

BRITISH MEDICAL JOURNAL

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Pertussis vaccination uptake

SIR,—It is generally believed that the increase in notifications of whooping cough over recent years, discussed, for example, by the Swansea Research Unit of the Royal College of General Practitioners (3 January, p 23), is related to the reduced level of immunisation which occurred as a result of the adverse publicity concerning the efficacy and safety of the vaccine in the mid-70s. Only about 30% of infants have been immunised since then.

The re-establishment of a high immunisation rate in young children is probably a prerequisite for a return to the previous low level of infection,¹ and it is likely that this situation will be brought about quickly only if positive steps are taken by doctors and health visitors to encourage pertussis immunisation. It would be helpful if likely "converts" to triple immunisation could be identified, in order to make the best use of resources.

We have observed that siblings tend to be

immunised similarly; thus if previous children in a family have not been given pertussis vaccine subsequent children are not given it either and vice versa, creating a knock-on effect. Parents reason that if previous children have fared well with or without the vaccine the new child will do likewise. The crucial decision is therefore made about the first child, and the immunisation rate for these children reflects the prevailing attitude to the vaccine. The figures for vaccine uptake in this practice in firstborn and other children over the last

four years confirm our observations. We would therefore recommend that the efforts of those trying to increase the uptake of pertussis vaccine are most profitably spent on the parents of firstborn children.

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¹ Preston NW. *Br Med J* 1979;iii:332.

Tuberculosis among Vietnamese refugees

SIR,—Recently my wife talked me into replacing my spectacles with soft contact lenses and I decided to put them to a rigorous test by reading the miniprint of "Practice Observed," and in particular the article by Dr S J Phillips and Rachel J Pearson on their experiences with

the medical problems of Vietnamese refugees (21 February, p 613). I was surprised not to see any reference to either tuberculosis or malaria. I assume that all the refugees in the Devizes group had chest x-ray examinations and Mantoux tests and it would have been