Survey: RotaTeq Use Varies per Years in Practice

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SAN DIEGO — Pediatric clinicians who have been in practice for less than 10 years were more likely to recommend the RotaTeq vaccine for routine childhood immunization compared with their counterparts who have been in practice for more than 10 years, results from a small survey suggest.

“We hypothesize that this may be due to the previous experience with RotaShield and its withdrawal from the market in 1999 due to intussusception,” Dr. Lara Jacobson said in an interview during a poster presentation given at the annual meeting of the Infectious Diseases Society of America.

In February 2006, the U.S. Food and Drug Administration approved RotaTeq (human-bovine pentavalent reassortment vaccine) as a rotavirus vaccine. In August 2006, the Advisory Committee on Immunization Practices (ACIP) recommended RotaTeq for routine childhood immunization.

In an effort to measure acceptance of the RotaTeq vaccine, Dr. Jacobson’s associate, Dr. Aaron M. Milstone, administered a survey to 120 pediatricians, family physicians, and nurse practitioners while they were attending a continuing medical education conference at Johns Hopkins Hospital, Baltimore, in April 2007.

Of the 105 clinicians who completed the survey, 84% agree with ACIP’s recommendations for routine administration, 86% inform their patients of the vaccine, and 88% recommend the vaccine to their patients, reported Dr. Jacobson of the department of pediatrics at Johns Hopkins University.

All clinicians who had been in practice for less than 10 years reported recommending the vaccine to their patients, compared with 81% of those in practice for more than 10 years, a difference that was statistically significant.

“I was surprised by the strength of this difference,” Dr. Jacobson said. “That would be hundreds of thousands of vaccines that are not being prescribed per year in a very specific demographic of pediatricians.”

One of the study’s coauthors, Dr. Mathuram Santosham, was a principal investigator on a RotaTeq vaccine safety and efficacy trial funded by Merck Sharp & Dohme.

Dr. Milstone and Dr. Jacobson stated that they had no relevant financial relationships to disclose.

For pediatric patients at high risk for severe RSV* disease —

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Keep premature infants on track

- Ongoing protection from RSV may be needed because 32–35 week GA infants have reduced lung capacity vs full-term infants
- They are at risk for ICU or hospital admissions and increased intubation rates vs full-term infants

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Very rare cases (<1 per 100,000 patients) of anaphylaxis and rare (<1 per 1,000 patients) hypersensitivity reactions have been reported with Synagis. Cases of anaphylaxis were reported following re-exposure to Synagis and rare severe hypersensitivity reactions occurred on initial exposure or re-exposure. If a severe hypersensitivity reaction occurs, therapy with Synagis should be permanently discontinued. If milder hypersensitivity reaction occurs, caution should be used on re-administration of Synagis.

In clinical trials, the most common adverse events occurring at least 1% more frequently in Synagis-treated patients than controls were upper respiratory infection, otitis media, fever, and rhinitis. Cyanosis and arrhythmia were seen in children with CHD.

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RSV = respiratory syncytial virus
ICU = intensive care unit

References


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