No Change in Flu Guidance for Partially Immunized Children Under 9 Years of Age

BY MIRIAM E. TUCKER Senior Writer

ATLANTA — Children less than 9 years of age who received just one dose of influenza vaccine the first time they were immunized against influenza still don’t require a second dose the following season ... at least for now.

The American Academy of Pediatrics call for pre-existing immunity in children under the age of 2 years. Children aged 2-6 years with no detectable hemagglutination inhibition antibody levels have lower responses than children with detectable levels, suggesting that “pre-existing immunity or infection matters.” Moreover, historical data suggests antibody responses to influenza B vaccine or infection can be substantially lower, compared with responses following influenza A vaccine or infection, she said.

In a published study from Dr. Neu- zil’s group, giving 6- to 23-month-old children one dose of influenza vaccine in the spring and another the following autumn was not inferior to giving both doses during the season. But that study was conducted in the 2002-2003 and 2003-2004 seasons, when the three antigens in the vaccine didn’t change (Pediatrics 2005;115:1039-47).

Several past unpublished studies conducted during the 2004-2005 season—when two of the antigens differed from the previous season’s vaccine—had similar results. In two of those studies, also done in 6- to 23-month-olds who received the first dose in either the spring or the fall, responses to the second dose were similar to those of those who had been primed with the 2003-2004 vaccine.

In both studies, giving only one dose in the first wave of influenza was at least as effective as giving two doses in the same year if the previous year’s vaccine was similar to the current year’s vaccine. Although the children who had taken statins; and a 53% reduction in 30-day pneumonia mortality in those who take statins. However, international health officials need to embark on a statin research agenda to explore unanswered questions, Dr. Fedson said. Researchers need to perform clinical and epidemiologic studies examining hospitalization and mortality. They also must compare the effects of previous statin use with continuing statin use and compare treatment with prophylaxis.