Idiopathic Nephrotic Syndrome and Vaccination

Idiopathic Nephrotic Syndrome is the most common primary glomerular disease in children.

Children with INS are treated with steroids or other immunosoppressive drugs and they have some degree of humoral and cellular immune abnormalities, therefore immune response to various vaccines may be reduced in children with INS.

Infection is one of the most common complications and remains a significant cause of morbidity and occasionally mortality in these patients, with bacteriemia, peritonitis, urinary tract infection and cellulitis being common; at the same time immunogenic stimuli such as viral infections are implicated in triggering a relapse of the syndrome.

Many different prophylactic interventions have been used or recommended for reducing the risk of infections in clinical practice.

The best characterized prophylactic intervention in general population is active immunization with vaccines. However, children with INS, under immunosoppressive therapy cannot receive live attenuated virus vaccines. Vaccination for other pathogens entails a double problem: the risk of relapse induced by unspecific stimulation of the immune system related to the vaccination itself (reported in literature with some non-living agents) and the lower seroconversion to various vaccines (due to immune dysregulation, prolonged immunosoppressive therapy and recurrent prolonged proteinuria).

Through this questionnaire we want to assess how different European countries manage the problem of vaccination in children with INS.

- Vaccination schedule in your country?
- Do you do a serology screening in children with INS at disease onset or at first observation?
- Are some vaccinations recommended during periods of low or no steroid therapy after INS onset during periods of relapse?
- Have you observed relapses of INS following vaccination in your patients?
- Have you studied response to vaccinations in these patients? Do they develop a protective serology?
- What do you do for influenza seasonal vaccination?
- Does your attitude differ between patients with SSNS and patients with SRNS?
- Has anyone observed a reduction in response to vaccinations following treatment with rituximab in these patients?