Influenza vaccine given during pregnancy

I read with interest the article 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 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 statement 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 CCDR 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, FRCPc

How much fish is too much?

The Motherisk article 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 Administration in 248 canned tuna samples ranged from “none detected” to 0.75 ppm, mean 0.17 ppm.

—David Falk, MD, CCFP, DTMH
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