Measles, Mumps and Rubella Seropositivity in Children with Perinatal HIV Infection

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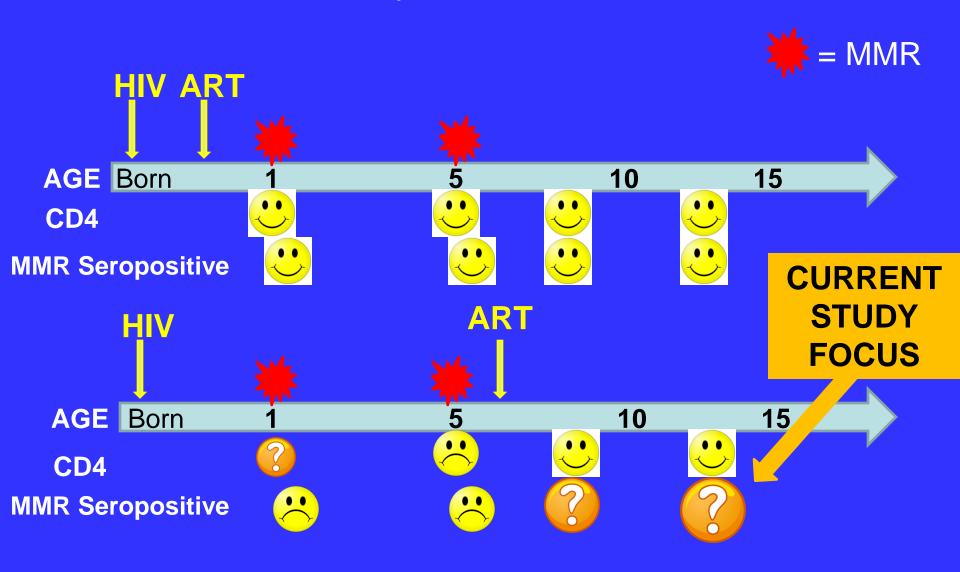




Background & Rationale

- Today, most children and teens with HIV infection have strong immune systems and good HIV control thanks to antiretroviral therapy (ART).
- Children on ART usually respond well to vaccines.
- But many older children and teens on ART today got vaccines when they were infants or young children and not on ART.
- That means that our youth today may not be protected by the vaccines they got years ago.
- MMR is a vaccine that protects against 3 infections: measles, mumps and rubella (german measles). MMR is usually given to young children (at ages 1 and 5 years).
- This purpose of this study was to use blood testing to see if children in AMP still had protection from measles, mumps and rubella.

Timing of MMR and ART in Relation to Immunity in Adolescence



Pediatric HIV-AIDS Cohort Study (PHACS)

- All AMP participants included:
 - Perinatally HIV-infected (HIV+) or HIV-exposed uninfected (HEU)
 - Age 7 to <16 years at study entry
 - Complete medical history, including ART, lab results and immunizations*
- For present analysis:
 - Most recent study visit with blood specimen available
- *Asked sites to double-check immunization records that seemed to be not up-to-date

pH/Acs

Blood tests for evidence of immunity

Measles

- Specialized test by CDC [Plaque reduction neutralization, or PRN] for measles has been linked to protection against measles
- Measles antibody test used in clinical care not as reliable
- Common blood antibody test for rubella correlates well with protection against rubella
- No good blood antibody test that says if person protected against mumps (only if antibody positive or negative)

Baseline Characteristics

	PHIV	HEU	Total	P value
Number	428	221	649	
Age (range)	11.5 (7-15)	9.9 (7-15)	10.9 (7-15)	<0.01
Male sex	46%	52%	48%	0.163
Black race	75%	64%	71%	0.003
Mean BMI-Z	0.32	0.76	0.47	<0.001
≥1 MMR	99%*	97%*		0.356
≥ 2 MMRs	92%*	89%*		<0.005
VL < 400	68%	-		
CD4 > 500	77%	-		
CD4 % ≥ 25	77%			
CDC Class C	24%	-		
On ART	93%			

*Based on site queries:PHIV ≥1 MMR 98% -> 99%; ≥2 MMR 91% -> 95% (<.001->.356) HEU ≥1 MMR 92% -> 97%; ≥2 MMR 75% -> 89% (<.001-<.005)

Measles and Rubella Seroprotection and Mumps Seropositivity Rates

HIV Status

	HIV-Infected	HEU
Measles (PRN)	245/428 = 57% (52%,62%)	218/221 = 99% (96%,100%)
Mumps	254/428 = 59% (55%,64%)	215/221 = 97% (94%,99%)
Rubella	279/428 = 65% (61%,70%)	217/221 = 98% (95%,99%)

Seropositivity Among Youth with Well-controlled HIV

	VL < 400 copies/mL	CD4 count ≥ 500 cells/mm³
Measles	71%	78%
Rubella	69%	78%
Mumps	69%	76%

Poor seropositivity/seroprotection rates even among youth who currently have their HIV infection well controlled

M-M-R results (HIV+ only) by number of vaccine doses received after on HAART for ≥ 3 months

Number of vaccine doses received after on HAART ≥ 3 months							
	0 (N=188)	1 (N=141)	2* (N=99)	Total (N=428)	P-Value (a)		
Measles (PRN)							
Protected ·	78 (43%) 1 missing	78 (55%)	88* (85%)	244 (57%)	<.001		
Mumps							
Seropositive	92 (51%)	81 (57%)	81 (78%)	254 (59%)	<.001		
Rubella							
	00 (540)	00 (000)	00 (050()	070 (05%)	004		
Protected (a) Fisher's Exact Tes	` '	,	88 (85%) ed 3 MMRs after ≥ 3 m	279 (65%) nonths of HAART.	<.001		

- Reminder: 95% HIV+ had ≥ 2 MMR doses
- No effect of total # MMR doses on M-M-R serology result

Summary & Implications

- Largest cohort PHIV+ children and youth on ART assessed for M-M-R immunity
- Large numbers of PHIV youth in the US may not be protected against measles, mumps and rubella
- Despite current use of ART, virologic suppression and high CD4 values
- Benefit of MMR after ART (Abzug 2012)
- No evidence that HEU lack protection

Summary & Implications

• Evidence supporting <u>new CDC (ACIP)</u>
<u>recommendation</u> for MMR <u>reimmunization</u> in
PHIV who have not received MMR immunization
while on effective ART (posted 6-Dec-2012)

Recommendations for Vaccination of Persons with HIV infection:

- Two doses of MMR vaccine for all persons aged ≥12 months with HIV infection who do not have evidence of current severe immunosuppression [i.e., for persons aged ≤5 years: must have CD4 percentages ≥15% for ≥6 months; and for persons aged >5 years: must have CD4 percentages ≥15% and CD4 ≥ 200 lymphocytes/mm³ for ≥6 months] or other current evidence of measles, rubella, and mumps immunity.
- The first dose should be administered at age 12 through 15 months and the second dose at age 4 through 6 years, or as early as 28 days after the first dose.
- Persons with perinatal HIV infection who were vaccinated prior to establishment of effective ART should receive two appropriately spaced doses of MMR vaccine once effective ART has been established [for persons aged ≤5 years: must have CD4 percentages ≥15% for ≥6 months; and for persons aged >5 years: must have CD4 percentages ≥15% and CD4 ≥ 200 lymphocytes /mm³ for ≥6 months] unless they have other acceptable current evidence of measles, rubella, and mumps immunity.

THANK YOU!

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