

Correspondence

To the Editors

First reported case of probable anaphylaxis following administration of Hepatitis A vaccine in Sri Lanka

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A four year old boy from the Gampaha district was brought to me for a consultation by his mother, who requested for the administration of the Hepatitis A vaccine (HAV). She did so because another sibling had developed Hepatitis A infection. There was no history of previous allergies or adverse events following immunization (AEFI).

Few seconds after administration of the vaccine to his left mid-thigh region intramuscularly, he collapsed. The pulses were not detectable and blood pressure was not recordable. When 0.15ml of 1:1000 adrenaline was injected intramuscularly, he recovered immediately. He was observed for the next 24 hours and discharged home without any side effects. The mother was advised not to give any more booster doses of HAV and for future vaccines to be administered where an emergency tray is available. Unfortunately, a sample of serum could not be collected for the assessment of tryptase levels.

McNeil *et al*¹ reported 4 cases of anaphylaxis following HAV. On 3 occasions HAV was given with other vaccines. However, on one occasion only HAV had been given before the episode of anaphylaxis. Authors calculate an anaphylaxis risk rate following HAV of 3.34 per one million. Peng *et al*² reported one patient with anaphylaxis following HAV. Su *et al*³ reported 70 instances of anaphylaxis following HAV; however, in every instance it had been administered with some other vaccine. The incidence of anaphylaxis following all vaccinations is reported to be 0.26 cases per million vaccine doses⁴.

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