Influenza vaccine given during pregnancy

I read with interest the article1 by Ran Goldman and Gideon Koren on “Influenza vaccination during pregnancy” because I was aware of the US statement on influenza vaccine during pregnancy but not the Canadian statement. The authors provide the web link to the US Centers for Disease Control (CDC) site, which lists routine use of influenza vaccine during pregnancy, but they do not provide the Health Canada link. They mistakenly called the US link “Health Canada.”

Health Canada’s August 2002 Canada Communicable Disease Report statement2 on influenza gives a different stance on its use. This article quotes the case reports, observational studies, and cross-sectional studies of the Tennessee investigations that led to the CDC’s statement for the United States. But the article goes on to state that studies in Canada and Europe have not been done and at this time, therefore, routine immunization during pregnancy is not recommended unless pregnant mothers fall into a high-risk category.

—David Falk, MD, CCFP, DTMH Calgary, Alta by e-mail

Reference

Response

We thank Dr Falk for his thoughtful comments. During manuscript preparation we erroneously labeled the US Centers for Disease Control Internet link “Health Canada.”

While the current Health Canada CCDDR recommendation is to immunize pregnant mothers with the influenza vaccine only if they fall into the high-risk group, no recommendation is given for other pregnant women, presumably due to lack of studies that originated from Canada or Europe. We believe that the experience gathered by researchers from the United States is sufficiently strong to recommend immunization to all pregnant women and that lack of Canadian experience should not deter family physicians from recommending immunization to Canadian women. Many other medical recommendations are not based on Canadian experience but are relevant for Canadians. When convincing evidence arises from research done in other places, it seems reasonable not to “reinvent the wheel.” With the evolving process of harmonization among regulatory agencies worldwide, we are likely to see more reliance on data gathered from different countries.

—Ran D. Goldman, MD
—Gideon Koren, MD, FRCP C

How much fish is too much?

The Motherisk article3 in the October issue gives some excellent and much-needed advice for pregnant women and their physicians on the risks of eating fish. However, the statement that for pregnant women, women of childbearing age, and children younger than 15 “…eating canned tuna is allowed because mercury levels in canned tuna are much lower than guideline levels,” while correctly reflecting Canadian and US guidelines, does not, according to current data, correctly address the question of quantity. The physicians of the Environmental Health Committee of the Ontario College of Family Physicians (OCFP) are concerned about this omission.

Canned tuna differs from fresh tuna only in that smaller fish are selected during processing, thereby allowing canned tuna to meet Health Canada mercury limits of <0.5 ppm. Pregnant patients eating four cans of tuna per week could be ingesting the equivalent of two servings of fresh tuna per week or one serving of swordfish per week. This is based on data showing that mercury levels found by the US Food and Drug Administration4 in 248 canned tuna samples ranged from “none detected” to 0.75 ppm, mean 0.17 ppm.

Make your views known!

Contact us by e-mail at letters.editor@cfpc.ca, on the College’s website at www.cfpc.ca, by fax to the Scientific Editor at (905) 629-0893 or by mail to Canadian Family Physician College of Family Physicians of Canada 2630 Skymark Ave Mississauga, ON L4W 5A4

Faites-vous entendre!

Communiquez avec nous par courrier électronique: letters.editor@cfpc.ca au site web du Collège: www.cfpc.ca par télécopieur au Rédacteur scientifique (905) 629-0893 ou par la poste Le Médecin de famille canadien Collège des médecins de famille du Canada 2630 avenue Skymark Mississauga, ON L4W 5A4
Another drug database for hand-held computers

We have read with great interest Dr Cameron’s article1 on drug databases for hand-held computers. Dr Cameron reviewed three programs: ePocrates, DrDrugs, and LexiDrugs. Recently, another important program, in our view, from Tarascon Publishing has become available for downloading as a beta-version application from http://www.usbmis-test.com/beta/beta_test.php.

Taking into account that the books Tarascon Pocket Pharmacopoeia, Deluxe Lab-coat edition, and Tarascon Pocket Pharmacopoeia, Classic Shirt-pocket edition, are very popular among Canadian physicians, we believe that it is important to review the electronic version of Tarascon Pocket Pharmacopoeia Deluxe.

This program is about the size of LexiDrugs—it requires more than 3 MB of memory. It seems to cover approximately the same number of drugs as Tarascon Pocket Pharmacopoeia 2003, Deluxe Lab-coat edition. As all other reviewed drug databases do, it lists agents by US trade and generic names, but it also includes the Canadian trade names. For each drug there is information on indications, adult and pediatric doses, contraindications, adverse effects, mechanism of action, and administration during pregnancy and lactation. The program is intuitive and easy to navigate. It also includes herbal and alternative remedies and their interactions with other medications. It has some nice add-ons, such as drug dose and infusion rate calculators, cardiac protocols, drug therapy reference websites, therapeutic levels of some medications, and antidotes. The drug interaction checker searches by specific drug names (LexiDrugs offers this function as an add-on for $40). The application runs on both Palm OS and Pocket PC platforms as opposed

References

Response

We thank Drs Bray, Kerr, Sanborn, and their committee for their interest in our Motherisk Update and for their thoughtful points. The Food and Drug Administration (FDA) has divided fish into two categories in a table1: those with “highest mercury levels” versus “much lower mercury levels.” In the March 2001 Consumer Advisory,2 the FDA limited pregnant women’s diet to one serving monthly of the “highest mercury level” fish, and up to 12 ounces a week of fish with lower levels. They specifically say that “you can choose shellfish, canned fish, smaller ocean fish, or farm raised fish.”92

It should also be stated that these safety guidelines are far below any exposure that has biological consequences for a child. Hence, a woman who ate more than the recommended amounts before knowing she conceived should not be led to believe she poisoned her unborn baby.

Such misperception might lead to unjustified terminations of otherwise wanted pregnancies. In the case presented in the Motherisk Update, the woman was very concerned about her exposure before she realized she was pregnant. In this case, it would be appropriate to advise her she is not at increased risk. Women should also be advised to limit consumption of canned tuna to 12 ounces a week.

—Gideon Koren, MD, FRCPC

References

This compares with a range of “none detected” to 1.30 ppm, mean 0.32 ppm, for 191 samples of fresh and frozen tuna, and a range of 0.10 to 3.22 ppm, mean 1.00 ppm, for 598 samples of swordfish.

This evidence shows a limit to the amount of canned tuna that should be consumed by those in high-risk groups. Contrary to the article’s advice, we believe there should be a guideline on the number of cans per month.

—Riina I. Bray, MSC, MD, CCFP
—Kathleen J. Kerr, MD
—Margaret D. Sanborn, MD, CCFP, FCFP
Environmental Health Committee, Ontario College of Family Physicians

• FÉVRIER 2003

1.00 ppm, for 598 samples of swordfish.