



A-T Clinical Center at Johns Hopkins

IMPORTANT FACTS ABOUT:

Ataxia-Telangiectasia (A-T) and Immune Function

A-T can cause widely variable problems with immune function. Many patients have mild abnormalities of antibody production. A few have severe problems and may need regular infusions of gamma globulin to prevent infection. Fortunately, the immunodeficiency of A-T is rarely progressive. Every A-T patient should have a comprehensive immunologic evaluation to assess his/her ability to fight infections and respond to standard vaccines. The doctor who performs that evaluation can help decide if any further therapy is necessary.

After the initial assessment, test of the immune function need NOT be repeated at any fixed interval. However, reevaluation should be performed at any age if problems with infection worsen.

Preventing Flu and Pneumonia

Influenza and pneumonia can be devastating infections because so many A-T patients have difficulty coughing to clear mucus from their lungs. These are preventable diseases and we should take advantage of the excellent vaccines that have been developed to prevent them.



Flu Vaccine

A-T patients, except those receiving gamma globulin (IVIG), should receive a flu (influenza) shot EVERY year. Family members should also receive a yearly flu shot to decrease the chances of bringing influenza into the home environment.

Pneumonia Vaccines

Preventing pneumonia is more complicated than preventing the flu because there are two types of pneumonia vaccines. Each is used under different circumstances.

Prevnar® is a new type of vaccine that is more likely to be effective than older pneumonia vaccines. Unfortunately it protects against only 7 strains of bacteria that can cause pneumonia and other infections.

Pneumovax® and Pnu-Imune® are two equivalent versions of the standard pneumonia vaccine. These can protect against 23 strains of bacteria but are generally less effective in stimulating the production of antibodies.

- All A-T patients should receive 2 doses of Prevnar® with a 2 month interval between doses. One to two months after the second dose, a doctor should check the blood to see if the patient made antibodies to the vaccine. If s/he did not make antibodies after the second dose of Prevnar®, s/he should be referred to a specialist. If s/he made antibodies to the vaccine, one dose of Pneumovax® or Pnu-Imune® should be given 6-12 months later.
- Booster shots of Pneumovax® or Pnu-Immune® should be given every 5 years thereafter.