State of Alaska Epidemiology **Bulletin**

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Yomesan Licensed -- Drug of Choice for Fish Tapeworm

The Food and Drug Administration (FDA) has recently licensed Miles Pharmaceuticals to manufacture and distribute Niclocide (Yomesan, Niclosamide) in the United States for treatment of humans with tapeworm infections (Cestodiasis). Formerly this drug was available only through the parasitic disease drug service (PDDS) of the Centers for Disease Control. Drug requests for Yomesan should be directed to local Miles representatives or to: Miles Pharmaceuticals, 400 Morgan Lane, West Haven, Connecticut 06516, telephone: 203-934-9221.

The Epidemiology Unit will be happy to assist any physician or health care provider to obtain this medication when indicated and to perform an epidemiological investigation to determine the source of infection of the patient involved with tapeworm. While not at this time an officially reportable disease, we request that all patients with fish tapeworm (Diphyllobothrium latum) be immediately reported to the Section of Communicable Disease Control through the Rapid Telephonic Reporting System, ZENITH-1700 or by a direct call to the State Epidemiologist, 561-4406.

Rabies pre-exposure vaccination,
Human diploid cell vaccine-intradermal injection

Recently the Advisory Committee on Immunization Practices (ACIP) reviewed data on the use of Human Diploid Cell Vaccine by intradermal (ID) vaccination for pre-exposure rabies prophylaxis. Over 1500 persons have received intradermal Human Diploid Cell Vaccine as pre-exposure vaccination. All persons who received a three dose regimen developed adequate antibody. The dose of intradermal (ID) vaccine is 0.1 ml as opposed to the currently approved 1.0 ml intramuscular (IM) regimen for pre-exposure prophylaxis. The accepted pre-exposure vaccination regimen with Human Diploid Cell Vaccine is three doses of vaccine given on days 0, 7, and 21 or 28. The dose of vaccine that is acceptable is 1.0 ml by intramuscular (IM) injection or 0.1 ml by intradermal (ID) injection. Intradermal vaccination should be administered in the lateral aspect of the upper arm over the deltoid.

After vaccination routine serological testing to confirm antibody response is not necessary regardless of whether recommend IM or ID regimens are used except in unusual circumstances or in the case of persons suspected of being immunocompromised.

It is emphasized that the Advisory Committee on Immunization Practices (ACIP) has accepted the intradermal regimen only for pre-exposure vaccination. Data are not available to support the use of intradermal vaccination for post-exposure use of Human Diploid Cell Vaccine. Only the 1.0 ml intramuscular regimen for post exposure treatment should be used.

The ability to provide pre-exposure vaccination using 0.1 ml of Human Diploid Cell Vaccine will have obvious significant cost-benefit to the State Rabies Control Program as it currently cost $45.00 for 1.0 ml of Human Diploid Cell Vaccine. The manufacturer, Merieux Institute, has not yet formally requested approval from the FDA, Bureau of Biologics, for the vaccine to be administered according to the intradermal regimen, a step that we eagerly await.

(Reported from Morbid. Mortal. Wkly. Rep. 31; 279-285, 1982)