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Reply

To the Editor:

In response to the letter by Dr. Monti and colleagues, we differ in our interpretation of data and the literature. The important components of any long-term strategy to control exposure to mite allergens are suppression of mite proliferation and removal of accumulated allergens from reservoirs. We found that several hours of direct exposure to sunlight can be 100% effective in killing mites. This is more effective than any acaricide. If performed regularly (e.g., monthly), such exposure could be expected to massively reduce the source of the accumulating allergen. Sunlight does not destroy existing mite allergen in carpet dust. We would suggest that this allergen was most effectively removed by wet vacuuming (about 80% effective) or by directly washing the carpet (>95% effective).

Mite feces are dense particles surrounded by peritrophic membranes, and we are not aware of any data that they are pulverized by exposure to sunlight, although this is an interesting speculation and suggests a source for smaller-sized mite aeroallergens.

In view of the diversity of the reported effectiveness of the acaricidal treatments recommended by the quoted references in the broader literature, I remain unconvinced that treatment with acaricides alone provides complete control of mites or facilitates the removal of accumulated allergen. Although such acaricidal treatments may be all that can be used for fitted carpets in some climates, in others, where loose carpets are used and the conditions and compliance are appropriate, a combination of direct exposure to sunlight and occasional washing or wet cleaning is probably the most effective method, as well as being simple, safe, and cheap.

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Yellow fever vaccine and egg allergy

To the Editor:

There is some concern surrounding the use of vaccines, grown on chick or duck embryos, in egg-sensitive patients. Guidelines have been proposed for use of measles vaccine in such patients.¹

We describe the case of a 40-year-old woman who requested a yellow fever vaccine before traveling to Ivory Coast. Since childhood she had experienced angioedema and generalized urticaria after egg ingestion. Results of skin testing with commercial egg extracts were negative, but a prick test with crude fresh egg white induced a typical wheal and flare, larger than the histamine control. According to the guidelines of the American Academy of Allergy and Immunology for measles vaccine,² we performed a skin prick test with the yellow fever vaccine diluted 1:10 and an intradermal test with the vaccine diluted 1:100 (Stamaril Pasteur, Merieux, France). No skin reaction was observed after 15 minutes. The patient then received the whole vaccine (0.5 ml, administered subcutaneously) without any adverse reaction. This suggests that crude food allergens might be of greater help than commercial extracts for skin testing in patients with food allergy.³ Furthermore, the guidelines proposed for measles vaccine in patients allergic to egg might also apply for yellow fever vaccine.

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