

### Tdap vaccine during pregnancy

I am dismayed to find that a Canadian publication uses recommendations on the use of the acellular pertussis vaccine (Tdap) during pregnancy from an American body, the Advisory Committee on Immunization Practice,<sup>1</sup> rather than those of the Canadian expert body, the National Advisory Committee on Immunization (NACI).

The *Canadian Immunization Guide*, written by NACI, is the definitive guide for immunization practice in Canada. The following is the guide's recommendation on the use of Tdap during pregnancy.

[The Advisory Committee on Immunization Practice] in the US has recommended that pregnant women who have not previously been vaccinated against pertussis receive pertussis-containing vaccine in the second half of pregnancy. NACI's current recommendation for pregnant women who have not previously received Tdap vaccine in adulthood is that Tdap vaccine should be administered immediately post-partum. In particular situations where potential benefits outweigh risks, such as during pertussis outbreaks, acellular pertussis-containing vaccine (Tdap) should be considered for pregnant women in the second half of pregnancy who have not previously received Tdap vaccine in adulthood. Pertussis vaccination in pregnancy is under review by NACI.<sup>2</sup>

Thus, in the absence of a pertussis outbreak, Tdap is not currently recommended during pregnancy in Canada. In Alberta, there are no pertussis outbreaks at this time, and the public health program, which administers the Tdap vaccine, is not giving it to pregnant women. The Matlow et al<sup>1</sup> article will lead to many physicians referring their pregnant patients to public health services for the Tdap vaccine only to have these patients be turned away; however, on the positive side, this might result in many good discussions between physicians and Medical Officers of Health about the rationale for the Canadian recommendations.

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#### Competing interests

None declared

#### References

1. Matlow JN, Pupco A, Bozzo P, Koren G. Tdap vaccination during pregnancy to reduce pertussis infection in young infants. *Can Fam Physician* 2013;59:497-8.
2. Public Health Agency of Canada [website]. *Canadian immunization guide*. Ottawa, ON: Public Health Agency of Canada; 2012. Available from: [www.phac-aspc.gc.ca/publicat/cig-gci/p04-pert-coqu-eng.php](http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-pert-coqu-eng.php). Accessed 2013 Jun 7.

### Do all Canadian children have enough zinc?

I read "Zinc supplementation for acute gastroenteritis"<sup>1</sup> in the April issue of *Canadian Family Physician* with interest. In the article, Goldman stated the following:

"Canadian children in general are not zinc deficient."<sup>1</sup> He based this statement on a study done on children in southern Ontario. As a physician who works in northern Canada, predominately with remote and rural aboriginal populations, I wonder if this statement needs more of a caveat. I am not convinced that northern children have sufficient amounts of zinc, given the limited nature of their diet, and I wonder if they would benefit from zinc supplementation during episodes of acute gastroenteritis. We know that levels are depleted with gastroenteritis and that supplementation can prevent subsequent episodes over the next 4 months. So, it is not just a question of having sufficient levels of zinc before illness, but it is having enough stored to recover after the illness that is of interest. Perhaps this is an area for further research.

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#### Competing interests

None declared

#### Reference

1. Goldman RD. Zinc supplementation for acute gastroenteritis. *Can Fam Physician* 2013;59:363-4 (Eng), e180-1 (Fr).

### Flawed conclusion

Doobbs' conflict of interest in the study "Accuracy of the DriveABLE cognitive assessment to determine cognitive fitness to drive"<sup>1</sup> appears to have coloured the interpretation of the results to an unacceptable degree, and the manuscript's conclusions should have been totally revised, or the manuscript rejected. **Table 1**<sup>1</sup> in the article clearly showed that the In-Office test had an accuracy rate of about 69% when it gave drivers a "pass," about 75% when it gave a "fail," and about 24% when it claimed a driver was "indeterminate." Using the diagonal percents as the measure of accuracy across all cases, the In-Office test matched the On-Road test in 50% of all cases. A 50% accuracy rate is far from the tenor of the conclusion the author tries to depict ("highly accurate"), and far

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