# Risk of invasive Hib disease in adults with secondary immunodeficiency

M. Ulanova, N. Hawdon, S. Gravelle, B. Biman, M. Brigden, W. McCready

#### Haemophilus influenzae

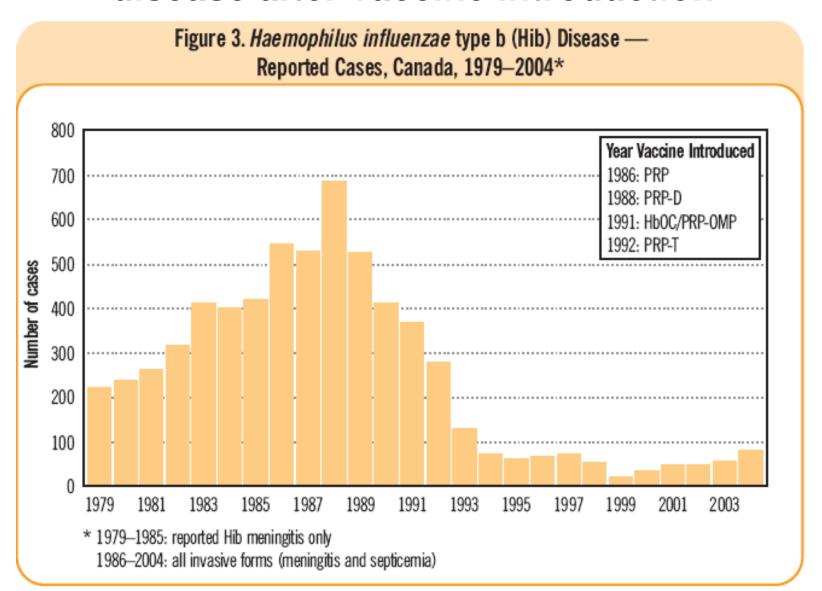
- Gram-negative bacterium
- Nasopharyngeal colonization in healthy individuals
- Invasive diseases: meningitis, sepsis, and bacteremic pneumonia
- Six serotypes of encapsulated
   H. influenzae: a-f; most virulent: Hib
- Prior to introduction of Hib conjugate vaccine: Hib was the major cause of bacterial meningitis in young children





www.wadsworth.org/databank /images/haemophilus

### Dramatic decrease in the incidence of Hib invasive disease after vaccine introduction



Source: Public Health Agency of Canada

#### Hib vaccine

- Polysaccharide conjugate vaccine: highly efficient
- Circulating IgG antibody: the major defence mechanism
- Routine vaccination of all infants
- Adult vaccination is <u>recommended</u> for high-risk groups, e.g. asplenia, post-bone marrow transplantation, individuals with cochlear implants
- "...may be <u>considered</u> in other immunocompromised persons at increased risk of invasive Hib disease..."
   [Canadian Immunization Guide]

#### Secondary Immunodeficiency States

- The immune system's ability to fight infections is compromised
- Result of infection (HIV), severe chronic organ diseases, aging, or use of immunosuppressive therapies

Chronic kidney disease

Chronic liver disease

Diabetes mellitus

Examples: Leukemias

Multiple myeloma

Bone marrow transplantation

Cytostatic drugs, corticosteroids, etc

#### Secondary Immunodeficiency States

- Increasing numbers of individuals with secondary immunodeficiency in modern society
  - Aging population
  - Improved survival among individuals with severe diseases
  - Wide use of immunosupressive therapies

