Zostavax and Psoriasis Do Not Mix

BY BRUCE JANCIN

SAN FRANCISCO — Immunization with the live attenuated herpes zoster vaccine (Zostavax) probably isn't worth the potential risks in patients with psoriasis or other chronic inflammatory skin diseases, Dr. Alice Gottlieb asserted at the annual meeting of the American Academy of Dermatology.

"My personal feeling is that I would not use this vaccine to immunize patients with psoriasis, atopic dermatitis, or some other severe skin diseases," said Dr. Gottlieb, chair of the department of dermatology and dermatologist-in-chief at Tufts Medical Center, Boston.

There are no data to show that the zoster vaccine is safe in patients with psoriasis or atopic dermatitis.

DR. GOTTLIEB

There are no data to show that the zoster vaccine is safe in such patients. And there is cause for concern, just as there would be in other immunocompromised individuals such as those with cancer or AIDS. Indeed, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) specifically recommends that the vaccine not be administered to those latter groups, she noted.

There are no guidelines regarding the immunization of household contacts of patients with chronic inflammatory skin diseases. Here again, Dr. Gottlieb urged caution. Like other immunocompromised patients, individuals with chronic inflammatory skin diseases are at risk of developing Kaposi's varicelliform eruptions from household contacts who have received the zoster vaccine and are shedding live virus.

"I happen to have a mother with psoriatic arthritis who's on etanercept. I waited until she was away visiting my twin sister elsewhere before I had my over-60 husband immunized with the zoster vaccine because I didn't want him to be shedding virus all over her," Dr. Gottlieb explained.

The ACIP guidelines state that the zoster vaccine shouldn't be given to patients on recombinant human immune mediators, specifically naming the tumor necrosis factor–alpha blockers adalimumab (Humira), etanercept (Enbrel), and infliximab (Remicade).

The guidelines also state that patients on prednisone at less than 20 mg/day or methotrexate at less than 0.4 mg/kg per week for psoriasis, rheumatoid arthritis, sarcoidosis, and other conditions are not considered sufficiently immunosuppressed to create vaccine safety concerns.

But these recommendations are based on expert opinion, not data, and Dr. Gottlieb's own opinion is that the use of the zoster vaccine in patients on low doses of these immunosuppressive drugs for inflammatory skin diseases ought to be formally studied before concluding it's safe.

Such studies would provide much-needed guidance to physicians regarding which dermatologic patients can safely be immunized, and how best to go about vaccinating their household contacts, she continued.

"I mean, if someone has a little bit of lichen planus, should they not be immunized?" the dermatologist asked.

Other unresolved issues regarding the herpes zoster vaccine include its cost-effectiveness, particularly if the vaccine's use were to be expanded to 50- to 59-year-olds. Patients in that age group are at increased risk for herpes zoster and postherpetic neuralgia, but aren't now eligible for the vaccine, as all of the nearly 39,000 participants in the pivotal clinical trial were older than age 60 years (N. Engl. J. Med. 2005;352:2271-84).

Another open issue is whether a booster shot will be necessary; the vaccine hasn't been around long enough yet to know, Dr. Gottlieb added.

She also commented on another vaccine for the prevention of dermatologic disease, one she endorses utterly without reservation: the three-shot intramuscular Gardasil series for prevention of diseases related to infection with human papillomavirus types 6, 11, 16, and 18.

"When I was a resident in internal medicine, we saw lots of women dying from cervical cancer. This vaccine will prevent that from happening," she said. "The cost of the three-shot series is about $360, which to me is a bargain. My bottom line is, I think this vaccine is wonderful. When it got approved, I called up everyone I know who had a girl [aged 26 years or younger] and I said, 'Get your child immunized.' That's my bias."

The Gardasil HPV vaccine is markedly effective and has minimal side effects. Open questions include whether a booster shot will be needed because of waning protection, and whether vaccinating males will prevent genital warts, reduce rates of squamous cell carcinoma of the penis and anus, and reduce HPV transmission to women. Ongoing clinical trials in males should provide the answers, she noted.

