

## Meningococcal serogroup C vaccination programs

A mass vaccination program using conjugated meningococcal C vaccines began in the UK in November 1999.<sup>6</sup> The program offered vaccine progressively to everyone aged less than 18 years and there has been a very high uptake (80%). The UK program has resulted in a reduction of at least 75% in serotype C disease in the vaccinated age groups. While there is evidence of herd immunity in these age groups, there has been no evidence of herd immunity in other age groups.<sup>6,7</sup>

The Australian Government has announced approval for a meningococcal C vaccination program to commence in 2003. The conjugated vaccine has been included in the Australian Standard Vaccination Schedule for all children reaching the age of one year. In 2003 the vaccine will also be offered in a catch-up program to children aged one to five years by general practitioners and to senior high school children in a school-based program. In 2004–05 the remaining school-age children will have the opportunity to receive the vaccine in school-based programs. The rapidity of implementation of school-based programs will vary between jurisdictions. In view of the excellent response to the Measles Control Campaign, these school-based programs are likely to be popular.

The community must understand that this program will only prevent serogroup C disease. It will take several years to make a significant impact on group C disease and the 200 cases and 18 deaths which group C infection causes nationally each year (Fig. 1).

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*Conflict of interest: none declared*

## Self-test questions

*The following statements are either true or false (answers on page 71)*

- The currently available conjugate meningococcal vaccines do not protect against serogroup B infection.
- Most cases of meningitis in Australia are caused by *Neisseria meningitidis* serogroup C.

## Book review

**Therapeutic Guidelines: Gastrointestinal. Version 3.**

**Melbourne: Therapeutic Guidelines Limited: 2002. 208 pages.**

**Price (including GST and postage): \$38.75, students \$31.05, RACGP members \$35.45.**

*Mark de Souza, General Practitioner, Adamstown, NSW*

Firstly, the format in a small soft cover book is useful. It doesn't fit into any pocket that I have, but is easy to toss into a briefcase or the back of the car. It is the sort of book that one might refer to at the time of a difficult problem, but it is also useful to read when one can snatch a few minutes.

The book begins in a similar format to other guidelines with a chapter devoted to 'Getting to know your gastrointestinal drugs'. This is often a good starting place and worth a read. It serves as a good summary for points to remember when prescribing these medications.

The most useful aspects for general practice seem to be the topics on the more nebulous aspects of medicine. I found it useful to peruse the chapters on 'Oral disorders', 'Common disorders of vitamin and mineral metabolism', 'Constipation', 'Diarrhoea', 'Irritable bowel syndrome' and 'Perianal disorders'.

There are several good tables such as Table 12 which shows the recommended daily intakes for various vitamins. You can compare these recommendations with the contents of the common vitamin preparations listed in the table.

Other tables of interest included the comparison table for commonly used laxatives, lactose content of infant formulae and milk products as well as a comparison table for infant rehydration formula.

At the end of the book, there is a section about gastrointestinal drugs in pregnancy and breastfeeding. While I suspect that many of my colleagues would now find this information on a computer, it is useful to know that it can be found here too. There is also a handy list of support groups for the case manager in us; very useful when accreditation comes around.

The other chapters read more like a textbook, but give comprehensive coverage of gastrointestinal issues. These include topics like oesophageal disorders, peptic ulcers, pancreatic disorders, hepatitis, liver disorders, small bowel disorders and inflammatory bowel disease. There is a good summary on how to manage enteral nutrition and stomas, although I find it rare if the patient or their carer does not know more about the problem than I do.