

Vraag en Antwoord

Mazelen – Bof – Rubella



Prof. Dr. Heidi Theeten

Prof. Dr. Petra Schelstraete

Prof. Dr. Corinne Vandermeulen



Ik heb een vraag i.v.m. MBR vaccinatie voor een kindje van 12 maanden op consultatiebureau. Hij heeft vermoedelijk op dit moment bof. De huisarts adviseert om 3 maanden te wachten.

Vanaf wanneer mag hij zijn eerste MBR vaccinatie krijgen?

Prof. Dr. Heidi Theeten, CEV – UAntwerpen

Interval bof-MBR?

- 1) Cave: differentiaaldiagnose bij parotis zwelling
Kinderen en adolescenten: andere virale infecties en recidiverende juveniele parotitis
Als unilateraal: acute purulente sialoadenitis
- 2) Acute bof = acute infectie, d.i. tijdelijke contra-indicatie (tenzij het een milde infectie is)
- 3) Zodra klinisch beter kan vaccinatie. Bof heeft geen impact op het immuunsysteem.
- 4) Kind heeft in elk geval MBR vaccin nodig: bescherming tegen rubella en mazelen (dringend!)

MBR en immunosuppressieve medicatie

“MBR-vax: advies over vaccineren van kinderen die immuunsuppressieve medicatie krijgen (bv. behandeling rheuma, ziekte van Crohn, na transplantatie,...)”

Prof. Dr. Petra Schelstraete, Kinderlong- en infectieziekten,
UZ Gent

Vaccinatie bij de immuungecompromitteerde patiënt

- ➔ **Geïnactiveerde vaccins: veilig**
- ➔ **Levend verzwakte vaccins: NIET VEILIG bij patiënten met cellulaire immunstoornis (aangeboren/verworven (ao door medicatie))**

Corticosteroiden en immunosuppressie

- **Sterk IS:** > 20mg/d prednisone (> 2mg/kg/d in kinderen < 10kg) of equivalent gedurende >2w
- **Niet immunosuppressief???**
 - **Dagelijkse of AD therapie met <10 mg/d prednisone (<1mg/kg/d voor kinderen<10kg) ?????**
 - **VOORSTEL**→ < 0.2- 0.3mg/kg/d??

Nooit levend verzwakte vaccins onder IS medicatie?

- **(Booster van) MMR of varicella kan overwogen worden bij patiënten onder lage dosis IS (reumato)**
 - prednisone < 10mg/d (0,2- 0,3mg/kg/d bij kinderen < 10kg)
 - MTX < / = 0.4mg/kg/week
 - Azathioprine < / = 3mg/kg/dag
 - 6-mercaptopurine < / = 1.5mg/kg/dag

- **Géén MMRV**

- **Géén ervaring met vaccinatie onder nieuwere medicatie (biologicals ed)**

Belangrijk

- ➔ **Levend verzwakte vaccins te geven voor start IS/orgaantx! (>1 maand interval)**
- ➔ **Vaccinatie van gezinsleden en gezondheidswerkers!**

- ➔ **Na stop IS medicatie: interval tot geven van levend verzwakte vaccins?**
 - ➔ Hoge dosis steroïden: 1 maand
 - ➔ Rituximab (Mabthera®): 12 maanden
 - ➔ Leflunomide (Arava®): 2 jaar
 - ➔ Alle andere IS: 3 maanden


**VACCINATIE VAN
IMMUNOGECOMPROMITEERDE
EN CHRONISCH ZIEKE KINDEREN
EN VOLWASSENEN**
HGR NR. 8561
(in herwerking)
**2013 IDSA Clinical Practice Guideline for
Vaccination of the Immunocompromised Host**
Larry G. Rubin,¹ Myron J. Levin,²裴 Ljungman,^{3,4} E. Graham Davies,⁵ Robin Avery,⁶ Marcia Tomblin,⁷ Athos Bouvas,⁸ Shiroshi Dasanoddy,⁹ Lillian Sung,¹⁰ Harry Keyserling,¹¹ and Insoo Kang¹²

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An international panel of experts prepared an evidence-based guideline for vaccination of immunocompromised adults and children. These guidelines are intended for use by primary care and subspecialty providers who care for immunocompromised patients. Evidence was often limited. Areas that warrant future investigation are highlighted.

Keywords: vaccination; immunization; immunocompromised patients; immunosuppression; splenic patients; immunodeficiency patients

EXECUTIVE SUMMARY

These guidelines were created to provide primary care and specialty clinicians with evidence-based guidelines for active immunization of patients with altered immunocompetence and their household contacts in order to safely prevent vaccine-preventable infections. They do not represent the only approach to vaccination.

Received 4 October 2012; accepted 5 October 2013.

It is important to realize that guidelines cannot always account for individual variation among patients. The guidelines are not intended to support a practice judgment with respect to particular patients or specific clinical situations. The Infectious Diseases Society of America considers adherence to these guidelines to be voluntary, with the ultimate decision regarding their application to be made by the physician in the light of each patient's individual circumstances.

An asterisk (*) indicates recommendation for a course of action that deviates from recommendations of the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention.

