Conclusion: In a database of several thousand adolescents and adults, Menveo® induced significant immune responses, as assessed by hSBA, without evidence of clinically significant interference when co-administered with recommended adolescent vaccines. Responses to Menveo® were statistically non-inferior or higher compared with previously licensed comparators.

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CAT: IN HIGH-RISK INFANTS HOSPITALISED WITH BRONCHIOLITIS, IS THE USE OF PALIVIZUMAB (IG) VACCINE WARRANTED?

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Introduction: RSV bronchiolitis results in the hospitalisation of thousands of infants each year. Treatment is predominantly supportive, but palivizumab (humanised monoclonal anti-RSV antibody) administration can provide passive protection.

Objectives: To analyse experimental literature to determine whether palivizumab administration is warranted and safe in high-risk infants hospitalised with bronchiolitis. The outcomes assessed included viral titres, duration of hospitalisation, hospitalisation rates, and prospective incidence of recurrent wheezing.

Methods: Cochrane library- searched with terms "Palivizumab" and "bronchiolitis";

PubMed- searched with MeSH terms "Palivizumab" and "bronchiolitis"

Results: Palivizumab prophylaxis resulted in significant reduction in hospitalisation rates (1%) compared to in non-prophylaxed seasons (13.5%), and the numbers needed to treat to avoid one hospitalisation was 13 (95% CI: 4-8).

Prospective observation studies, suggested that prophylactic administration of palivizumab effectively reduced admissions to hospital due to re-infection.

Incidence of recurrent wheezing and physician-diagnosed recurrent wheezing was significantly lower in antibody-treated subjects (13% and 8%

respectively) compared with untreated subjects (26%, P=0.01 and 16%, P=0.011 respectively).

Injection site reactions were uncommon (1.8% in the placebo group compared to 2.7% in the palivizumab group). Mild or moderate elevations of ALT occurred in 1.6% of placebo and 3.6% of palivizumab recipients.

Conclusion: Palivizumab use is warranted in pre-term infants hospitalised with bronchiolitis. The primary demonstrated benefit is a reduction in hospital admission rates. Further work is necessary to determine the safety of palivizumab, and the efficacy in high-risk infants (e.g. those with bronchopulmonary dysplasia). The cost-effectiveness of palivizumab administration in a UK health care setting must be assessed.

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RELATIVE EFFICACY OF LIVE ATTENUATED AND INACTIVATED INFLUENZA VACCINES IN CHILDREN AS A FUNCTION OF TIME POSTVACCINATION

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Aims: To examine the relative efficacy of live attenuated influenza vaccine (LAIV) and trivalent inactivated influenza vaccine (TIV) as a function of time post-vaccination from three large randomized studies that compared the efficacy of LAIV and TIV in children. LAIV is approved for use in eligible individuals 2 to 49 years of age in the U.S., Israel, Hong Kong, Macau, and South Korea.

Methods: Relative efficacy of LAIV vs. TIV against culture-confirmed influenza was calculated by time-interval (0-4 and >4-8 months postvaccination) for matched strains, the studies' primary endpoint. Match for B viruses in Study 1 was based on genetic sequence as serology was less reliable.

Results: In each study, LAIV recipients had less influenza than TIV recipients in both time intervals and the relative efficacy of LAIV vs. TIV increased from 0-4 months to 4-8 months.