

VACCINES

NEWS and NOTES

NO SCIENTIFIC JUSTIFICATION TO SUSPEND HEPATITIS B IMMUNIZATION

On October 1, 1998, the French Ministry of Health announced a decision to suspend routine hepatitis B (HB) immunization of adolescents in French schools while continuing the immunization of infants and high risk adults. This decision followed concerns, despite lack of scientific evidence establishing a causal relationship, that hepatitis B immunization might be linked to the development or flare-up of demyelinating diseases such as multiple sclerosis (MS) and comes in the wake of enormous pressure from anti-vaccine groups.

The World Health Organization, with the assistance of external experts in neurology, epidemiology, immunology and public health, has carefully reviewed the scientific evidence on whether HB vaccine can cause demyelinating diseases such as MS. WHO believes that available scientific data do not demonstrate a causal association between HB immunization and central nervous system diseases, including MS.

Over 1 billion doses of HB vaccine have been used since 1981 with an outstanding record of safety and efficacy, and the vaccine is 95% effective in preventing the development of the chronic carrier state of hepatitis B. HB vaccine is the first vaccine against a major human cancer, as it is the chronic carriers of hepatitis B who are at a high risk of death from cirrhosis of the liver and liver cancer.

Recognizing the enormous value of HB vaccine, the World Health Assembly recommended in 1992 that all countries incorporate it into their routine immunization programs. To date, 100 countries have added HB vaccine to their national immunization programs, and many industrial countries have begun programs of immunizing adolescents as well.

Although France will continue infant and high risk adult immunization, WHO is concerned that France's decision may lead to loss of public confidence in this vaccine and decisions by other countries to suspend or delay the vaccine's introduction. Worldwide there are over 350 million chronic carriers of hepatitis B at high risk for cirrhosis of the liver and liver cancer; discontinuing immunization of adolescents could cause an increase in this number.

Previous experiences with other vaccines, such as the diphtheria, tetanus, and pertussis (DTP) vaccine, have shown how unsubstantiated hypotheses and anti-vaccine information can lead to loss of public confidence and reduced coverage. Millions of cases of pertussis and hundreds of deaths followed reduced use of DTP in several countries.

WHO strongly recommends that all countries already including routine hepatitis B vaccination in their national immunization programs continue to do so, and that countries not yet using the vaccine begin as soon as possible.

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All WHO press releases, Fact Sheets, and Features are available on the WHO home page at www.who.ch/. ■

NIH Should Seek Public Help in Setting Research Priorities

Although the criteria that the National Institutes of Health (NIH) use to set priorities for research funding are scientifically sound, they could be improved and would be better accepted if the public had more input, according to a committee of the Institute of Medicine (IOM).

In a report to Congress, the IOM committee notes that as NIH's budget and power has grown in recent years, pressure from advocacy groups and other members of the public have been successful in lobbying NIH to devote more spending to particular health concerns. Thus, according to the committee, research is often funded based on advocacy rather than objectivity. The committee writes that NIH should be able to show that it has systematically compared data on the burdens and costs of particular diseases against the resources devoted to them.

The committee suggests that public input be formalized through the creation of new public liaison functions in the office of the Director and in all of NIH's 21 research institutes to allow interested people to take part in the allocation of the nearly \$14 billion budget more systematically.

Copies of Scientific Opportunities and Public Needs: Improving Priority Setting and Public Input at NIH are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242; for \$26 (prepaid) plus shipping charges of \$4 for the first copy and 50 cents for each additional copy. ■