


References


Abatement of Cutaneous Kaposi’s Sarcoma Associated with Cidofovir Treatment

SIR—Hammoud et al. [1] reported the abatement of Kaposi’s sarcoma (KS) in an AIDS patient who was being treated with cidofovir for cytomegalovirus (CMV) retinitis. The investigators concluded that cidofovir, as well as other agents active against herpesviruses, may have a therapeutic role in the treatment of KS. In fact, cidofovir and other antitherpetic agents (with the exception of acyclovir) have been found to inhibit the replication of human herpesvirus type 8 (HHV-8), the presumable etiologic agent of KS, in cell culture [2,3].

We recently treated a patient without AIDS who had classic KS by intralesional injections of cidofovir [4]. After five weekly injections of the drug, no clinical, histological, immunohistochemical (persistence of Bel-2 and p53 protein expression), or virological (persistence of HHV-8 DNA sequences) changes were noted. The absence of an effect of intralesional injections of this potent DNA polymerase inhibitor in agreement with the findings that most KS cells are latently infected by HHV-8 [5]. As opportunistic infections such as those due to CMV may trigger the development of KS (namely, the release of cytokines and growth factors [6]), we think that the inhibition of CMV replication by cidofovir, in conjunction with antiretroviral therapy [7], may have contributed to the abatement of KS lesions that was observed by Hammoud et al. [1].

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Prevaccination Screening for Hepatitis B Among Sexually Active Adolescents and Young Adults

SIR—We applaud the efforts by Alderman et al. [1] to provide hepatitis B vaccination for adolescents and young adults in an inner-city clinic. Although hepatitis B vaccination has been recommended for adolescents and adults with risk factors for hepatitis B virus infection since the vaccine was licensed in 1981, the rate of vaccination coverage among most of these risk groups remains low. We agree with the investigators’ conclusion that prevaccination screening is not cost-effective among most populations of sexually active adolescents. However, prevaccination screening is likely to be even less cost-effective than calculated by the investigators, because many participants younger than 19 years of age are eligible for hepatitis B vaccination under the federal program for Vaccines for Children. Under the federal contract, hepatitis B vaccine is available in adolescent formulations through this program at $9.45 per dose, compared with $38.00 per dose in the study by Alderman et al. Information about how to participate in the Vaccines for Children program is available from immunization programs at state health departments.

For persons 19 years of age or older, vaccine cost has been a primary barrier to providing hepatitis B vaccine in settings where persons with behavioral risk factors for hepatitis B virus infection can be readily identified, including sexually transmitted disease clinics, family-planning clinics, drug-treatment clinics, and correctional facilities. To overcome this barrier, insurance coverage is needed for hepatitis B vaccination for adults in both the private and public sectors, such as exists for vaccination for influenza and pneumococcal disease (two other major vaccine-preventable
diseases in adults). In addition, the price of the adult dose of hepatitis B vaccine needs to be reduced to be comparable with the price of infant and adolescent formulations of the vaccine. Under the current federal contract, the adult formulation of vaccine is $24.39 per dose, 30% higher than the price of two doses of the adolescent formulation (two doses provide the same quantity of antigen as one adult dose).

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