Influenza vaccines are widely used throughout the world. Some 80 - 85 million doses are produced annually for distribution in the USA alone where coverage for the major risk group, persons over 65 years of age, was 63% in 1997 (surpassing the 60% vaccine coverage goal for the country's Healthy People 2000 Project). The clinical effectiveness as well as the cost effectiveness of influenza vaccines have been clearly established in a number of studies in many parts of the world. Influenza vaccination has also been demonstrated to reduce hospitalisation significantly in elderly high-risk persons. In South Africa, influenza immunisation has similarly been demonstrated to be cost effective and utilisation of vaccine in this country has increased markedly over the past few years, reaching over 2 million doses administered in 2000. Annual influenza immunisation is sound preventive medicine generally, and in particular is mandated for persons at risk for complications of influenza.

With regard to influenza immunisation of HIV-infected persons, three issues need to be considered:

(i) are HIV-infected persons at special risk for influenza complications and is annual immunisation specifically advocated for them?

(ii) is influenza vaccine safe in HIV-infected persons? and

(iii) is influenza vaccine effective in HIV-infected persons?

IS HIV INFECTION A SPECIAL INDICATION FOR ANNUAL INFLUENZA IMMUNISATION?

Definitive, quantitative epidemiological data on the risk of influenza complications in HIV-infected persons are still not available. However, small-scale studies have shown more severe and prolonged influenza disease in HIV-infected persons. Additional factors which would also need to be taken into account when considering whether HIV infection constitutes a special indication for influenza immunisation include the following:

(i) uncomplicated influenza illness may involve considerable expense and inconvenience to eliminate a diagnosis of Pneumocystis disease in HIV-infected patients presenting with an acute febrile illness;

(ii) increased influenza virus shedding has been associated with depressed immunity; and

(iii) the antigenic stimulation of influenza virus infection itself is associated with an increased plasma viral load, one of the concerns raised with influenza vaccine (see below).
The Advisory Committee on Immunisation Practices (ACIP) of the USA has recognised persons infected with HIV as a specific target group for influenza immunisation because of the increased risk of complications. The Advisory Committee on Immunisation Practices (ACIP) of the USA has recommended that affected individuals receive annual influenza immunisation. It is specifically recommended under the following conditions:

(i) HIV-infected persons with symptoms and/or CD4 cell counts between 200 and 500/ml;
(ii) HIV-infected persons with another condition placing them in a higher risk category according to general recommendations and
(iii) contacts of HIV-infected patients such as healthcare personnel and household members.

It is not recommended for HIV-infected persons with CD4 cell counts below 200/ml as they are unlikely to mount an adequate immune response. These individuals should be protected with chemoprophylactic agents such as amantadine (Symmetrel).

REFERENCES