ΕΜΒΟΛΙΑΣΜΟΣ ΓΡΙΠΗΣ ΚΑΙ ΒΙΟΛΟΓΙΚΟΙ ΠΑΡΑΓΟΝΤΕΣ

ΦΩΤΕΙΝΗ ΛΑΔΑ

ΡΕΥΜΑΤΟΛΟΓΟΣ

ΕΠΙΣΤΗΜΟΝΙΚΗ ΣΥΝΕΡΓΑΤΗΣ Α.Π.Θ.

Δ΄ ΠΑΘΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ

ΙΠΠΟΚΡΑΤΕΙΟ Γ.Ν.Θ.

ΣΥΓΚΡΟΥΣΗ ΣΥΜΦΕΡΟΝΤΩΝ
CONFLICT OF INTEREST

Κανένα για αυτήν την παρουσίαση

Εκπαιδευτικές-ερευνητικές-συμβουλευτικές επιχορηγήσεις την τελευταία διετία:

- Καμία

HAYASHI M ET AL.

"Πσοστά ανοσιακής απάντησης μετά από εμβολιασμό για τον ιό της γρίππης σε ασθενείς με Ρευματοειδή Αρθρίτιδα που λαμβάνουν βιολογικούς παράγοντες "(during the 2011-2012 FLU season Arthritis Rheum).

BASELINE CHARACTERISTICS

Agents	Number of patients	Males (%)	Mean age ± SD (years)	PSL rate (%)
MTX	15	6.7	68.3 ± 9.8	33.3
IFX	12	16.7	61.6 ± 10.8	66.7
ETN	11	9.1	58.6 ± 15.6	54.5
ADA	3	33.3	69.3 ± 7.0	33.3
TCZ	12	25.0	67.7 ± 12.8	58.3
ABT	11	27.3	62.0 ± 9.8	81.8

RA, rheumatoid arthritis; MTX, methotrexate; IFX, infliximab; ETN, etanercept; ADA, adalimumab; TCZ, tocilizumab; ABT, abatacept

Reference: Hayashi M et al. “Seroresponse rates after influenza vaccination in rheumatoid arthritis patients treated with biological agents during the 2011-2012 FLU season” Arhtirtis Rheum.2012 64:S1038-S1039.
http://www.rheumatology.org/apps/MyAnnualMeeting/ExploreMeeting/AbstractDetail?abstractId=27174

SERORESPONSE RATES TO INFLUENZA VACCINATION IN 64 RA PATIENTS TREATED WITH MTX OR FIVE BIOLOGICAL AGENTS (192 VACCINES)

Agents	Number of vaccinations	Seroconversion (%)	Seropositive (%)	Seronegative (%)
MTX	45	54.3	64.4	45.7
IFX	36	46.2	61.1	53.8
ETN	33	73.3	87.9**	26.7
ADA	9	62.5	66.7	37.5
TCZ	36	48.3	58.3	51.7
ABT	33	21.4**	33.3**	78.6**

**significant difference from MTX (control). **: $P < 0.01$.

RA, rheumatoid arthritis; MTX, methotrexate; IFX, infliximab; ETN, etanercept; ADA, adalimumab; TCZ, tocilizumab; ABT, abatacept

Reference: Hayashi M et al. "Seroresponse rates after influenza vaccination in rheumatoid arthritis patients treated with biological agents during the 2011-2012 FLU season" Arhtirtis Rheum.2012 64:S1038-S1039.
http://www.rheumatology.org/apps/MyAnnualMeeting/ExploreMeeting/AbstractDetail?abstractId=27174

ΑΠΟΤΕΛΕΣΜΑΤΑ

- Στατιστικά σημαντική διαφοροποίηση από την ομάδα της MTX control group ($P<0.01$) παρουσιάστηκε στις ομάδες του abatacept και etanercept.
- Η ομάδα του abatacept εμφάνισε μείωση του ποσοστού ορομετατροπής (33,3%).
- Η ομάδα του etanercept εμφάνισε αύξηση του ποσοστού ορομετατροπής (87,9%).

TABLE 2

Estimated time to full immune reconstitution after stopping methotrexate and tumor necrosis factor antagonists*

Drug	Time (mo)
Methotrexate	3
Etanercept	1
Infliximab, adalimumab, golimumab, certolizumab	3

*These estimates are based on the half-life of the antibody drug

INACTIVATED INFLUENZA VACCINATION SHOULD BE STRONGLY CONSIDERED FOR PATIENTS WITH AIIRD

Recommendation	Category of evidence			Strength of recommendation	Mean (SD) level of agreement by Delphi voting (VAS)
	Increased incidence of VP infection	Efficacy of vaccination	Harms of vaccination		
The vaccination status should be assessed in the initial investigation of patients with AIIRD	–			D	9.50 (0.97)
Vaccination in patients with AIIRD should ideally be administered during stable disease	–			D	8.88 (1.26)
Live attenuated vaccines should be avoided whenever possible in immunosuppressed patients with AIIRD	IV			D	9.25 (1.13)
Vaccination in patients with AIIRD can be administered during the use of DMARDs and TNFα blocking agents, but should ideally be administered before starting B cell-depleting biological therapy	II			B	9.13 (1.02)
Influenza vaccination should be strongly considered for patients with AIIRD	III	Ib	Ib	B–C	9.00 (1.10)
23-valent polysaccharide pneumococcal vaccination should be strongly considered for patients with AIIRD	III	Ib	Ib	B–C	8.19 (1.38)
Patients with AIIRD should receive tetanus toxoid vaccination in accordance with recommendations for the general population. In case of major and/or contaminated wounds in patients who received rituximab within the last 24 weeks, passive immunisation with tetanus immunoglobulin should be administered	–	II	II	B–D	9.19 (1.11)
Herpes zoster vaccination may be considered in patients with AIIRD	III	–	IV	C–D	8.00 (1.59)
HPV vaccination should be considered in selected patients with AIIRD	III	–	–	C–D	8.44 (1.41)
In hyposplenic/asplenic patients with AIIRD, influenza, pneumococcal, *Haemophilus influenzae* b and meningococcal C vaccinations are recommended	IV			D	9.50 (0.82)
Hepatitis A and/or B vaccination is only recommended in patients with AIIRD at risk	–	II*	III*	D	9.13 (0.89)
Patients with AIIRD who plan to travel are recommended to receive their vaccinations according to general rules, except for live attenuated vaccines which should be avoided whenever possible in immunosuppressed patients with AIIRD	–			D	9.25 (1.24)
BCG vaccination is not recommended in patients with AIIRD	III	–	–	D	9.38 (1.09)

AIIRD= Autoimmune inflammatory rheumatic diseases

*Reference: Ann Rheum Dis 2011;**70:414–422. doi:10.1136/ard.2010.137216***

ΣΥΜΠΕΡΑΣΜΑΤΑ

I. Ο ετήσιος εμβολιασμός της γρίπης συνιστάται σε όλους τους ασθενείς με Ρευματοειδή Αρθρίτιδα (EULAR strength of recommendation B).

II. Η ανοσοκατασταλτική θεραπεία επηρεάζει αρνητικά την ανοσιακή απάντηση στους εμβολιασμούς.

III. Επιτυγχάνεται επαρκής ανοσιακή απάντηση μετά από τον εμβολιασμό με τον ιό της γρίπης σε ασθενείς με Ρευματοειδή Αρθρίτιδα που λαμβάνουν βιολογικό παράγοντα.