

From May through December 1990, five additional cases of clinically active pulmonary TB were identified among residents of men's shelters and soup kitchens in Columbus. Results of investigations of these cases are pending.

Toledo

In Toledo, voluntary screening for TB was initiated at the shelter that had been visited by the index patient from Columbus and was offered to persons who resided in the shelter within ten weeks of the potential exposure. Of the 80 residents in the shelter, 20 (25%) were considered to be long-term (≥ 3 months) residents; 18 of these were evaluated. Two of the 18 had histories of tuberculous infection. Mantoux tuberculin skin tests (5 TU PPD) were administered to the remaining 16; of the 15 skin tests that were read, four (27%) patients had reactions ≥ 10 mm induration.

MMWR. 1991;40:869-870.

FOOD AND DRUG ADMINISTRATION APPROVAL OF USE OF DIPHTHERIA AND TETANUS TOXOIDS AND ACCELLULAR PERTUSSIS VACCINE

The Immunization Practices Advisory Committee and the Committee on Infectious Disease, American Academy of Pediatrics, recommend that children routinely receive a series of five doses of vaccine against diphtheria, tetanus, and pertussis before seven years of age.^{1,2} The Food and Drug Administration has approved a diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) prepared by Lederle Laboratories (Peral River, New York) and distributed as ACCEL-IMUNETM (use of trade names is for identification only and does not imply endorsement by the Public Health Service or the US Department of Health and Human Services). This vaccine is licensed only for use as the fourth and fifth doses for children who have previously been vaccinated against diphtheria, tetanus, and pertussis with three doses of whole-cell diphtheria and tetanus toxoids and pertussis vaccine (DTP) and is not licensed for the initial three-dose series in infants and children; whole-cell DTP should continue to be used for these initial doses. Whole-cell DTP continues to be an acceptable alternative for the fourth and fifth doses. DTaP is not licensed for use in children younger than 15 months of

age or after the seventh birthday. The fourth dose should be given at least six months after the third dose of whole-cell DTP and is usually administered to children 15-18 months of age.^{1,2} A dose of DTaP may be given in the series for children ages 4-6 who have received either all four doses as whole-cell vaccine or three doses of whole-cell DTP plus one dose of DTaP; this fifth dose should be given before the child enters kindergarten or elementary school. The fifth dose in the vaccination series is not necessary if the fourth dose was given on or after the fourth birthday.^{1,2}

The following evidence supports the use of ACCEL-IMUNE after the initial three-dose series of whole-cell DTP vaccine in infants:

■ The immunogenicity of the antigens comprising ACCEL-IMUNE when used for the fourth and fifth doses is comparable with that of the whole-cell DTP vaccine.³

■ Although not evaluated in a prospective study in which clinicians and investigators were blinded with respect to the vaccination status of the study subjects, the effectiveness against clinical pertussis disease of a DTaP vaccine manufactured and used in Japan (which contained a pertussis vaccine component identical to that in ACCEL-IMUNE) has been demonstrated in children 2 years of age or older.⁴

■ The rates of local reactions, fever, and other common systemic symptoms following receipt of ACCEL-IMUNE inoculations are lower than those following whole-cell DTP vaccination.³

REFERENCES

1. Immunization Practices Advisory Committee. Diphtheria, tetanus, and pertussis: recommendations for vaccine use and other preventive measures-recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR*. 1991;40.
2. American Academy of Pediatrics. Report of the Committee on Infectious Diseases. Elk Grove Village, Ill: American Academy of Pediatrics; 1991.
3. Blumberg DA, Mink CM, Cherry JD, et al. Comparison of an acellular pertussis-component diphtheria-tetanus-pertussis (DTP) vaccine with a whole-cell pertussis-component DTP vaccine in 17- to 24-month-old children, with measurement of 69 kilodalton outer membrane protein antibody. *J Pediatr*. 1990;117:46-51.
4. Mortimer EA, Kimura M, Cherry JD, et al. Protective efficacy of the Takeda acellular pertussis vaccine combined with diphtheria and tetanus toxoids following household exposure of Japanese children. *Am J Dis Child*. 1990;144:899-904.

MMWR. 1991;40:881-882.