



## **BOLETÍN BIBLIOGRÁFICO BIBLIOTECA DE SALUD**

**DR. BOGOSLAV JURICIC TURINA**

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La Biblioteca de Salud "Dr. Bogoslav Juricic Turina, dependiente de la División de Planificación Sanitaria del Ministerio de Salud, tiene el agrado de enviar a usted, el Boletín Bibliográfico Temático Nº 4, sobre Vacuna W135.

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### **VACUNA W135 CONTRA LA MENINGITIS**

(Cada Referencia Incluye Vínculo al Texto Completo)

#### **1. Vacinas meningocócicas conjugadas: eficácia e novas combinações/ Meningococcal conjugate vaccines: efficacy and new combinations**

Autor(es): Sáfadi, Marco Aurélio Palazzi; Barros, Analíria Pimentel  
J Pediatr (Rio J); 82(3,supl): s35-s44, jul. 2006. tab, graf

OBJETIVO: A doença meningocócica é, ainda hoje, um sério problema de saúde pública, estando associada a elevadas taxas de morbidade e letalidade no mundo e, em especial, no Brasil. Além de discutir as recentes mudanças na epidemiologia da doença meningocócica no mundo, analisamos o desenvolvimento e o impacto das novas vacinas conjugadas na prevenção da doença meningocócica, com ênfase nas diferentes estratégias de imunização utilizadas com essas vacinas. FONTE DOS DADOS: Foram pesquisadas as bases de dados MEDLINE no período de 1996 a 2006, com destaque para artigos de revisão, ensaios clínicos e epidemiológicos. Também foi realizada busca de informações nos portais do Centro de Controle de Doenças, Ministério da Saúde do Brasil e Centro...

#### **2. Meningococcal quadrivalent (serogroups A, C, w135, and y) conjugate vaccine (Menveo): in adolescents and adults.**

Autor(es): Deeks ED

BioDrugs; 24(5): 287-97, 2010 Oct 1

Menveo is a quadrivalent meningococcal polysaccharide conjugate vaccine containing the four *Neisseria meningitidis* capsular polysaccharides, A, C, W135, and Y, each conjugated to the mutant diphtheria toxin, known as crossreactive material 197 (CRM(197)). Administration of a single dose of the Menveo vaccine elicited a strong immune response against all four vaccine serogroups in adolescents and adults in randomized, single- or multicenter, phase II or III trials. In adolescents, Menveo was generally more immunogenic against vaccine serogroups than the polysaccharide conjugate vaccine Menactra or the unconjugated polysaccharide vaccine Menomune, in terms of seroresponse and/or seroprotection rates and geometric mean titers (GMTs) 1 month post-vaccination in two phas...

### **3. Immunogenicity of meningococcal ACYW135 polysaccharide vaccine in Saudi children 5 to 9 years of age.**

Autor(es): Khalil M; Al-Mazrou Y; Balmer P; Bramwell J; Andrews N; Borrow R

Clin Diagn Lab Immunol; 12(10): 1251-3, 2005 Oct.

Meningococcal tetravalent polysaccharide vaccines were observed to be immunogenic in Saudi children 5 to 9 years of age, with >90% having serum bactericidal antibody titers of > or = 8 for serogroups A, Y, and W135; for serogroup C, 77% were putatively protected after vaccination.

### **4. Serologic responses to ACYW135 polysaccharide meningococcal vaccine in Saudi children under 5 years of age.**

Autor(es): Al-Mazrou Y; Khalil M; Borrow R; Balmer P; Bramwell J; Lal G; Andrews N; Al-Jeffri M

Infect Immun; 73(5): 2932-9, 2005 May.

