The long awaited new edition of the Canadian Immunization Guide has just been released (1). Rapid advances in vaccine development and improved strategies for using vaccines have led to many changes, the most important of which are highlighted here.

Haemophilus b vaccine: The introduction of haemophilus b (Hib) vaccine has produced a remarkable decline in Hib disease, making this the most exciting recent development in childhood immunization. Full details for infant use of the various Hib products, including catch-up schedules, are included in the Guide. Studies on the interchangeability of Hib vaccines are still limited, especially for the products used in Canada, but results to date are encouraging.

Pertussis vaccine: The recommendations for pertussis vaccine represent a major change in vaccine usage, and take account of the current understanding of adverse events associated with use of pertussis vaccine (2). Most adverse events are no longer contraindications to further immunization; only anaphylaxis to a previous dose remains an absolute contraindication. Other adverse reactions for which there are no sequelae or which have not been proven to be caused by the vaccine are no longer considered valid reasons for withholding pertussis immunization.

Measles elimination strategy: The resurgence of measles in well-immunized populations has led to considerable debate over whether we are willing to tolerate this situation or wish to move forward towards measles elimination. The National Advisory Committee on Immunization fully endorses the goal of measles elimination put forward by a recent national consensus conference (3). The new edition of the Guide contains details of a two-dose measles-mumps-rubella schedule recommended for progress towards this goal; the second dose is to be given at school entry. Implementation of the new strategy will be phased in as provinces adopt the measles elimination goal.

Hepatitis B control: The statement in the new Guide is extensively revised and contains updated information on response to hepatitis B vaccine and new vaccine dosages for infants and children. There are some changes to the sections on preexposure immunization, postexposure management (eg, following needlesticks), routine boosters (no longer needed) and postvaccination serology. Several categories have been added to the list of high risk persons targeted for vaccination: children below age seven years whose families have immigrated to Canada from areas with a high prevalence of hepatitis B and who may be exposed to carriers through their extended families; and sexually active persons with a recent history of sexually transmitted disease. In addition to vaccinating targeted high risk populations, routine childhood immunization is now recommended. British Columbia has already begun a universal preadolescent program, and a similar program will begin this fall in Ontario.

Meningococcal vaccine: With so much media attention on meningococcal disease, readers will welcome a revised section on meningococcal vaccine. This contains details on seroresponse and efficacy by age for both group A and group C vaccine components. The need for repeated doses in circumstances such as travel to high risk areas is addressed; however, studies on duration of protection are very limited.

New vaccines for travellers: Travellers to exotic destinations will benefit from recent licensure of several new vaccines. While Japanese encephalitis has been reported only rarely in travellers, the severity of the disease leads to consideration of vaccine for persons who will spend one month or more in rural parts of Asia, where they are likely to be exposed. A new pattern of hypersensitivity reactions to Japanese encephalitis vaccine has emerged and is addressed in the recommendations and precautions for use of the product.

Our old typhoid vaccine has quietly disappeared from the market. The recently licensed oral typhoid vaccine is a live attenuated product, which is adminis-

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tered by capsule in four doses given two days apart. Information in the Guide modifies previous recommendations for intervals between oral typhoid vaccine and antimalarials or oral poliovirus vaccine. The Guide also contains information on parenteral virulent capsular typhoid vaccine, which may be licensed soon, and is given as a single injection. Efficacy for the old and new typhoid vaccines is similar; however, the new products have far fewer side effects.

Other issues: Readers are urged not to overlook the opening section on general considerations. Many common office problems are addressed here in the new Guide. There is more detail on contraindications and adverse reactions, advice for patients with immunosuppression or other underlying conditions, and new information on the need for longer intervals between immunoglobulin and measles-containing vaccines. A new section deals with management of children without records, an increasing problem, especially in big cities. Vaccine storage and handling, timing of administration and record-keeping sections also warrant review, as probably each of us can improve our practices in these areas.

Our vaccination programs are only as successful as our efforts to reach our target population. Many opportunities to provide vaccines are being missed. In particular, adult immunization has not received the attention paid to childhood programs. It is estimated that in the United States about 50,000 to 70,000 adults die each year from pneumococcal infection, influenza or hepatitis B, and at least half of these deaths could be prevented (4). A recent Canadian survey found that only 45% of seniors and fewer than 20% of persons under age 65 years with high risk conditions receive annual influenza vaccine (5). Our use of pneumococcal vaccine in Canada also remains very low.

Based on readers’ suggestions, the format of the Guide has been improved and now includes an index, selected references and a pocket to store updates. Updates are published in Canada Communicable Disease Report and are usually reprinted in the Canadian Medical Association Journal; they are also available on the Laboratory Centre for Disease Control FAXlink service.

Free copies of the Guide are being distributed by each province to doctors and public health units. Additional copies, in French or English, may be purchased from the Canadian Medical Association for $10.95 (plus GST and $2.50 for shipping).

REFERENCES

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