The Revaccination of Ty 21a

Dear Editor,

The review article titled "Current trends in the Management of Typhoid Fever" by SP Kalra et al is very informative and educative [1]. A few aspects, however are submitted for clarification/advice.

(a) The revaccination of Ty 21a is mentioned as 5 years in Table 3. However an update article "Vaccines-what's new?" in MJAFI[2], the manufacturer's instruction and certain other authors [3,4], recommend revaccination at 3 years. Secondly, dosage mentioned is one capsule every other day and a total of three capsules. However a review article in N Eng J Med "Typhoid Fever" [5] mentions dosage to be one capsule on days 1,3,5 and 7 (total four capsules).

(b) The dosage : mg/kg/day of Fluroquinolones in Table 1 is mentioned NA. However the following dosages are being followed in children [4,6].

Ciprofloxacin 5-10 mg/kg/day in two divided doses.

Norfloxacin 7.5-15 mg/kg/day in two divided doses.

Ofloxacin 10-15 mg/kg/day in two divided doses.

The authors are requested to advice.

Reply

I appreciate the keen interest shown by the reader in our article titled "Current trends in the management of typhoid fever" published in MJAFI 2003;59(2):130-5. Our clarification to the observations made by the reader are as under:

(a) Recommendations regarding use of vaccinations including Typhoral Oral Vaccine (Ty 21a) are constantly revised based on experience gathered with ongoing use of the vaccine. "S typhi 21a strain in an enteric coated capsule has given a 67% protection rate in Chili lasting for 3 years after 3 doses given on alternate days. A four dose schedule which appears to better protect is preferred in the USA. On the other hand one recent trial in Indonesia had found the vaccine to confer 47% efficacy" [1]. It is advisable to look up latest guidelines for vaccines as article sent for publication comes up for print after a period of 1-2 years when recommendations may have changed.

(b) Most standard text books of Medicine and Pharmacology continue to mention dose of Quinolones as absolute values

References

1. Kalra SP et al. Current Trends in the Management of Typhoid Fever. MJAFI 2003;59(2):130-5.
2. Wilson CG, Prasad PL, Nagendra K. Vaccines - What's new? MJAFI 2001;57(3):221-5.
3. Park K. Typhoid fever. In: Park K, editor. Park's Textbook of Preventive and Social medicine. 17th ed. Jabalpur: Banarsidass Bhanot Publishers 2002;178-81.
4. Nicholson JF, Michael AP. Laboratory Medicine and Reference tables. In: Behrman RE, Kleogman RM, Jenson HB editors. Nelson Textbook of Pediatrics 16th ed. Philadelphia : WB Saunders Co., 2000;2031-84.
5. Christopher MP et al. Typhoid Fever. N Eng J Med 2002;347(22) : 1770-82.
6. Singh M, Deorari AK. Antibiotics and chemotherapeutic agents. In: Singh M, Deorari AK editors. Drug dosages in children 4th ed. Sagar Publications 1997;21-32.

Maj H Sethi*, Sqn Ldr G Keshavamurthy⁺

*Graded Specialist(Paediatrics), 174 Military Hospital, C/o 56 APO,

⁺Graded Specialist(Medicine), 176 Military Hospital, C/o 56 APO.

and not in per Kg body weight. This may be due to low MIC 90, compared to high serum levels achieved by most Quinolones [1,2,3,4]. Only recently per Kg recommendations have been issued for treatment of Anthrax.

References

1. Cook GC, Zumla A. Mansons Tropical Diseases. 21st ed. Saunders Elsevier Science Health Services (Publisher) 2003;937-50.
2. Richer J, Bradley C. Typhoid and Paratyphoid fever. Oxford textbook of Medicine 4th ed. 2003;1.503-1.501.
3. Hardman JG, Limbird LE. Anti Microbial Agents : Goodman and Gillman-The pharmacological basis of therapeutics. 10th ed 2001;1171-88.
4. Punjabi NH. Typhoid fever. Rakel Conn's Therapy 52nd ed. W.B.Saunders Coy (Publisher) 2000;162-8.

Lt Col N Naithani

Reader, Department of Medicine, Armed Forces Medical College, Pune-411 040