Dr. Gottlieb reported having no financial conflicts of interest regarding her presentation. ■

Flu Vaccine May Be Safe in Those With Egg Allergy

WASHINGTON — Among 349 pediatric patients with egg allergy who received the influenza vaccine under a graded-dose protocol, 96% had no reaction, according to a retrospective study.

These patients "can safely receive the influenza vaccine based on the graded-dose protocol under appropriate medical supervision," researchers from the Children's Hospital of Philadelphia reported in a poster presentation at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

A history of egg allergy has traditionally been a contraindication for flu vaccine, because the viruses in the vaccine are grown in chicken eggs

The study included 349 patients with egg allergy who received influenza vaccine in 2007. Egg allergy was confirmed with skin testing or oral challenge, and all patients were given skin tests to full-strength influenza vaccine. The 58 patients with positive skin tests to influenza underwent desensitization with graded vaccination doses (patients under 36 months of age: 0.05 mL, 0.1 mL, and 0.1 mL; patients 36 months and older: 0.05 mL, 0.1 mL, 0.15 mL, and 0.2 mL).

Among these 58 patients, there were no cases of anaphylaxis, and Dr. Rushani Saltzman and her associates reported that there was no need for epinephrine administration in any case.

There were eight cases of urticaria, four cases of local erythema at the injection site, two cases of atopic dermatitis flare, and one case of urticaria-related wheezing. All reactions were mild.

"No reactions were noted in the 43 remaining influenza skin test–positive patients," noted the authors.

—Denise Napoli

New Web Site Seeks to Improve Adult Immunization Rates

BY ROBERT FINN

The National Foundation for Infectious Diseases has unveiled a Web site that takes a multipronged approach to increasing the rate of adult vaccination in the United States.

Revealed during a Webcast for reporters, www.adultvaccination.com provides information for patients, providers, and the news media, said Dr. Susan J. Rehm of the Cleveland Clinic, who is also Medical Director of the National Foundation for Infectious Diseases. Based in Bethesda, Md., the nonprofit foundation was established in 1973 and is dedicated to educating the public and health care professionals about the causes, treatment and prevention of infectious diseases.

Adult immunization rates are far too low, Dr. Rehm said during the Webcast: "Most vaccination rates in adults are below 50%. The highest rates are for influenza and pneumococcal vaccines in people 65 and older, but even in these groups vaccination rates are below 70%."

Dr. Rehm attributed those higher rates to long-standing, comprehensive educational and awareness efforts aimed both at the public and health care providers. "Our mission here is to focus the same type of concentrated efforts on all adult vaccines, to support increases in vaccination rates across the entire adult spectrum. While we're at it we'll also aim to increase the influenza and pneumococcal vaccination rates to new target levels," she said.

For patients, the Web site includes basic information on 13 vaccine-preventable diseases along with a short quiz that helps discern which vaccines they need. It also includes a simple fact sheet and the full schedule of adult immunizations recommended by the U.S. Centers for Disease Control and Prevention.

For health care providers, the Web site includes a "Professional Practice Toolkit," with numerous resources. These include suggested text for reminder postcards, text to be added to the back of appointment reminder cards, and scripts for recorded telephone messages to be played when patients are on hold or when the office is closed. (See box.)

Dr. Rehm has used a number of these resources in her own practice, and has implemented other strategies as well. "We have posters in our waiting room regarding various immunizations, and in each of the individual examination rooms we have posted the adult vaccination recommendations from the CDC. People can take a look at those and then it's also a stimulus for us to talk about them," she explained. "We have built in questions about vaccinations into our intake, so that when our assistants ask patients what medicines they're taking and they get their vital signs … they also update their vaccination immunization [records] and cue us to talk with patients about vaccines."

The Web site is supported by unrestricted educational grants to the National Foundation for Infectious Diseases from GlaxoSmithKline, Merck, Sanofi Pasteur, and Wyeth Pharmaceuticals. ■

Items in the Online Toolkit:

- Appointment reminder cards
- "Office closed" message script
- "On hold" message script
- Patient fact sheet
- Patient Q&A
- Poster
- Tabletop tent cards
- Article for practice newsletter or physician's Web site
- Reminder postcards
- Resource list
- Sample standing orders

Source: www.adultvaccination.com