



LETTERS

UNIVERSAL HEPATITIS B VACCINATION

Vaccine uptake rather than disease mitigation seems to be aim of universal hepatitis B vaccination in the UK

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Including vaccines in the routine immunisation programmes of countries¹ has become a kind of fetish with the World Health Organization—disconnected from its purpose of reducing disease. WHO has recommended hepatitis B vaccination for all countries—at least three doses of the vaccine to be given to each person at birth, in infancy, or during adolescence.² Vaccinating adolescents does not prevent the chronic hepatitis B infections in children that result from vertical transmission from mother to child or from horizontal transmission from child to child. WHO seems to be appeased so long as three doses of the vaccine are given to everyone.

In the UK, 7700 new cases of chronic hepatitis B infection are detected each year. Only 300 of these infections are acquired in the UK, the remaining 7400 being identified in people entering the country from elsewhere.³ Vaccinating 700 000 newborn infants at a cost of £21 million each year⁴ will, at best, prevent 300 cases of chronic hepatitis.

The UK government has so far adopted a targeted approach in preventing these 300 cases. Testing mothers and vaccinating babies of carriers is particularly effective because, otherwise, infected newborn babies have a 90% chance of becoming

chronic carriers. Vaccinating other high risk groups is less effective, but they also have a much lower chance of becoming chronic carriers after being infected.

Unlike universal vaccination, this targeted approach will not help consume 2.1 million doses of the vaccine in the UK each year. This may be the problem: vaccine uptake rather than disease mitigation is the aim. It will be interesting to see how long the UK government's evidence based, logical approach survives the demand to mindlessly conform with WHO guidelines.

Competing interests: None declared.

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