

## CORRESPONDENCE

### Accelerated Primary Immunisation Schedule

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As a newcomer from the United Kingdom, I don't want to appear presumptuous, but may I argue the case for introducing the accelerated primary immunisation schedule to Australia.

This schedule was introduced in 1990<sup>1</sup> in the United Kingdom with diphtheria, pertussis and tetanus (DPT) and polio vaccines being given at two, three and four months, instead of at three, five and nine months. When *Haemophilus influenzae* type b (Hib) vaccine was later introduced, it was added to this schedule<sup>2</sup>. Reasons for its introduction were to assure earlier protection, especially against pertussis which is more severe in young infants, and to improve uptake<sup>2</sup>. Those reasons were endorsed by the WHO and backed up by research and experience elsewhere<sup>3</sup>. Subsequently, a higher uptake was indeed confirmed<sup>4</sup> and the incidence of pertussis fell<sup>5</sup>. Additionally, there was a lower level of side effects<sup>6</sup>.

The problem of the mobility of young families who move out of the district before completion of the primary course is addressed by the schedule<sup>2</sup>.

Follow-up serological studies have shown that while the antibody levels were lower than they were following the previous schedule, the levels remained protective; and after a year there was little difference between the levels<sup>7,8</sup>. It is anticipated that antibody levels will remain adequate until the preschool booster, though some have argued for a booster in the second year of life<sup>8</sup>. The relatively low level of immunisation which has been demonstrated in a recent survey<sup>9</sup> has been highlighted as a major public health problem in Australia<sup>10</sup>.

Major epidemics of pertussis in 1993 and 1994 (with 3,990 and 5,633 notified cases respectively<sup>11,12</sup>) mean that young infants are at a significant risk of infection which a primary course completed earlier should prevent. If the United Kingdom experience of a higher uptake of the primary course is duplicated in Australia, then herd immunity will be lifted and there should be fewer cases and less risk of transmission. The concerns expressed by some in the United Kingdom about falling antibody levels are even less relevant here with boosters of DPT and Hib, and DPT at 18 months and prior to school entry respectively<sup>13</sup>, as opposed to a

preschool booster of polio and DT (only) in the United Kingdom<sup>2</sup>.

No doubt your readers will indicate any reasons, if there are any, for not instituting such a change.

### References

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