STAPHYLOCCAL VACCINES

EFFECTIVE DATE: 1/23/2004

COVERAGE:

Staphylococcal vaccines are considered experimental or investigational.

DESCRIPTION:

The staphylococcus species are well-adapted parasites. In humans, they colonize the skin and nose. These organisms are involved in common skin disorders including eczema, psoriasis, acne, boils and infections of cuts and burns. They can invade and cause more serious infections of the skin, mammary glands, respiratory tree, blood, joints and bones. Their toxins can cause food poisoning and toxic shock syndrome. Those staphylococci that synthesize coagulase, including staphylococcus aureus, are more invasive. By contrast coagulase negative species are particularly good at colonizing implanted materials such as long intravenous lines, heart valves and orthopaedic prostheses.

The theory behind the development of staphylococcal vaccines is to build a passive protective immunity against staphylococcus organisms. With the increasing number of occurrences of hospital infections related to the staphylococcus species and an increasing number of resistance antibiotics in fighting staphylococcal organisms, interest in development of a vaccine has increased in the scientific community. Currently, there are two staphylococcal vaccines in clinical trials by the Food and Drug Administration (FDA): StaphVAX™ and Veronate™.

RATIONALE:

Since there are no current FDA approved staphylococcal vaccines, the administration of the vaccines is experimental and investigational. An article published in the journal Trends of Immunology, by Colin A. Michie stated, “Vaccination has proved relatively unsuccessful against the common bacteria staphylococcus, despite almost a century of experimentation.” It is hoped that one day a vaccine will be developed to help combat the prevalence and incidence of staphylococcus infection.

PRICING:

None

REFERENCES:

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DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.
HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.