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CORRESPONDENCE

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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

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.

Rubella immunisation: whose baby?

SIR,—Dr David A Andrewes (10 December, p 1769) is correct when he states that a well organised and highly motivated general practice based primary health care team can reduce the number of patients at risk of contracting rubella to nil within a practice. There are, however, several reasons why it would be unrealistic for health authorities with responsibility for the whole resident population to rely on this approach.

In inner city districts the population is highly mobile with a substantial proportion of residents unregistered, particularly the young and fit, who need to consult a general practitioner less often. Use of practice age-sex registers to offer screening and immunisation to all sexually active women is not possible. In our district most practices do not have age-sex registers, and the Family Practitioner Committee's records are not on a computer and are therefore not a ready source of practice denominator data. A recent study in this district, carried out as part of the cardiovascular screening programme, showed that in one practice half of a random sample of those aged 35-64 on the age-sex register were not living at the address recorded. This must give rise to anxiety about accuracy for what we know to be a more mobile group in the population.

Although some GPs do organise their own rubella programmes, many rely on the community health services not only to screen for rubella but also to provide family planning and preconceptual advice. About 60% of family planning services to residents are carried out by the district health authority as opposed to the family practitioner service.

Any development of an effective strategy to achieve the aim of eradication of congenital rubella syndrome should therefore be based on cooperation and coordination between the health authority and general practitioners. To guarantee 100% uptake by schoolgirls, not only must individual GPs take responsibility for their patients but health authorities must take responsibility for the non-attenders and the unregistered as identified from school notes.

In Hackney the school health services coordinate the rubella immunisation programme. A study carried out in cooperation with the Spastics Society last year raised uptake rates in the district by 13%—from 72% to 85%—merely by making a few simple administrative changes. Using the findings in the study of the reasons for non-response, we are optimistic that 95% uptake rates will be reached this year. Like Dr Andrewes, our staff are enthusiastic and committed.

For women of childbearing age the health authority should be able to coordinate the results of screening carried out in the district at antenatal, gynaecological, sexually transmitted diseases, and family planning clinics, either offering immunisation or referring to GPs for immunisation wherever appropriate. This cooperative approach will be more cost effective than the institution of a raised fee as advocated by Dr Andrewes.

S GRIFFITHS
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SIR,—I should like to raise several points with regard to the article by Dr David A Andrewes.

Firstly, before the practice assumed responsibility for rubella immunisation had the district health authority no policy for routine immunisation of girls in schools? Some agreement between the authority and the practice must have been undertaken, unless the practice members also act as school doctors to all the children in the school, which is not usual within a school health service.

Secondly, before 1981 the recommended ages for rubella immunisation were 11 to 14 years, and many health authorities' programmes at that time were orientated towards the upper end of that age group, hence a low uptake would occur before the age of 12, diluting the average uptake over the four year period quoted.

From 1981, in a new town similar to that of Telford, the Milton Keynes District Health Authority introduced routine rubella immunisation of all girls between their 10th and 11th birthdays. This includes all schools, maintained or non-maintained, and the programme is carried out by a senior clinical