

have only recently become routinely available in some countries, such as from the Public Health Laboratory Service for England and Wales. Improved surveillance will help evaluate the impact of interventions including the preschool booster implemented in the United Kingdom in November 2001.

Infants are at greatest risk of death or severe complications from pertussis.<sup>9</sup> We rely on herd immunity to protect the youngest infants before they can be protected directly by vaccination. However, in contrast to diseases such as measles, pertussis vaccination may have an only limited impact on interrupting transmission. The interepidemic period has not increased markedly on implementation of vaccination programmes, so the vaccine may be more effective at preventing disease than infection. Furthermore, vaccine derived immunity wanes over five to 10 years so that pertussis occurs in older vaccinated individuals who may then infect infants. Consequently, unvaccinated infants remain at risk of pertussis despite good vaccination programmes.<sup>10</sup> Uncertainty about the level of herd immunity generated by vaccination programmes limits modelling of the potential benefits of booster vaccination.<sup>11</sup> Policy makers need more information about the natural history of pertussis in adolescents and adults to determine the potential benefits from booster vaccination in these groups irrespective of any possible benefit to infants through reducing transmission. In view of the limits of surveillance, the answers to specific policy questions may require focused studies in representative populations of the incidence and source of infection in young infants, the incidence and severity of undiagnosed pertussis in adults, and the number of deaths from pertussis particularly in high mortality countries.<sup>2 11 12</sup>

For most countries in the world, discussing the possible costs and benefits of adolescent and adult pertussis boosters and molecular diagnostic methods are not a priority. The global priorities remain enabling social, political, and economic stability that are prerequisites for health services capable of delivering high coverage and safe, timely vaccination for all children.<sup>2</sup> Pertussis vaccination has the potential to prevent an additional third of a million deaths globally every year. In 2000 the World Health Organization held its first meeting on surveillance of pertussis in 20 years.<sup>2</sup> The participants concluded that pertussis had been neglected as a disease, that research on deaths from pertussis should be carried out in high mortality countries, and that basic laboratory surveillance and control measures need strengthening globally.

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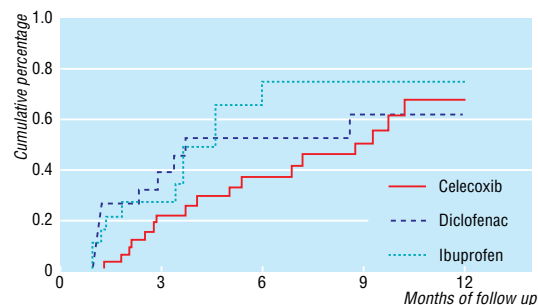
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**Correction**

*Are selective COX 2 inhibitors superior to traditional non-steroidal anti-inflammatory drugs?*

We regret that fig 2 in this editorial by Peter Jüni et al (1 June, pp 1287-8) had mislabelled axes. The vertical axis should have read "Cumulative percentage" and the horizontal axis should have had 0-12 months on it, as below.



**Fig 2** Kaplan-Meier estimates for ulcer complications according to traditional definition. Results are truncated after 12 months, no ulcer complications occurred after this period. Adapted from Lu 2001.<sup>7</sup>

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1 World Health Organization. *World Health Report 2001. Mental health: new understanding, new hope.* [www.who.int/wbr/2001/main/en/pdf/annex2.en.pdf](http://www.who.int/wbr/2001/main/en/pdf/annex2.en.pdf) (accessed 7 Jun 2002).