# Comparison between immune response to different modes of vaccination; intradermal and subcutaneous yellow fever vaccination.

No registrations found.

**Ethical review** Positive opinion

**Status** Recruitment stopped

Health condition type -

Study type Interventional

# **Summary**

### ID

NL-OMON27364

Source

NTR

**Brief title** 

N/A

**Health condition** 

(Prevention of) yellow fever.

# **Sponsors and support**

**Primary sponsor:** Leiden University Medical Center, dpt. of Infectious Diseases **Source(s) of monetary or material Support:** Leiden University Medical Center, dpt. of Infectious Diseases

### Intervention

### **Outcome measures**

### **Primary outcome**

Protective humoral immune response.

For first time vaccinees measured 4 and 8 weeks post-vaccination, for revaccinees measured 2 weeks post-vaccination.

All sera will be analysed by ELISA, Immunofluorescence and plaque reduction assay.

### **Secondary outcome**

Adverse events measured for three weeks post-vaccination by keeping a diary, viremia measured 5 days post-vaccination by RT-PCR.

# **Study description**

### **Background summary**

Comparison between effectivity of different methods of vaccination; antibody response to intradermal and subcutaneous yellow fever vaccination, measured by ELISA, IF and plaque reduction assay.

Furthermore adverse events will be studied by keeping a diary, and viremia will be measured in a subgroup of the first time vaccinees and the revaccinees.

### **Study objective**

Intradermal yellow fever vaccination with a reduced dose will induce a sufficient protective immunological response comparable to the response elicited by subcutaneous yellow fever vaccination.

### Study design

N/A

### Intervention

Subcutaneous of intradermal yellow fever vaccination.

# **Contacts**

### **Public**

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# **Eligibility criteria**

### **Inclusion criteria**

Healthy volunteers, >18yrs (previously and not previously vaccinated with yellow fever vaccine).

### **Exclusion criteria**

- 1. Pregnancy;
- 2. Diabetes mellitus;
- 3. Use of immunomodulating medication e.g. corticosteroids;
- 4. Cytostatica;
- 5. Use of chloroquine.

# Study design

# **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 15-06-2005

Enrollment: 120

Type: Actual

# **Ethics review**

Positive opinion

Date: 06-09-2005

Application type: First submission

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

NTR-new NL194
NTR-old NTR231
Other : N/A

ISRCTN ISRCTN46326316

# **Study results**



PLoS ONE. 2008 Apr 23;3(4):e1993.