



Letters to the Editor

Pneumococcal Vaccine in Patients With Rheumatoid Arthritis[☆]

Vacuna frente al neumococo en pacientes con artritis reumatoide

Mr. Editor:

We read with interest the article by López Garrido et al. on vaccines and chemoprophylaxis in patients with rheumatoid arthritis (RA). In it the authors present a vaccination schedule that included the 23-valent pneumococcal polysaccharide vaccine with booster shots every 3–5 years.¹

RA patients are treated with immunosuppressive drugs and this fact determines that such persons are already included in the population group that has the indication for the administration of this vaccine in our country.² However, revaccination is not routinely recommended, so the Ministry of Health² has established only 1 booster dose in persons vaccinated more than 5 years prior under the following circumstances: (a) people over 65, who received the first dose before age 65, (b) people at high risk of serious pneumococcal infection (asplenia, chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression). Similarly, various international institutions such as the Advisory Committee on Immunization Practices recommended revaccination no more than once because there is insufficient data regarding its clinical benefit, the degree and duration of protection, and safety of administering this vaccine on more than 3 occasions.³

In the studies reviewed by Lopez Garrido on pneumococcal vaccination in patients with RA-10, 1 of the exclusion criterion considered was having previously received the vaccine without specifying the number of years⁴ and the receipt in the 3⁵ and 5 years prior to beginning of the study^{6,7}; there was also had 3 studies where such vaccination history was not described as an exclusion criteria.^{8–10} In any case, none of the works provide specific results in terms of immunogenicity and safety of the pneumococcal vaccine in patients with a history of receiving such a vaccination.^{4–10} Therefore, and in the absence of evidence from the literature reviewed by Lopez Garrido on the efficacy and safety of pneumococcal vaccination administered every 3–5 years in patients with RA, the authors consider it necessary to modify the proposed immunization schedule and assume the current official recommendations to administer a single booster dose 5 years after being given the first.²

References

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