Biologic response modifier use in kids ups infectious complications

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(HealthDay)—For pediatric patients, the use of biologic response

modifiers (BRMs) is associated with increased risk of infectious complications, according to a clinical report published online July 18 in *Pediatrics*.

H. Dele Davies, M.D., from the American Academy of Pediatrics Committee on Infectious Diseases, and colleagues discuss infectious complications associated with use of BRMs in infants and children.

The authors note that the risk varies with class of BRM, with increased risk of infection or reactivation of mycobacterial infections, some viral and fungal infections, and other opportunistic infections seen for patients receiving immune-dampening BRMs. Infectious risk should be determined carefully, based on history (exposure, residence, travel, and immunization history) and selected baseline screening results. Whenever feasible, routine immunizations should be given at least two weeks (inactivated or subunit vaccines) or four weeks (live vaccines) before BRM initiation; inactivated influenza virus should be given annually. While taking BRMs, inactivated and subunit vaccines should be given when needed, but live vaccines should be avoided unless under specific circumstances and in consultation with a specialist on infectious diseases .

"If the patient develops a febrile or serious respiratory illness during BRM therapy, consideration should be given to stopping the BRM while actively searching for and treating possible infectious causes," the authors write.

More information: Full Text

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