Artigo [MEDLINE PMID: 15845499 ] Idioma: Inglês

An immunization campaign with meningococcal ACYW135 polysaccharide vaccine was conducted in 2003 by the Saudi Arabian Ministry of Health and included a study to evaluate the immune responses in children under 5 years of age in the Al Qassim region of Saudi Arabia. Children who were  $\geq 24$  months old were given one dose of tetravalent polysaccharide vaccine, while younger children were given two doses with an interval of 2 to 3 months. Blood samples were collected prevaccination and 1 month after the second dose for children younger than 24 months old and 1 month after the single dose for older children. Serogroup-specific antibody responses were determined by serum bactericidal antibody (SBA) assays and a tetraplex immunoglobulin G (IgG) bead assay...

### **5. Effect of antigen coating conditions on enzyme-linked immunosorbent assay for detection of immunoglobulin G antibody to *Neisseria meningitidis* serogroup Y and W135 capsular polysaccharide antigens in serum.**

Autor(es): Giardina PC; Evans RE; Sikkema DJ; Madore D; Hildreth SW  
Clin Diagn Lab Immunol; 10(6): 1136-40, 2003 Nov.

Human sera collected from 28 consenting adult volunteers were used to define assay conditions for meningococcal vaccine clinical trial serology. Immunoassay parameters were optimized with these test sera and the standard reference serum, CDC1992. Coating conditions for serogroup Y and W135 polysaccharide antigens were found to influence the predicted serum immunoglobulin G (IgG) antibody concentrations. Sera that displayed IgG antibody binding profiles most unlike that of CDC1992 were influenced the most by coating conditions. Our results suggest that presentation of specific epitopes is influenced by antigen-coating concentrations for serogroup Y and W135 polysaccharides.

#### **6. Meningococcal meningitis in sub-Saharan Africa: the case for mass and routine vaccination with available polysaccharide vaccines.**

Autor(es): Robbins JB; Schneerson R; Gotschlich EC; Mohammed I; Nasidi A; Chippaux JP; Bernardino L; Maiga MA  
Bull World Health Organ; 81(10): 745-50; discussion 751-5, 2003.

Endemic and epidemic group A meningococcal meningitis remains a major cause of morbidity and mortality in sub-Saharan Africa, despite the availability of the safe and inexpensive group A meningococcal polysaccharide vaccine, which is protective at all ages when administered as directed. Despite optimal therapy, meningococcal meningitis has a 10% fatality rate and at least 15% central nervous system damage. WHO's policy of epidemic containment prevents, at best, about 50% of cases and ignores endemic meningitis, which is estimated at 50,000 cases per year. The effectiveness of group A, C, W135, and Y capsular polysaccharides is the basis for recommending universal vaccination with group A meningococcal polysaccharide twice in infancy, followed by the four-valent vacc...

#### **7. National enhanced surveillance of meningococcal disease in England, Wales and Northern Ireland, January 1999-June 2001.**

Autor(es): Shigematsu M; Davison KL; Charlett A; Crowcroft NS  
Epidemiol Infect; 129(3): 459-70, 2002 Dec.

Enhanced surveillance of meningococcal disease (ESMD) was implemented nationally across ten regions of England, Wales and Northern Ireland from 1 January 1999. It aims to deliver more sensitive surveillance than laboratory reporting by including clinically diagnosed but laboratory unconfirmed cases. Consultants in Communicable Disease Control (CsCDC) report all clinically diagnosed cases of meningococcal disease (MD) to the Regional Epidemiologist in the relevant regional unit of the Public Health Laboratory Service (PHLS) Communicable Disease Surveillance Centre (CDSC). These reports are reconciled with laboratory data from the PHLS Meningococcal Reference Unit and then forwarded to the national CDSC where further reconciliation with laboratory data takes place...

## **8. Development of antibodies against tetravalent meningococcal polysaccharides in revaccinated complement-deficient patients.**

Autor(es): Drogari-Apiranthitou M; Fijen CA; Van De Beek D; Hensen EF; Dankert J; Kuijper EJ

Clin Exp Immunol; 119(2): 311-6, 2000 Feb.

