

In the news

FLU VACCINE SURPLUS

Recent vaccine trial data provided hope in the fight against swine flu by suggesting that a single dose of vaccine, and not two doses as initially thought, is sufficient to confer protection against the pandemic H1N1 strain of influenza virus (*Nature Rev. Immunol.*, Oct 2009). But this silver lining comes with a cloud: countries now find they have bought too much swine flu vaccine (*The Wall Street Journal*, 5 Jan 2010).

Other reasons, including the mild nature of the virus and fears regarding safety and efficacy, have led to a lower than anticipated uptake of the H1N1 vaccine by the public, which may have cost governments tens of millions of pounds (*Financial Times*, 11 Jan 2010).

Concerns have been raised that pharmaceutical companies boosted their own profits and wasted public money by creating what one European health chief has called “a false pandemic” (*Guardian*, 11 Jan 2009). In the UK, the vice-chair of the Patient’s Association, Michael Summers, said it would have been a “dereliction of duty” had the government not ordered sufficient vaccine but did concede there were “lessons to be learnt” in negotiating these contracts (*BBC News*, 8 Jan 2010).

Although one dose seems to be sufficient to protect most people from swine flu, Dutch researchers have bad news for patients with rheumatoid arthritis: those who have been treated with the B cell-depleting drug rituximab near the time of vaccination do not produce protective antibodies against H1N1 virus (*Los Angeles Times*, 6 Jan 2010). However, the H1N1 vaccine was found to be safe for arthritis patients, and as these individuals are at high risk for complications from infection, study leader Sander van Assen recommended that they consider “preemptive vaccination” before rituximab treatment (*Science Daily*, 7 Jan 2010).

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