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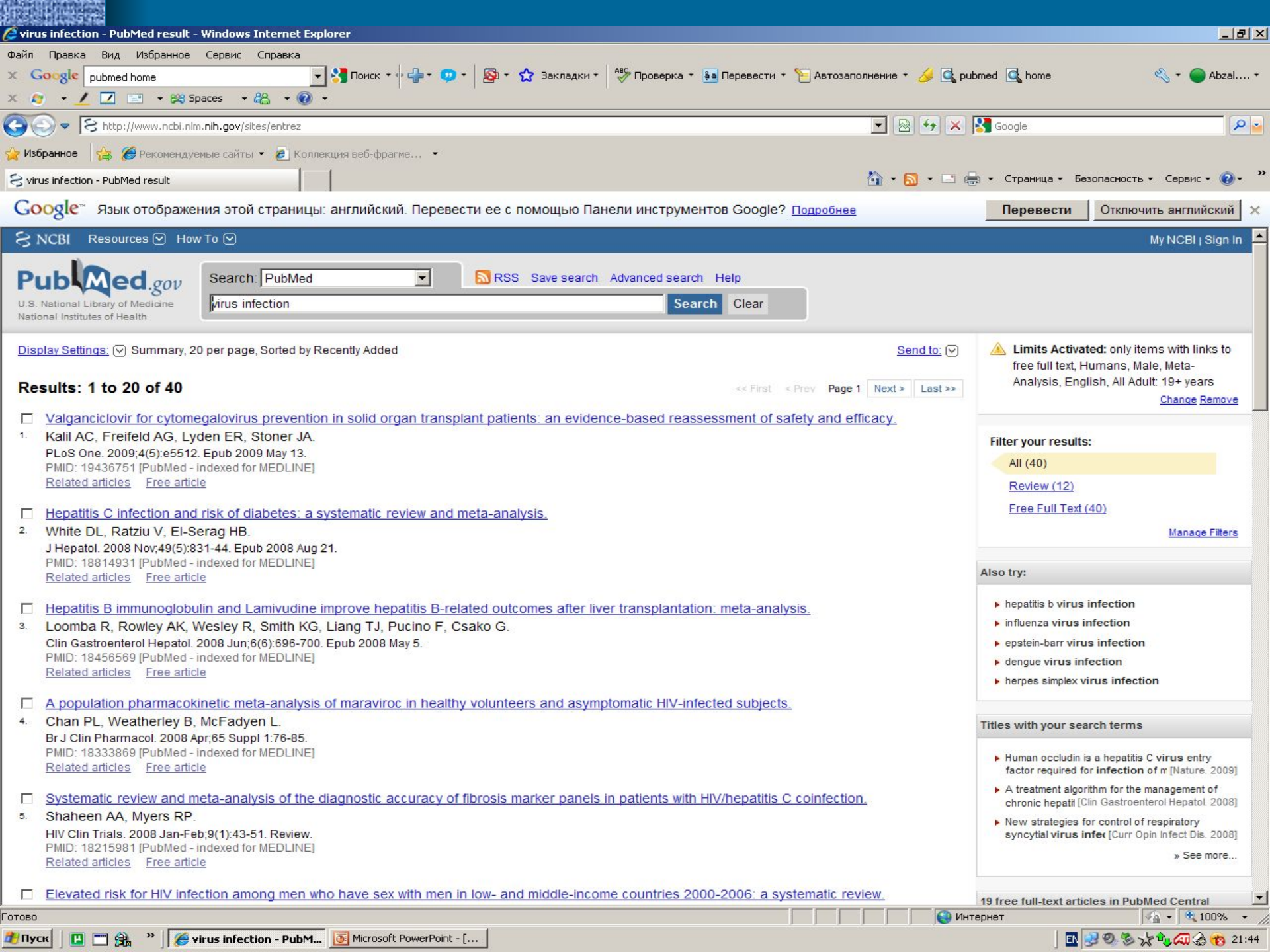
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4. A population pharmacokinetic meta-analysis of maraviroc in healthy volunteers and asymptomatic HIV-infected subjects. Chan PL, Weatherley B, McFadyen L. Br J Clin Pharmacol. 2008 Apr;65 Suppl 1:76-85. PMID: 18333869 [PubMed - indexed for MEDLINE]
5. Systematic review and meta-analysis of the diagnostic accuracy of fibrosis marker panels in patients with HIV/hepatitis C coinfection. Shaheen AA, Myers RP. HIV Clin Trials. 2008 Jan-Feb;9(1):43-51. Review. PMID: 18215981 [PubMed - indexed for MEDLINE]
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**Efficacy and clinical effectiveness of influenza vaccines in HIV-infected individuals: a meta-analysis.**

Atashili J, Kalilani L, Adimora AA.


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**BACKGROUND:** Though influenza vaccines are the cornerstone of medical interventions aimed at protecting individuals against epidemic influenza, their effectiveness in HIV infected individuals is not certain. With the recent detection of influenza strains in countries with high HIV prevalence rates, we aimed at evaluating the current evidence on the efficacy and clinical effectiveness of influenza vaccines in HIV-infected individuals. **METHODS:** We used electronic databases to identify studies assessing efficacy or effectiveness of influenza vaccines in HIV patients. We included studies that compared the incidence of culture- or serologically-confirmed influenza or clinical influenza-like illness in vaccinated to unvaccinated HIV infected individuals. Characteristics of study participants were independently abstracted and the risk difference (RD), the number needed to vaccinate to prevent one case of influenza (NNV) and the vaccine effectiveness (VE) computed. **RESULTS:** We identified six studies that assessed the incidence of influenza in vaccinated HIV-infected subjects. Four of these studies compared the incidence in vaccinated versus unvaccinated subjects. These involved a total of 646 HIV-infected subjects. In all the 4 studies, the incidence of influenza was lower in the vaccinated compared to unvaccinated subjects with RD ranging from -0.48 (95% CI: -0.63, -0.34) to -0.15 (95% CI: -0.25, 0.05); between 3 and 7 people would need to be vaccinated to prevent one case of influenza. Vaccine effectiveness ranged from 27% to 78%. A random effects model was used to obtain a summary RD of -0.27 (95%CI: -0.42, -0.11). There was no evidence of publication bias. **CONCLUSION:** Current evidence, though limited, suggests that influenza vaccines are moderately effective in reducing the incidence of influenza in HIV-infected individuals. With the threat of a global influenza pandemic, there is an urgent need to evaluate the effectiveness of influenza vaccines in trials with a larger number of representative HIV-infected persons.

PMID: 16965629 [PubMed - indexed for MEDLINE]

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
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# Efficacy and clinical effectiveness of influenza vaccines in HIV-infected individuals: a meta-analysis

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## Background

Though influenza vaccines are the cornerstone of medical interventions aimed at protecting individuals against epidemic influenza, their effectiveness in HIV infected individuals is not certain. With the recent detection of influenza strains in countries with high HIV prevalence rates, we aimed at evaluating the current evidence on the efficacy and clinical effectiveness of influenza vaccines in HIV-infected individuals.

## Methods

We used electronic databases to identify studies assessing efficacy or effectiveness

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