Adacel Shortage Should Be Resolved by 2007

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A temporary shortage in the supply of Adacel—the tetanus-diphtheria-pertussis vaccine marketed by Sanofi-Pasteur—announced in September is expected to last until the end of the year.

Boostrix, the Tdap booster vaccine manufactured by GlaxoSmithKline, is in good supply, according to the Centers for Disease Control and Prevention. Adacel (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed) is indicated as a booster for adolescents and adults aged 11-64 years, while Boostrix is indicated for adolescents aged 10-18 years.

For information about Adacel availability, call Sanofi-Pasteur at 800-VACCINE.

The supply shortage of Adacel is expected to be resolved by the end of this year, said Susan Watkins, a spokesperson for Sanofi-Pasteur.

A new vaccine production facility in Toronto that will provide a sevenfold increase of the supply of vaccines with pertussis components was approved by the Food and Drug Administration in late August. It has already started to manufacture the DTaP vaccine Daptacel, and will begin producing Adacel next.

In the meantime, Adacel is being manufactured in another facility, but not in large enough quantities to meet the demand, she added.

Dr. Jack Swanson, a pediatrician in Ames, Iowa, said in an interview that his practice had temporarily switched to Boostrix, but would probably resume using Adacel when it became available because he practices in a multispeciality clinic where adults are also treated.

Dr. H. Garry Gardner, a pediatrician in Darien, Ill., said in an interview that his practice was already using Boostrix without any problems. ■

Updates on the Adacel shortage will be provided on the CDC Web site at www.cdc.gov/nip/news/shortages/default.htm.

Azithromycin No Use as Pityriasis Rosea Therapy

SAN FRANCISCO — Azithromycin had no influence on the clinical course of pityriasis rosea, according to a small randomized controlled trial presented at the annual meeting of the Pediatric Academic Societies.

The etiologic agent for pityriasis rosea, an acute inflammatory skin disease common in children and adolescents, is unknown. But a study published in 2000 reported complete resolution of symptoms in 73% of patients treated with erythromycin (J. Am. Acad. Dermatol. 2000;42:241-4).

Dr. Ahdi Amer and Dr. Howard Fischer, both of the Wayne State University, Detroit, treated 49 children an average of 1.5 weeks after a diagnosis of pityriasis rosea. The children, aged 2-18, were randomly assigned to receive a 5-day course of azithromycin or placebo, they said in a poster presentation at the meeting, sponsored by the American Pediatric Society, the Society for Pediatric Research, the Ambulatory Pediatric Association, and the American Academy of Pediatrics.

A total of 15 patients in the azithromycin group (60%) and 10 patients in the placebo group (42%) had complete resolution of symptoms within 2 weeks. Seven patients in each group had partial resolution. There were three treatment failures in the azithromycin group and seven in the placebo group. None of these differences between groups was statistically significant. Complete resolution was defined by previous lesions that were neither scaly nor raised, and the appearance of no new lesions. In patients who experienced a decrease in lesion number, scaliness, or thickness were considered to have a partial resolution.

There were no statistically significant differences in the proportion of patients with residual hyperpigmentation or hypopigmentation. Two patients in the treatment group reported stomachache and another two reported diarrhea while receiving azithromycin.

—Robert Finn