Study examines the potential risks of smallpox vaccination

ANN ARBOR, M1 - An immunization campaign to vacinate Americans against smallpox would be protective against a smallpox would be protective against a smallpox would be protective against a smallpox vaccination itself poses a risk of death or serious illness.

So, a new study recommends, any decision to resume small-pox vaccination should be based on the likelihood of a smallpox vaccination attack, the effectiveness of other smallpox vaccination mensures, and the potential harm of the smallpox vaccination campaigns, adjusted to the current American population. Pediatric researchers at the University of Michigan Health System published these findings in the April issue of Effective Clinical Practice, published by the American College of Physicians and the American Golege of Physicians and the American Golege of Physicians and the American Society of Internal Medicine.

Smallpox is deadly, killing as many as 30 percent of those infected. Immunization against smallpox using vaccinia, the

live cowpox virus, was successful in eradienting smallpox globally by 1980. But routine vaccination in the United States was stopped in 1972 when the risk posed by the vaccine outweighed the risk of contracting smallpox. It is not known how much immunity ngainst smallpox remains in those people vaccinated prior to 1972. The recent anthrax attacks have raised concern about the nation's vulnerability to smallpox attack, and recent polls found that many Americans would be interested in smallpox vaccination, if it were available.

The UMHS rosearchers—led by pediatrician Alex Kemper, M.D., MPH, MS—hope their results may help guide public officials as they develop plans to prepare for a possible bioterror attack with smallpox. Their research group, the Child Health Evaluation and Research (CHEAR) Unif, fouses on issues of vaccine delivery and preventive health.

Historical evidence indicates that children less than one year

■ Kemper and his colleagues estimate that an immunization campaign targeting young people age 1-29 could lead to the vaccination of 82.5 million individuals, of which 190 people would be expected to die from vaccine complications. A more comprehensive campaign, for those age 1-65 could lead to vaccination of 178.5 million individuals, of which 285 people would be expected

old, and people with compromised immune systems or eczema, are most at risk for side effects from smallpar vaccination and should not receive the vaccine. And, because the smallpar vaccine is a live virus, a recently vaccinated person could pass the smallpar vaccine virus to a vulnerable unvaccinated person, potentially leading to death or serious illness. To prevent this, the researchers recommend that people in close contact with high-risk individuals should not be vaccinated. As a result of these precautions, the U-M researchers estimate that 25 percent of the

U.S. population would need to be excluded from any smallpox vaccination campaign because they are high-risk for a side effect or have close contact with someone who is at high-risk.

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vaccine complications. A more comprehensive campaign, for those age 1-55 could lead to vaccination of 178.5 million individuals, of which 255 people would be expected to differing serious, but survivable, side effects would be 1,600 in the campaign targeted towards children and young adults, and 4,600 in the more comprehensive campaign. Approximately 15 million people in the campaign for children and young adults and 22 million people in the more comprehensive endults and 22 million people in the more comprehensive endults and 25 million people in the defects, including fover and side effects, including fover and according to Kempore "These

rash.
According to Kemper, "These numbers need to be interpreted cautiously, because they are based on historical data. Improvements in healthcare over the past three decades may decrease the number of fatal or serious side effects."

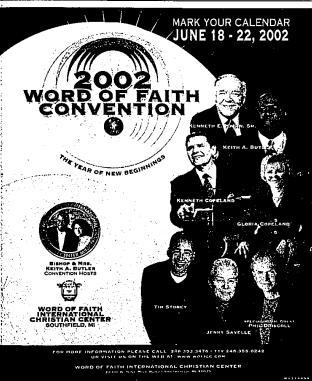
trast, the number of serious side effects may be greater due to the increased number of indito the increased number of indi-viduals who are immunocom-promised. In any case, the risk posed by smallpox vaccination is greater than the risk from other recommended vaccines, such as the MMR vaccine or the varicella vaccine against chick-enpox. The public should be aware of these risks. Any deci-tion to resume resulties small-

aware of these risks. Any decision to resume routine small-pox vaccination before a bioter-ror attack must carefully weight these risks against the benefit of protection."

In addition to Kemper, the authors of the study are pedi-atrics researcher Matthew Davis, MD, MAPP, and Gary Freed, M.D., MPH, chief of the Division of General Pediatrics Division of General Pediatrics and director of the CHEAR Unit.

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