

Severe vaccine reaction

To the editor: The case described below was reported to me by a local physician early in 1977 and subsequently reported in *Canada Diseases Weekly Report*¹ but it will be of interest to Journal readers.

On May 25, 1977 a 16-year-old boy reported to his family physician for immunizations appropriate to a vacation in southeast Asia. He was given 1mL of typhoid-paratyphoid A-paratyphoid B vaccine with tetanus toxoid (TABT, Connaught Laboratories, Toronto) and within 10 minutes experienced chills, rigors, headache and generalized mottling of the skin and then collapsed. The physician made a tentative diagnosis of anaphylaxis and administered 0.25 mL of adrenalin subcutaneously, followed after a brief interval with 250 mg of methylprednisolone sodium succinate intravenously. Subsequently another 0.25 mL of adrenalin was administered. His recovery was uneventful.

After a detailed inquiry into the boy's immunization history, it was found that the family had changed physicians several times, and that on at least three previous occasions the boy had been given injections preparatory to overseas travel. The records were fragmentary, but it seems that, assuming the initial experience with TABT was a series of three injections, the boy must have had 12 doses of tetanus toxoid in his lifetime.

From this case report several points can be made:

1. A durable and portable record

of all immunizations should be kept by a parent or the individual, with consecutive entries made by the attending physician or clinic.

2. The danger of overadministration of tetanus toxoid is small but real; the effectiveness of readily accessible emergency treatment is underscored.

3. In view of the wide administration of tetanus toxoid in childhood, together with differing intervals between recall injections of typhoid vaccine and tetanus toxoid, it is hard to justify the use of TABT.

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Reference

1. Severe vaccine reaction. *Can Dis Wkly Rep* 3: 169, 1977

To the editor: The case described by Dr. Burkholder draws attention to a rare but recognized consequence of a patient receiving more than the recommended or optimal dose of tetanus toxoid. It is now generally regarded as undesirable to administer booster doses of tetanus toxoid more than every 5 years, and some authorities recommend an interval of 10 years when adsorbed toxoid is used.

I agree with Dr. Burkholder's point that a durable and portable record of immunizations be made available and I understand that efforts are being made in Canada to this end. As Dr. Burkholder also suggests, it is preferable to administer typhoid vaccine and tetanus toxoid in separate preparations because of

the differences in the recommended dosage schedules of the two agents.

Physicians must be made aware of the need for caution when administering preparations that contain tetanus toxoid to persons who have already received a primary course of immunization.

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Physician-chiropractors

To the editor: Almost certainly it is just a matter of time before the Canadian Medical Association will make allowances, and finally room, for the chiropractic profession in much the same way as medicine did for surgery in the never-ending quest to improve the health care system in Canada.

In such a case, I suggest that physicians be allowed to pursue this avenue of health care by being provided with a 2-year residency program in the integrated art and science of medical chiropractic at the teaching hospitals in Canada. In this way the patient could benefit from the skill and technique of the chiropractor as well as from the science, in terms of the biochemical or surgical healing aspects, of the medical profession.

An added advantage of the physician-chiropractor is that, as well as having a combined knowledge of the sciences of chiropractic and medicine, he or she can prescribe drugs to aid the healing process. This type of specialist would fall into the same category as the optometrist and ophthalmologist or the clinical psychologist and psychiatrist. Finally, it

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