
To the Editor:

A recent article argues for inclusion of meningococcal serogroup B vaccine in the routine Ontario immunization schedule (1). Unfortunately, titres to some vaccine components wane significantly over a period as short as 12 months after a primary series, indicating that frequent boosters may be required (2,3). There was only a 16.5% (95% CI 1.5% to 29.2%) decline in carriage rates when university students were immunized (4), potentially yielding less herd effect than with conjugated meningococcal vaccines (5,6).

The authors of the article state “… even while the vaccine is not yet included in routine vaccination programs, it remains the responsibility of pediatricians, general practitioners and public health officials to educate and advise parents about the vaccine, enabling them to make informed decisions regarding immunization of their children” (1). The advice from the Canadian Medical Protective Association on this dilemma is:

“Whether physicians should inform patients (or in appropriate cases, their legal guardian) about the use of a new vaccine depends on whether administration of the vaccine in the patient’s circumstances is considered to be the standard of care by physicians in the community. A number of factors might be considered in making this determination. If the issue were to come before a Court, the Court might look to standards expressed in accepted medical publications, the common practice of other physicians, and recommendations made by professional bodies or health organizations (such as those mentioned above). Specific circumstances, such as an outbreak of a particular infection, may also influence the standard of care.” (7)

I am less convinced than the authors that a recommendation by the Pediatricians of Ontario currently obligates physicians in Ontario to inform all parents about the meningococcal serogroup B vaccine given that other professional organizations, including the National Advisory Committee on Immunization and the Canadian Paediatric Society, have advised waiting for more data before widespread use of this vaccine.

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REFERENCES