Does booster influenza vaccination improve vaccination efficacy in patients with quiescent systemic lupus erythematosus?

Published: 24-08-2007 Last updated: 09-05-2024

To determine whether a second, booster, influenza vaccination leads to a higher seroprotection rate in SLE patients, as compared to a single vaccination.

Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typeAutoimmune disorders

Study type Interventional

Summary

ID

NL-OMON31124

Source

ToetsingOnline

Brief title

n.v.t.

Condition

Autoimmune disorders

Synonym

systemische lupus erythematosus; lupus

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen

Source(s) of monetary or material Support: Ministerie van OC&W,JK de Cock

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Stichting, Solvay Pharmaceuticals

Intervention

Keyword: booster, influenza vaccination, second, systemic lupus erythematosus

Outcome measures

Primary outcome

Seroprotection rate (the percentage of SLE patients with a titre equal to or greater than 40 against all three vaccine strains) in SLE patients after two influenza vaccinations as compared to a single vaccination.

Secondary outcome

- 1. Seroconversions and fourfold titre rises after 4 weeks and after 8 weeks.
- 2. Geometric mean titres after four weeks and after 8 weeks

Study description

Background summary

Systemic lupus erythematosus (SLE) is an autoimmune disease, patients are often treated with immunosuppressive drugs to control disease activity. This causes patients to be susceptible for infections, like influenza. Former research showed influenza vaccination to be safe in SLE, however fewer patients reached protective titres as compared to healthy controls. It is desirable to increase this seroprotection rate. A second, booster vaccination, administered 4 weeks after the first vaccination is a possible approach to achief a higher seroprotection rate.

Study objective

To determine whether a second, booster, influenza vaccination leads to a higher seroprotection rate in SLE patients, as compared to a single vaccination.

Study design

Fifty-two SLE patients and 30 healthy controls will be included. Patients will receive an influenza vaccination in October - December 2007. Four weeks later

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a second, booster, vaccination will be given. Healthy controls will receive a single vaccination, in October - December 2007. Evaluation of titres will be done before vaccination and four weeks following the first vaccination. In patients a second titre evaluation will be done four weeks after the second vaccination.

Intervention

Administration of a trivalent subunit influenza vaccine: Influvac. In SLE patients this vaccine will be given for a second time, four weeks after the first vaccination.

Study burden and risks

Patients

Receiving an influenza vaccination gives SLE patients a good chance to have sufficient protection against influenza in the following influenza season. The non-regular outpatient visit after 28 days is a burden, furthermore a total of 30 ml of blood will be drawn. The adverse effects of influenza vaccination are usually mild, though SLE patients have to experience an extra time.

Healthy controls

Influenza vaccination will be done as part of the hospital campaign to vaccinate health care workers. Therefore this is not an extra burden. Two times 10 ml of blood will be drawn, which is considered as a small burden.

Contacts

Public

Universitair Medisch Centrum Groningen

Postbus 30.001 9700 RB Groningen Nederland

Scientific

Universitair Medisch Centrum Groningen

Postbus 30.001 9700 RB Groningen Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

Patients

- patients have to fulfil international disease criteria of SLE
- quiescent disease, defined as SLEDAI <=5
- informed consent; Healthy controls
- informed consent

Exclusion criteria

Patients

- active disease, defined as SLEDAI >5
- use of prednisone >30 mg/day
- pregnancy
- malignancy
- no informed consent; Healthy controls
- use of immunosuppressives
- malignancy
- pregnancy
- no informed consent

Study design

Design

Study type:

Interventional

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Prevention

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 27-09-2007

Enrollment: 82

Type: Actual

Medical products/devices used

Product type: Medicine

Brand name: influvac

Generic name: influenza vaccin

Registration: Yes - NL outside intended use

Ethics review

Approved WMO

Date: 24-08-2007

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 27-08-2007

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

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

EudraCT EUCTR2007-004579-21-NL

CCMO NL18929.042.07