

Reply to “Do Children Exposed to Human Immunodeficiency Virus but Not Infected Actually Have a More Robust Response to Hepatitis B Vaccination than Their Nonexposed Peers?”

We thank Dr. Olivia Swann and Dr. Ewen Harrison for the issues that were brought up.

Concerning antiretroviral therapy of HIV-infected mothers, most of the HEU infants in this study were exposed intrauterinely to combination therapy.

With regard to the statistical analysis from anti-HBs titers, we corrected the mistakes in the errata. In fact, there was no difference in the frequencies of nonresponders between HEU and NE groups ($P = 0.4097$ by Fisher's exact test). When we compared infants with titers below 1,000 mIU/ml with very good responders, there was a higher frequency of HEU infants than of NE infants with titers $>1,000$ mIU/ml ($P = 0.0044$ by Fisher's exact test).

Despite this difference, we cannot affirm that the HEU infants have a more robust response to hepatitis B vaccine because the

method that we used does not allow us to discriminate values above 1,000 mIU/ml. Therefore, the magnitudes of the responses of the groups cannot be compared as we did with geometric mean titers (GMTs) of antidiphtheria and antitetanus antibodies.

Due to the high frequency of HIV/hepatitis B virus (HBV) coinfection among pregnant women (1), we reinforce the importance of evaluation of anti-HBs titers after vaccination of the HEU infants. We continued to monitor these infants, and we hope to soon be able to answer the question about the robustness of the vaccine response.

REFERENCE

1. Salihu HM, et al. 19 October 2011. Prevalence and temporal trends of hepatitis B, hepatitis C, and HIV/AIDS co-infection during pregnancy across the decade, 1998–2007. *J. Womens Health* [Epub ahead of print.] doi:10.1089/jwh.2011.2979.

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This is a response to a letter by Swann and Harrison (doi:10.1128/CI.05508-11).

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doi:10.1128/CI.05647-11