Too early to stop immigrant vaccination programmes

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In the article on the effect of hepatitis A vaccination programmes for migrant children on the incidence in the Netherlands,1 the authors conclude that the programmes have lost their effect in recent years, and that these programmes seem less essential. We think that this message needs to be nuanced. The steeper decline in areas with high activity (long-lasting programmes) and previous higher incidence can be interpreted as the additional effect of these very programmes. But, most importantly, we think it is too simple to consider Turkish and Moroccan immigrants as one risk group. In Turkey, the evidence for a decline of hepatitis A virus (HAV) endemicity is based on real figures, referred to by the authors. In Morocco, however, no such evidence is available.

In answer to the suggestion of the authors that ‘further investigation with help of genotyping of HAV strains could gain more insight’: in July 2008, we started a nationwide HAV sequencing project. Preliminary results show that up to this date 34 (39.1%) of 87 strains tested are of Moroccan origin vs. 4 (4.6%) strains of Turkish origin. They may both be imported directly or have been transmitted within the Dutch population. The collected data indicate that in 20 (15.9%) of 126 reports the most probable country where the infection was contracted was Morocco and in 2 (1.6%) of 126 reports, Turkey. Moreover, 15 of the 20 imported cases from Morocco were either born in Morocco or had a mother born in Morocco and the two imported cases from Turkey also both had a mother born in Turkey. These figures show a clear difference between the risk coming from Turkey and Morocco, particularly when taking into account that travel to Turkey is more common than travel to Morocco.2 They also indicate that the infection is mostly imported from these two countries by first- or second-generation immigrants. We do not know as to which proportion of immigrants receives pre-travel vaccination, but we believe that the uptake is low.3 People visiting friends and relatives are at higher risk of contracting hepatitis A due to a closer contact with persons living in an endemic situation. They also show less pre-occupation with the risk of infectious diseases.4

In conclusion, we recommend discussing HAV vaccination programmes for immigrant children taking these factors into account, rather than the generalized approach suggested in this publication.

References

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