

# **Cystic Fibrosis Research News**

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### Title:

#### VACCINE COVERAGE IN CF CHILDREN: LESSONS FROM A FRENCH MULTICENTER STUDY

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### What was your research question?

Recent reports have highlighted the lack of immunization coverage in people with chronic diseases. There are little data on people with cystic fibrosis (CF), whereas reaching appropriate immunization coverage in this high risk group remains a priority for the CF medical community.

### Why is this important?

Recommendations about vaccination in CF have existed since 2006. However, no survey of vaccine coverage has been undertaken till now. We designed a study aiming to investigate immunization coverage in CF children.

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# What did you do?

Data were extracted from a study performed in 2009 in the five CF centers in the Paris area. Data on mandatory and recommended vaccines werecollected in the health booklet and compared to the coverage of the French general population taken from mandatory Health Certificates in children below two years of age, and national school inquiries for children aged six and 14 years.

# What did you find?

A total of 134 CF children were included. Vaccination coverage for mandatory vaccines was insufficient (DTPCaHi, agains whooping cough, tetanus, poliomyelitis, and Hemophilus conjugate pneumococcal, BCG, (against tuberculosis) MMR ( against rubeola, measles, and mumps) and hepatitis B) at one year of age with no catching-up with age in contrast to the general population. For example, only 85% of the children were correctly immunized against diphteria, tetanus, poliomyelitis and whooping cough. 66% of the children had immunization for seasonal influenza and 91% for the 2009 pandemic flu. Coverage for vaccines specifically recommended in CF was low such as hepatitis A, non conjugate pneumococcal and chicken pox.

### What does this mean and reasons for caution?

This study shows a defect in vaccine coverage for both routine immunization and vaccines more specifically recommended in CF. This shows that practitioners in charge of CF children pay little attention to vaccination coverage in their patients. People with CF live longer now, and we must aim for optimal vaccination coverage.

### What's next?

Public health authorities should promote information of the specific immunization schedule required for children with CF and provide this to patients, general practitioners, and CF specialists. This will help to avoid infections at risk to damage the lung such as influenza, measles, varicella, or the liver such as hepatitis A and B and to limit preventable infections as for all the children. Created with novaPDF Printer (www.novaPDF.com). Please register to remove this message.

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