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Recommended immunization schedules for normal adults and children as well as certain adults and children at high risk for vaccine-preventable infections are updated and published annually by the Centers for Disease Control and Prevention (CDC) and partner organizations. Some recommendations have not been addressed by the Advisory Committee on Immunization Practices (ACIP) to the CDC or they deviate from recommendations. The goal of presenting these guidelines is to decrease morbidity and mortality from vaccine-preventable infections in immunocompromised patients. Summarized below are the recommendations made by the panel. Supporting tables that provide additional information are available in the electronic version. The panel followed a process used in the development of other Infectious Diseases Society of America guidelines, which included a systematic weighting of the quality of the evidence and the grade of the recommendation (Table 1). The key clinical questions and recommendations are summarized in this executive summary. A detailed description of the methods,

MMR-Vax: weigering omwille van aanwezigheid gelatine. Wat is de oorsprong van gelatine?

Prof. Dr. Corinne Vandermeulen, LUVAC - KU Leuven

Gelatine

- Gelatine = stof afgeleid van collageen van dieren (kippen, vee, varkens en vis)
- **Functie:**
 - Stabilisator van levend afgewakte virussen tegen temperatuurseffecten.
 - Verbeterde bewaring mogelijk
- **Wat juist?**
 - Vaccins: hoog gezuiverd en in kleine stukjes opgebroken (gehydrolyseerd)
 - Bereid onder strikte hygiënische condities en controle.
 - Verschillend van gelatine gebruikt in voeding
 - In vaccins: steeds gelatine afgeleid van varkens

Gelatine

- **Probleem?**
 - Allergische reacties mogelijk tegen gelatine in uitzonderlijke gevallen
 - Gelatine in vaccins afgeleid van varkens:
Leden van de Moslimgemeenschappen en de Joodse gemeenschappen: bezorgdheid omdat het een afgeleid product is van varkens.

Gelatine en Moslims

For observant Muslims

WHO Letter Reports On Islamic Legal Scholars' Verdict on the Medicinal Use Of Gelatin Derived From Pork Products

From: IAC EXPRESS Issue Number 400 July 21, 2003

A letter written in July 2001 by the Regional Office of the World Health Organization (WHO) for the Eastern Mediterranean reported on the findings of **>100 Islamic legal scholars** who met to clarify Islamic purity laws.

The scholars met in 1995 at a seminar convened by the Islamic Organization for Medical Sciences on the topic "The Judicially Prohibited and Impure Substances in Foodstuff and Drugs."

The topic is of interest to the immunization community because some vaccines contain pork gelatin. In Islamic law, pork and pork products are impure, and observant Muslims do not consume them.

Ref: <http://www.vaccinesafety.edu/Porcine-vaccineapproval.htm>

Gelatine en Moslims

For observant Muslims

WHO Letter Reports On Islamic Legal Scholars' Verdict on the Medicinal Use Of Gelatin Derived From Pork Products

From: IAC EXPRESS Issue Number 400 July 21, 2003

Quoting from a statement issued by the scholars, the letter states the following: **"The seminar issued a number of recommendations, included in the attached statement, stipulating that**

'Transformation which means the conversion of a substance into another substance, different in characteristics, changes substances that are judicially impure . . . into pure substances, and changes substances that are prohibited into lawful and permissible substances'."

Consequently, the scholars determined that the transformation of pork products into gelatin alters them sufficiently to

make it permissible for observant Muslims to receive vaccines containing pork gelatin and to take medicine packaged in gelatin capsules.

Ref: <http://www.vaccinesafety.edu/Porcine-vaccineapproval.htm>

Gelatine en Moslims

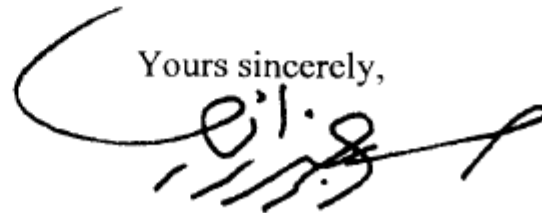
Accordingly:

A: The Gelatin formed as a result of the transformation of the bones, skin and tendons of a judicially impure animal is pure, and it is judicially permissible to eat it.

In the light of the above, you may wish to issue a statement that includes this legal opinion, in order to relieve all Muslims in the nation whether adults or youths, men or women, from the embarrassment they feel when taking drug gelatinous capsules and similar gelatinous capsules such as vitamins. You may also wish to disseminate this information as widely as possible in all forms of information media, whether read, heard or watched.

Best regards.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'H. Gezairy', written over a large, sweeping, curved line that starts on the left and ends on the right.

Hussein A. Gezairy, M.D., F.R.C.S
Regional Director

Gelatine en Joden

For observant Jews

31 July 2003

To whom it may concern

Re: Porcine and other animal derived ingredients in non oral medication.

It should be noted that according to **Jewish laws, there is **no problem** with porcine or other animal derived ingredients **in non oral products**. This includes vaccines, injections, suppositories, creams and ointments.**

Rabbi Abraham Adler, BPharm MRPharm S
Kashrus and Medicines Information Service

Ref: <http://www.vaccinesafety.edu/Porcine-vaccineapproval.htm>