in an average of 2700 ER visits per day.^{6*}

1500 people die from anaphylaxis each year.⁷

The harsh realities of anaphylaxis

- Recurrence is likely: Approximately 3 out of 4 patients who have had a significant allergic reaction to food or insect venom will experience another one^{2,8}
- Avoidance is difficult: School-aged children with a prior allergic reaction have a particularly high risk of subsequent reactions due to unpredictable exposure to food and insect allergens⁹
- Delay can be deadly: Within minutes, an untreated allergic reaction can become severe or even fatal¹⁰



Patients at risk should be prepared

Prescribe an epinephrine auto-injector for all of your at-risk patients—because immediate access may be critical.¹

*Calculation is based on estimated 1 million ER visits per year.⁶

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