

puts pressure on those running services to deliver high standards.” In this context Galbraith, a former director of the Public Health Laboratory Service, observed of investigation reports that “there is no better record of performance of the investigation team.”⁴ Wider, unselective publication of reports, therefore, would provide powerful evidence of the performance of the Public Health Laboratory Service and increase pressure for a more efficient service. By effectively denying access to reports on outbreaks the service is not only inhibiting the formulation of effective control policies but also prohibiting independent review of its performance.

It is not for the Public Health Laboratory Service to decide to whom it should give information. The essence of quality is “the totality of features and characteristics of a product or service that bear upon their ability to satisfy implied or stated needs.”⁵ The ultimate arbiters of quality are those who pay for the service, the public. In any case, it ill behoves the Public Health Laboratory Service to raise charges for that information. This organisation defines part of its functions as surveillance.⁶ That function is defined as the collection of data, their processing into information, and the dissemination of this information to all those who need it.⁴

As the Public Health Laboratory Service is already paid a substantial amount for its surveillance function the idea that it should charge for that for which it is already paid defies reason. Publication of all reports investigating outbreaks of food poisoning should therefore be a matter of routine.

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Measles campaign

Involve general practitioners in future

EDITOR,—I await with interest the outcome of the measles and rubella immunisation campaign being conducted throughout Britain.¹ Correspondents have discussed some of the controversies surrounding the campaign.² The predicted herd acceptance has not occurred, and since the campaign started parents have made many thousands of telephone calls to general practitioners. Schools have run out of soft mats to cater for the children who faint or are distressed by the immunisation. Developmental checks and routine vaccinations have been delayed by a minimum of six weeks while staff have been diverted to give immune children further immunity.

A meeting of general practitioners, public health doctors, and virologists took place during the first weekend of November as part of the national symposium for the Primary Care Virology Group. A workshop discussed the difficulties in immunisation campaigns and came to several conclusions. The following points, which the group termed the “Salisbury rules,” were identified.

(1) General practitioners and primary care

teams are the most appropriate people in Britain to undertake any immunisation campaign in the future.

(2) A district based service is necessary to identify and plan for individual pockets of susceptible subjects who would not be reached by primary care teams.

(3) Any immunisation must be shown to be safe, acceptable, and appropriate.

(4) The need for the immunisation must be shown by appropriate research in general practice populations.

(5) There should be absolute honesty about the purpose of the campaign.

(6) Payment for planning campaigns and giving vaccines should be based on a combination of item of service and performance related pay.

(7) The primary care team must be fully and appropriately involved from the outset.

(8) There must be a cost benefit in terms of the patient, the relatives, employment or education costs, and health care costs.

Mass campaigns may work in the Third World, where uptake of routine vaccination is low. In Britain uptake is extremely high as a result of the activities in primary care over the past three decades. To change a system that has worked is not appropriate to the NHS in the 1990s. To use over £20m of scarce resources in drug and administrative costs alone requires more justification than has been presented to us.

Damage done by the inappropriate and inaccurate literature issued in the course of the measles and rubella immunisation campaign could have serious consequences for the acceptance of vaccines in the future. I hope that possible rejection of a highly effective and safe vaccine by certain religious groups will not increase the number of fetuses damaged by rubella virus in the future.

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Little importance placed on infants aged under 15 months

EDITOR,—The national measles immunisation campaign last November aimed at immunising 95% of all primary and secondary school children and preventing an outbreak of measles. The government’s emphasis was that the campaign would prevent measles occurring among the school age population.¹ Little importance, however, was placed on how this campaign would prevent outbreaks of measles in infants under 15 months.

An outbreak of measles occurred in the Southern Health and Social Services Board area last winter. In 1992 only 55 cases of measles were notified in the board’s area, the lowest number recorded in the past 20 years. The number of notifications increased in November 1993. Initial notifications were of secondary school children, and subsequent notifications were of all age groups during the outbreak between November 1993 and March 1994. A total of 235 cases were notified during this period (table). The largest number of cases notified were in people aged over 12. This may be explained

Age specific attack rates during outbreak of measles

Age	No of cases	Age specific attack rate/1000 population
< 15 Months	55	9.02
16 Months-5 years	47	2.57
6-11 Years	57	1.87
12-18 Years	76	2.23
Total	235	

by the poor uptake of measles vaccine during 1980-4.² A large number of cases occurred in children under the age of 15 months—another group who had not been immunised.

Although initially the outbreak started among older schoolchildren, the highest attack rate occurred among the children aged under 15 months. These findings are consistent with experience of outbreaks of measles in the United States.³ For optimum immunity to measles, mumps, and rubella it is recommended that the vaccine should be given at 15 months of age. Normally, if no outbreak of measles occurs among older children those aged under 15 months are protected. It is hoped that the current immunisation campaign will not only prevent the transmission of measles among older children but also protect vulnerable infants who have not been immunised (under 15 months of age), who have the highest attack rate in any outbreak.

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Rubella component of vaccine was ignored

EDITOR,—The recent measles-rubella campaign in schools around Britain has had a mixed reception.¹ Despite some adverse publicity the uptake of the vaccine has been quite high (89% of parents signed for the vaccine in Gateshead; final uptake figures are awaited). The campaign aimed at avoiding a predicted outbreak of measles at the same time as speeding up the elimination of the congenital rubella syndrome.² Did the children, however, really know what they were getting? While being given the vaccine in schools in Gateshead children were asked if they knew what the vaccine was for. Most mentioned measles, but few mentioned rubella (or German measles). A small survey was carried out in one school during a vaccination session. Of the 90 children aged between 6 and 11, 64 were aged ≥ 8 . Seventy nine children knew that they were being immunised against measles. Only 10 knew they were also being immunised against rubella. Many suggested that they were being immunised against “brain damage.” One thought that the vaccine was to prevent “wheezles.”

Most children are aware that they have been given an injection to protect them from measles, and many equate this with protection against brain damage (which was emphasised strongly in the government’s promotional campaign). Sadly, few of the children were aware of the rubella component of the vaccine. The advertising campaign emphasised measles but ignored rubella.

Before this campaign rubella vaccine was given to all girls aged about 11 years. In many schools a school nurse would visit and explain about rubella before the vaccine was given. The measles-rubella campaign, however, was carried out rapidly with little time for health education. It is still not too late to provide further information to these children so that they can understand the potential benefits of this campaign.

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