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Editorial

Another lesson on meningococcal vaccines from the United Kingdom

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Reception date: February 28, 2017 • Acceptance date: March 2, 2017

Publication date: March 8, 2017

Evid Pediatr. 2017;13:2.

HOW TO CITE THIS ARTICLE

Martinón Torres F. Otra lección británica sobre vacunas frente al meningococo. Evid Pediatr. 2017;13:2.

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Another lesson on meningococcal vaccines from the United Kingdom

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The history of the prevention of meningococcal disease always features the United Kingdom leading the implementation of the various preventive advances that become available and the generation of objective evidence that fosters the gradual introduction of these measures by other countries in their public health programmes. History repeats itself now with the first “universal” vaccine against group B meningococcus, a vaccine that was eagerly pursued and very difficult to attain.

The critical review by Martin Masot and Ortega Paez¹ of the first study on the effectiveness of the meningococcal B vaccine developed by the revolutionary method of reverse vaccinology reinforces the reasons underlying our optimism: this vaccine, administered in the context of a routine immunisation programme, and despite the data being from very early stages, has shown a very high effectiveness of more than 80% in vaccinated infants. Few findings have been as eagerly awaited as those of this study by Parikh et al, and many remain sceptical about this vaccine despite the considerable reliability of the data (the source is accessible in real time to all users), the rigorous methodology of the study, and the substantial experience of the team lead by Ladhani in these enterprises.² Nevertheless, we must be cautious and not lose our bearings, as these data cannot be carelessly extrapolated to individual vaccination, to the opportunistic vaccination offered by the private market. Furthermore, we still need to assess its impact on carriers and the actual duration of the protection it confers, although these can be seen as sources of added value, not as conditions for its usefulness, especially after seeing its excellent results in England.

So what now? To be sure, we will be told that the incidence is the lowest it has been in years, and that the supply of the vaccine is insufficient to satisfy the demands of the market, let alone to introduce the vaccine in the routine immunisation schedule: excellent arguments for relieving the pressure on the public health authorities of our country, who will also be soon more concerned about group W than group B (if they are not already). However, we must not lose sight of the broader picture, and although there are children that are naturally unsusceptible to meningococcal disease,³ they are a minority, and the morbidity and mortality associated to the disease in Spain have remained stable for decades.⁴ At this point, without a doubt, judging the efficiency of meningococcal vaccines based on the number of deaths and mutilated

individuals is insufficient at best.⁵ And here comes another lesson from the British, also on the subject of vaccination against meningococcus (although it could be generalised to any others): the learned are not too vain to mend. To which I would add: with proper justification, a timely correction can strengthen your posture as well as your composure. For the British initially decided not to vaccinate, for reasons similar to those currently brandished in our country, but the advisory and decision-making agency was able to listen to critical voices from without, consider data from external sources, and modify its initial decision.⁶ Needless to say, they are already enjoying the benefits of their wise decision and, above all, preventing preventable deaths, redundant as it may sound.

It is too late for us to become the first European country to include the meningococcal B vaccine in the routine immunisation schedule, but we can still be the first to do it in the European Union—right?

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