#### Secondary Immunodeficiency States

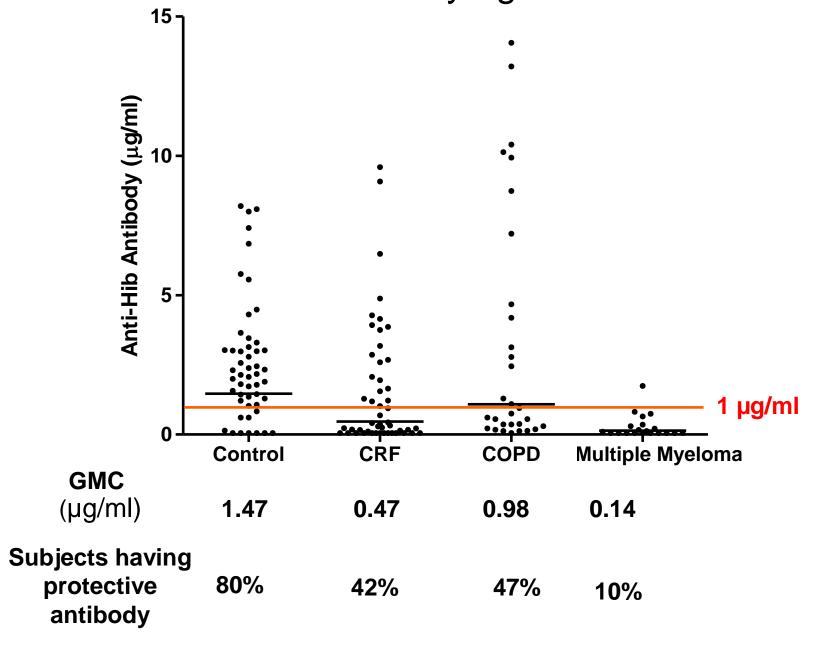
- Increasing numbers of individuals with secondary immunodeficiency in modern society
- Adult population has not been vaccinated
- Which groups of patients with common chronic conditions are at increased risk for invasive Hib infection?

## Do patients with secondary immunodeficiency have anti-Hib antibody?

COPD
Chronic renal failure
Multiple myeloma

Group	n	Age	Range	Female
COPD	30	72	43-86	21 (70%)
Chronic Renal Failure	50	63	29-91	21 (42%)
Multiple Myeloma	20	70	43-84	9 (45%)
Controls	50	51	26-77	31 (62%)

#### Serum antibody against Hib



#### **Summary**

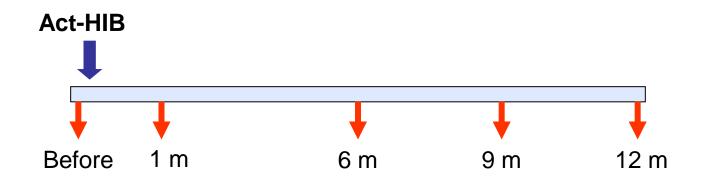
- The majority of healthy adults (80%) have protective antibody against Hib
- More than 50% of patients with chronic renal failure and COPD and 90% of myeloma patients lack protective antibody against Hib
- Those are at an increased risk of invasive H. influenzae type b disease if exposed to the pathogen

# Do patients with chronic renal failure respond to pediatric Hib vaccine?

34 patients on haemodialysis

20 males and 14 females 25% First Nations Age 26-91, median 65 Type 2 DM in 59% 19 healthy controls

6 males and 13 females 16% First Nations Age 24-80, median 54



# Do patients with chronic renal failure respond to pediatric Hib vaccine?

Yes: excellent response97% of patients acquire protective antibody

Poster presentation by Nicole Hawdon

## Do patients with chronic renal failure respond to pediatric Hib vaccine?

- Yes: excellent response

97% of patients acquire protective antibody

Poster presentation by Nicole Hawdon

- The antibodies are functionally active

Pre-vaccine: **only 24%** of patients have serum bactericidal activity

Post-vaccine: 90%

Poster presentation by Eli Nix

#### Results of our vaccination study

- One dose of pediatric vaccine has stimulated functionally active antibody against Hib in most patients with chronic renal failure
- The antibodies mediate complementdependent bacterial killing and hence are <u>protective</u>

#### Conclusions

- Adult patients with chronic renal failure, COPD, and multiple myeloma lack protective antibody against Hib
- Pediatric Hib conjugate vaccine is highly immunogenic in chronic renal failure patients
- Suggest adding Hib to the list of recommended immunizations in chronic renal failure

#### Acknowledgements

Dr Raymond Tsang

Personnel at TBRHSC and physicians' offices

Donna Newhouse, Kylie Williams, Shirley Johnson

Patients at TBRHSC Renal Services, Sault Area Hospital, and Respiratory Rehabilitation Program at St. Joseph's Care Group



Healthy volunteers

#### **Funding**

Dean's Summer Medical Student Research Award





NOSMFA Research Development Fund

Northern Ontario School of Medicine