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the included patients or the regimens of concomitant steroids that were used during antiparasitic treatment. In our trial<sup>1</sup> and the previous phase 2 trial,<sup>4</sup> adverse events were very carefully assessed and reported, and no differences between treatment groups were noted. Caution is certainly welcomed until more experience with use of the combination develops worldwide. Our study treated patients with fewer than 20 viable brain cysts, no large cyst masses, no extraparenchymal lesions, and no intracranial hypertension. Treatment of patients with these or other disease characteristics that could be associated with an increased risk of side-effects should be done with extreme caution.

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## Influenza vaccine for Hajj and Umrah pilgrims

In their Series paper, Brian McCloskey and colleagues<sup>1</sup> point out that access to influenza vaccine is a key element in the global strategy to minimise risk of pandemic influenza.<sup>1</sup> The emergence of Middle East respiratory syndrome coronavirus (MERS-CoV) in Saudi Arabia has prompted worldwide preparedness and a responsive attitude in many countries for surveillance and detection of cases in individuals returning from the Arabian Peninsula.

The virology laboratory of the Public Hospital system of Marseille has received 33 samples from patients classified as having suspect or probable MERS-CoV cases on the basis of national criteria from August, 2013, to April, 2014. Most of the samples were from patients who had returned from Saudi Arabia after participating to the Umrah and Hajj pilgrimages.

None of these patients was infected with MERS-CoV; however, 17 (52%) were infected with respiratory viruses. 13 of these virus-positive samples contained influenza virus RNA (seven contained influenza A subtype H3N2, four contained pandemic influenza A subtype H1N1 2009, and two contained influenza B); of the remaining positive samples, two contained CoV-229E, one contained human metapneumovirus, and one contained rhinovirus. In summary, 75% of viruses detected in patients returning from the Arabian Peninsula with clinical features compatible with a MERS-CoV were influenza viruses for which a vaccine is theoretically available.

The Saudi Ministry of Health recommends seasonal influenza vaccine for all international pilgrims.<sup>2</sup> In France, influenza vaccine is accessible to individuals and the public health-care system only during a specific period (eg, Oct 11, 2013, to Feb 28, 2014, for the 2013–14

season), which corresponds to the epidemic influenza season in the northern hemisphere. 30 (91%) of the 33 pilgrims that we assessed did not have the opportunity to get immunised against influenza because the vaccine was not available in the period before they travelled. Another study that systematically screened a cohort of returned French Hajj pilgrims in 2013 showed that eight (6%) of 129 acquired influenza virus during the pilgrimage. None was vaccinated against influenza in 2013.<sup>3</sup>

Accordingly, a substantial proportion of individuals crossing hemispheres, or participating in mass gathering events grouping people from both hemispheres, clearly have no access to vaccine-based prevention of influenza because of regulations.

Seasonal availability of influenza vaccine in a globally mobile world is an insufficient way to prevent a disease that is notoriously transmitted from person to person irrespective of their location on the planet. We believe that influenza vaccine should be made available at any time to overcome this contradictory situation.

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