**Zostavax and Psoriasis Do Not Mix**

**BY BRUCE JANCIN**

**San Francisco** — Immunization with the live attenuated herpes zoster vaccine (Zostavax) probably isn’t worth the potential risks in patients with psoriasis or other chronic inflammatory skin diseases, Dr. Alice Gottlieb asserted at the annual meeting of the American Academy of Dermatology.

“My personal feeling is that I would not use this vaccine to immunize patients with psoriasis, atopic dermatitis, or some other severe skin diseases,” said Dr. Gottlieb, chair of the department of dermatology and dermatologist-in-chief at Tufts Medical Center, Boston.

There are no data to show that the zoster vaccine is safe in such patients. And there is cause for concern, just as there would be in other immunocompromised individuals such as those with cancer, HIV, and transplant patients. Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) specifically recommends that the vaccine not be administered to those latter groups, she noted.

There are no guidelines regarding the immunization of household contacts of patients with chronic inflammatory skin diseases. Here again, Dr. Gottlieb urged caution. Like other immunocompromised patients, individuals with chronic inflammatory skin diseases are at risk of developing Kaposis’ varicelliform eruptions from household contacts who have received the zoster vaccine and are shedding live virus.

“I happen to have a mother with psoriatic arthritis who’s on etanercept. I waited until she was away visiting my twin sister elsewhere before I had my over-60 husband immunized with the zoster vaccine because I didn’t want him to be shedding virus all over her,” Dr. Gottlieb explained.

The ACIP guidelines state that the zoster vaccine shouldn’t be given to patients on recombinant human immune mediators, specifically naming the tumor necrosis factor-alpha blockers adalimumab (Humira), etanercept (Enbrel), and infliximab (Remicade).

The guidelines also state that patients on prednisone at less than 20 mg/day or methotrexate at less than 0.4 mg/kg per week for psoriasis, rheumatoid arthritis, sarcoidosis, and other conditions are not considered sufficiently immunosuppressed to create vaccine safety concerns.

But these recommendations are based on expert opinion, not data, and Dr. Gottlieb’s own opinion is that the use of the zoster vaccine in patients on low doses of these immunosuppressive drugs for inflammatory skin diseases ought to be formally studied before concluding it’s safe.

Such studies would provide much-needed guidance to physicians regarding which dermatologic patients can and cannot be immunized, and how best to go about vaccinating their household contacts, she continued.

“I mean, if someone has a little bit of atopic dermatitis, or has minimal side effects. Open questions include whether a booster shot will be needed because of waning protection, and whether vaccinating males will prevent genital warts, reduce rates of squamous cell carcinoma of the penis and anus, and reduce HPV transmission to women. Ongoing clinical trials in males should provide this information,” she noted.

Dr. Gottlieb reported having no financial conflicts of interest regarding her presentation.

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**New Web Site Seeks to Improve Adult Immunization Rates**

**BY ROBERT FINN**

The National Foundation for Infectious Diseases has unveiled a Web site that takes a multipronged approach to increasing the rate of adult vaccination in the United States.

Revealed during a Webcast for reporters, www.adultvaccination.com provides information for patients, providers, and the news media, said Dr. Susan J. Rehm of the Cleveland Clinic, who is also Medical Director of the National Foundation for Infectious Diseases. Based in Bethesda, Md., the nonprofit foundation was established in 1973 and is dedicated to educating the public and health care professionals about the causes, treatment and prevention of infectious diseases.

Adult immunization rates are far too low, Dr. Rehm said during the Webcast: “Most vaccination rates in adults are below 50%. The highest rates are for influenza and pneumococcal vaccines in people 65 and older, but even in these groups vaccination rates are below 70%.”

Dr. Rehm attributed those higher rates to long-standing, comprehensive educational and awareness efforts aimed both at the public and health care providers.

“Our mission here is to focus the same type of concentrated efforts on all adult vaccines, to support increases in vaccination rates across the entire adult spectrum. While we’re at it we’ll also aim to increase the influenza and pneumococcal vaccination rates to new target levels,” she said.

For patients, the Web site includes background information on vaccine-preventable diseases along with a short quiz that helps discern which vaccines they need. It also includes a simple fact sheet and the full schedule of adult immunizations recommended by the U.S. Centers for Disease Control and Prevention.

For health care providers, the Web site includes a “Professional Practice Toolkit,” with numerous resources. These include suggested text for reminder postcards, text to be added to the back of appointment reminder cards, and scripts for recorded telephone messages to be played when patients are on hold or when the office is closed. (See box.)

Dr. Rehm has used a number of these resources in her own practice, and has implemented other strategies as well.

“We have posters in our waiting room regarding various immunizations, and in each of the individual examination rooms we have posted the adult vaccination recommendations from the CDC,” Dr. Rehm said. “People can take a look at those and then if it’s something that they need, they can tell us about it,” explained. “We have built in questions about vaccinations into our intake, so that when our assistants ask patients what medicines they’re taking and they get their vital signs they also update their vaccination immunization [records] and cue us to talk with patients about vaccines.”

The Web site is supported by unrestricted educational grants to the National Foundation for Infectious Diseases from GlaxoSmithKline, Merck, Sanofi Pasteur, and Wyeth Pharmaceuticals.