

Measles outbreaks in UK linked to fears about MMR vaccine

The British government has launched a public-relations campaign to convince parents of the safety of measles, mumps and rubella (MMR) vaccine. The move comes amid fears that controversy over the vaccine has left many children unprotected.

Health officials have recently reported measles outbreaks in 2 regions, with 11 confirmed cases in London, where fewer than 75% of children have been vaccinated. (According to Health Canada, MMR vaccination coverage in Canada stands at about 95%.) More cases have been reported near Newcastle-upon-Tyne and in nearby Durham. By Feb. 13, the number of confirmed cases had reached 36. In Canada measles is an extremely rare disease, reaching a low of 12 reported cases in 1998; there used to be up to 400 000 cases annually.

British parents' confidence in the MMR vaccine has fallen since 1998, when gastroenterologist Andrew Wakefield and colleagues suggested there could be a link between the use of MMR vaccine and autism and bowel disorders in children (*Lancet* 1998;351:637-41). However, that conclusion was challenged in February by Dr. Brent Taylor and colleagues (*BMJ* 2002;324:393-6). Wakefield and others have called for a return to the use of single vaccines instead of the triple vaccine. Britain's National Health Service (NHS) does not provide the single vaccines, but a dozen private clinics in England and Scotland will — at a cost of roughly Can\$500 per child. The NHS provides the MMR vaccine at no cost.

The NHS seems unlikely to change its policy, despite a recent poll indicating that 85% of Britons believed that the single vaccines should be made available. Speaking in the House of Commons in February, Prime Minister Tony Blair accused critics of the MMR vaccine of "scaremongering." — *Mary Helen Spooner, West Sussex, UK*

Coroner considers second cisapride inquest

A coroner's inquest may be held into the deaths of 8 patients at the same hospital who had been prescribed the antireflux medication cisapride. The drug was withdrawn from the Canadian market in August 2000 (see *CMAJ* 2001;165[10]:1370).

Information about the deaths at the Joseph Brant Memorial Hospital in Burlington, Ont., emerged after a hospital pharmacist, Sana Sukkari, made a report to Health Canada about the cases last year. All 8 patients, who ranged in age from 54 to 84, were seriously ill and received treatment in the intensive care ward between June 1998 and March 2000. Treatment with cisapride was contraindicated in all cases.

Dr. Karen Acheson, regional coroner for Halton, is investigating the medical causes and circumstances surrounding the deaths in order to decide whether an inquest is warranted.

Cisapride was already at the centre of a coroner's inquest involving the death of 15-year-old Vanessa Young, an Ontario girl who died of a cardiac arrhythmia in March 2000. In that case, the coroner's jury made 14 recommendations aimed at improving Health Canada's drug-monitoring system. — *CMAJ*

Sedentary "tweens" at higher risk for heart disease

The sedentary lifestyle of Canadian "tweens" is putting them at risk of developing heart disease at a younger age than members of previous generations, a new report from the Canadian Heart and Stroke Foundation indicates.

It warns that a poor diet and inadequate exercise among children aged 9 to 12 could "put them in the fast lane" for heart disease and stroke by the time they're 30.

In interviews with 500 tweens across the country, researchers found that only 14% eat enough fruit and vegetables, while just over half exercise regularly. "We are concerned over where this is leading," says Dr. Anthony Graham, a cardiologist at St. Michael's Hospital in Toronto and a foundation spokesperson. "Some of these kids will have worse heart health than their parents."

Graham also says the prevalence of type 2 diabetes mellitus is increasing rapidly within this age group and this is "a huge concern."

He says a future pandemic of heart disease within this cohort can be avoided if parents start pushing their children to eat better and exercise more. "It's the small things that make all the difference," he says. "Can't we turn off the television set, limit computer time and put better food choices in front of our kids?"

According to a study published recently in *CMAJ* (2000;163[11]:1429-33), from 1981 to 1996 the incidence of



Canapress

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excess weight among boys 7-13 increased by 92%, among girls 7-13 by 57%. Obesity more than doubled in both sexes during the same period.

Katherine Gray-Donald, director of dietetics and human nutrition at McGill University, warns that putting children on diets or changing their eating habits too quickly is unhealthy. Besides, such efforts often fail. "Gradual change is better, especially if you want it to last," she says. "It's not a matter of counting calories with children, it's changing the lifestyle and eating habits." — *Jennifer Jones, Ottawa*