

UK introduces new meningitis C vaccine

Jacqui Wise *London*

A vaccination programme against meningococcal group C infection is to start this October in the United Kingdom in a bid to halve the total number of deaths from meningitis. The United Kingdom will be the first country in the world to implement such a vaccination programme following the development of a new meningitis C vaccine.

The new vaccine, unlike the existing one, provides long term protection and can be used in babies and young children. The meningococcal surface polysaccharide is conjugated with a protein using similar technology to that used for the first time with the haemophilus influenzae type b (Hib) vaccine.

Three manufacturers have developed the vaccine. One has submitted a licence application with the Medicines Control Agency and the other two are expected to submit applications shortly.

Over the past few years the total number of cases of meningococcal infection has been increasing in the United Kingdom, and the proportion of cases caused by group C has also increased. There has also been a

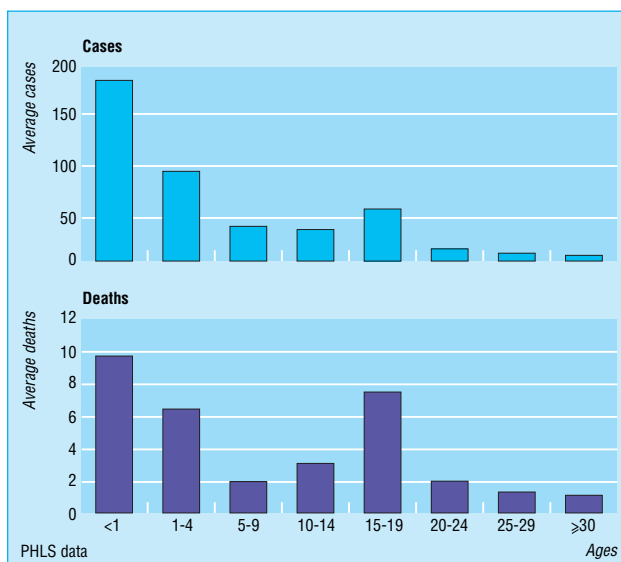
shift in the ages affected, with more cases in those in their late teens, among whom the death rate is the highest.

Group C infection accounts for 40% of all cases of meningococcal infection and 150 of the 260 deaths every year. The remainder of cases and deaths are due mainly to group B meningitis, for which there is still no vaccine. Research is under way, but it is likely to be at least five years before a vaccine against group B meningitis becomes available.

Dr Elizabeth Miller, an epidemiologist at the Public Health Laboratory Service (PHLS) who has been coordinating the meningococcal group C vaccine trials, said that the new vaccine had been given to 4500 children in the UK, some of whom had been followed for five years. In addition, the manufacturers' own studies had involved 20 000 individuals in the United States.

"It is a highly effective vaccine which produces an excellent antibody response," said Dr Miller. "We expect it to provide a similar level of protection to that of the Hib vaccine at around 98%."

As the vaccine was not a live one, the only side effect that had been seen was some local irritation at the injection site, she said. The new vaccine is immunogenic in children aged 2 months upwards. Three doses are recommended for children aged 2, 3, and 4 months; two doses for children over 4 months and



Estimated average number of cases of, and deaths from, group C meningococcal disease, by age, in England and Wales, 1998-9

under 1 year; and one dose for all others.

The health secretary, Frank Dobson, said that the new immunisation programme should start in October and expand as rapidly as the manufacturers could supply more vaccine. "Because the new vaccine is being produced for the first time it cannot be available for everyone from the start. So it will have to be targeted at babies, children, and young people at most risk," he said.

The programme is being rolled out simultaneously in England, Scotland, Wales, and Northern Ireland. The vaccine

will be given initially to babies going for their routine diphtheria, tetanus, pertussis, polio, and Hib vaccination at 2, 3, and 4 months; children receiving their first dose of MMR (measles, mumps, and rubella) vaccine at around 13 months; and teenagers aged 15, 16, and 17. Children aged over 4 months and under 12 months will then be recalled.

The second phase will involve the immunisation of children over 1 year and up to 5 years. As supplies of the vaccine become available further groups will be immunised according to their risk. □

Mother fails to win right to control treatment for son

Clare Dyer *legal correspondent, BMJ*

If parents and doctors are in "grave" conflict over a child's treatment, the court must be asked to decide, England's most senior civil judge said last week.

Lord Woolf, master of the rolls, and two other appeal court judges were refusing a request by the mother of a severely handicapped boy for a declaration that doctors could not treat her son or withhold treatment from him against her will.

The judges refused Carol Glass the declaration because her son, David, aged 13, was no

longer a hospital patient, having been discharged from St Mary's Hospital in Portsmouth, where she clashed with doctors over his treatment.

They said it was "inappropriate" to grant a declaration covering possible future disagreements but added that the High Court's family division could act quickly if a serious disagreement arose again.

Doctors at the hospital decided that David, who has spastic quadriplegia, blindness, and severe learning disabilities and had been admitted to hos-

pital with breathing difficulties, should be allowed to die. He was given diamorphine, and his mother was told that he was dying.

There was a violent altercation to which police were called after members of the family stormed on to the ward and revived David. Mrs Glass objected to the administration of diamorphine, which she feared would depress his breathing.

She sought permission to challenge the doctors' decision to treat David with diamorphine and withhold life prolonging treatment against her will, without a court order. But Mr Justice Scott Baker, who heard the case in the High Court last April, decided judicial review was "too blunt an instrument" for such a sensitive

case and refused to frame a declaration covering a hypothetical situation.

At least two newspapers wrongly reported that the judges ruled last week that the doctors were not acting unlawfully in treating David as they did. In fact, both the High Court and Court of Appeal declined to hear the case, so the question was never argued.

Michael Wilks, chairman of the BMA's ethics committee, said: "Although it is rare that parents and doctors cannot reach agreement, if there is an irretrievable breakdown in relationships or a fundamental disagreement over the way forward, the [High Court's] family division provides an appropriate forum for establishing the best interests of the child." □