Individuals deficient in C3 or a late complement component are susceptible to recurrent meningococcal infections. Since they experience meningococcal episodes mostly with uncommon meningococcal serogroups, vaccination with a tetravalent vaccine containing A, C, Y and W135 polysaccharides has been suggested. We vaccinated a cohort of two C3 and 17 late complement component-deficient (LCCD) patients, revaccinated them 7 years later and investigated the development of their IgG antibodies to the capsular polysaccharides of the meningococcal vaccine. Seven years after the first vaccination levels of IgG antibodies declined compared with the levels present at 6 months after the first vaccination, but were still at least four times higher than before vaccination. Levels...

## **9. Protection against meningococcal serogroup ACYW disease in complement-deficient individuals vaccinated with the tetravalent meningococcal capsular polysaccharide vaccine.**

Autor(es): Fijen CA; Kuijper EJ; Drogari-Apiranthitou M; Van Leeuwen Y; Daha MR; Dankert J

Clin Exp Immunol; 114(3): 362-9, 1998 Dec.

 Artigo [MEDLINE PMID: 9844044 ] Idioma: Inglês

Tipo de publicação: Ensaio Clínico; Ensaio Clínico Controlado; Artigo de Revista; Research Support, Non-U.S. Gov't

Individuals with properdin, C3 or late complement component deficiency (LCCD) frequently develop meningococcal disease. Vaccination of these persons has been recommended, although reports on efficacy are scarce and not conclusive. We immunized 53 complement-deficient persons, of whom 19 had properdin deficiency, seven a C3 deficiency syndrome and 27 had LCCD with the tetravalent (ACYW) meningococcal capsular polysaccharide vaccine. Serological studies were performed in 43 of them. As controls 25 non-complement-deficient relatives of the complement-deficient vaccinees and 21 healthy non-related controls were vaccinated. Post-vaccination, complement-deficient individuals and controls developed a significant immunoglobulin-specific antibody response to capsular polysac

## **10. Neisseria meningitidis serogroup W135 isolates associated with the ET-37 complex.**

Autor(es): Popovic T; Sacchi CT; Reeves MW; Whitney AM; Mayer LW; Noble CA; Ajello GW; Mostashari F; Bendana N; Lingappa J; Hajjeh R; Rosenstein NE

Emerg Infect Dis; 6(4): 428-9, 2000 Jul-Aug.

### **11. Safety and immunogenicity of group Y and group W135 meningococcal capsular polysaccharide vaccines in adults.**

Autor(es): Griffiss JM; Brandt BL; Altieri PL; Pier GB; Berman SL

Infect Immun; 34(3): 725-32, 1981 Dec.

Serogroup Y and W135 *Neisseria meningitidis* capsular polysaccharide vaccines were tested as monovalent and divalent preparations in groups of 10 adult human volunteers at a dose of 50 (monovalent) or 100 micrograms (divalent) injected subcutaneously. Reactogenicity was low for the group Y vaccine and the group Y-W135 combined vaccine; 3 of 10 volunteers developed systemic reactions after group W135 vaccination. All three vaccines induced significant homologous and heterologous binding and bactericidal antibody. Except for group W135 bactericidal antibody, homologous responses exceeded heterologous responses, and divalent and monovalent vaccines induced equivalent homologous responses. Homologous bactericidal antibody responses were maintained for 4 weeks in 85% of...

### **12. Human immune response to various doses of group Y and W135 meningococcal polysaccharide vaccines.**

Autor(es): Griffiss JM; Brandt BL; Broude DD

Infect Immun; 37(1): 205-8, 1982 Jul.

A divalent vaccine containing equal weights of *Neisseria meningitidis* group Y and group W135 capsular polysaccharides was inoculated subcutaneously into groups of 32 military recruit volunteers at doses of 10, 25, 50, and 100 micrograms in 10-microliter/microgram volumes. At 4 weeks, the two higher doses induced significantly greater binding antibody responses than did the two lower doses. Differences in response were not found between the two higher doses or between the two lower doses. An additional 32 volunteers received a dose of 25 micrograms in a 20-microliter/microgram volume. Binding antibody response to this vaccine did not differ from the response to doses of 10 and 25 microgram in 10-microliter/microgram volumes. In contrast, bactericidal antibody responses ...