

EDITORIAL

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## Do We Need A New Vaccine?

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The advances in the field of infectious diseases are numerous. The introduction of new antibiotics and antiviral agents is a continuous process and these have improved the outcome of patients suffering from serious infections. To decrease the incidence of infectious diseases, we must use better and more effective preventive measures. In that area, the development and use of new vaccines is of paramount importance.

Recently,<sup>1</sup> the US Food and Drug Administration approved a new *Haemophilus influenzae* type b (**Hib**) conjugate vaccines for use in infants beginning at two months of age. The American Academy of Pediatrics published a policy statement<sup>1</sup> recommending that this newly licensed vaccine be given to all infants starting at the age of two months. In a statement published earlier,<sup>2</sup> the Academy recommended that all children 15 months or older should receive **Hib** conjugate vaccine.

Physicians in Bahrain are obliged to raise the issue of adding this vaccine to other vaccines currently given, especially to those who are known to be at a higher risk of acquiring infections due to encapsulated bacterial pathogens, particularly those with sickle cell disease.

Within the last decade, methods employed to prevent pneumococcal infections (caused by another encapsulated bacterial pathogen) in sicklers by the use of pneumococcal vaccine alone or with prophylactic antibiotics have been employed world-wide, with a significant decrease in morbidity and mortality in sicklers due to *Streptococcus pneumoniae* infections.

Should we recommend the addition of the newly licensed **Hib** vaccine to the childhood immunisation programme in Bahrain? Should we await further recommendations from other agencies such as the World Health Organization? Should we, at least, recommend the vaccine for sicklers and other children known to have an increased risk of acquiring **Hib** infections?

Should we depend on surveys identifying the incidence of serious **Hib** infections in our community? How much emphasis should we put on the cost of the vaccine? In answering all these questions we must keep in mind that we are morally obliged to recommend and provide the highest level of medical care to the community.

Bahrain has always been recognised as a leader in the healthcare field in the Arabian Gulf, especially where childhood immunisations are concerned. I strongly believe that we should add the newly licensed **Hib** vaccine to the other ones currently in use in Bahrain. As an initial step, **Hib** vaccine should be made available as soon as possible to patients with sickle cell disease. Meanwhile, we can study and thoroughly evaluate the issue of providing **Hib** vaccine to all infants and children in Bahrain. Pneumococcal vaccine is available in Bahrain, and is routinely administered to children with sickle cell disease. I am certain that the health authorities in Bahrain will look favourably to the suggestion to introduce **Hib** vaccine to the same category of patients and eventually to all infants and children in Bahrain.

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## REFERENCES

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2. Committee on Infectious Diseases. *Haemophilus influenzae* type b conjugate vaccines: Immunization of children at 15 months of age. Pediatrics 1990;86:794-6.

The advances in the field of infectious diseases are numerous. The introduction of new antibiotics and antiviral agents is a continuous process and these have improved the outcome of patients suffering from serious infections. To decrease the incidence of infectious diseases, we must use better and more effective preventive measures. In this area, the development and use of new vaccines is of paramount importance.

Recently, the US Food and Drug Administration approved a new *Haemophilus influenzae* type b (Hib) conjugate vaccine for use in infants beginning at 2 months of age. The American Academy of Pediatrics published a policy statement, recommending that this newly licensed vaccine be given to all infants starting at the age of two months. In a statement published earlier, the Academy recommended that all children 12 months of age should receive Hib conjugate vaccine.

Physicians in Bahrain are obliged to enter the name of adding this vaccine to their vaccine card. However, especially to those who are known to be at a higher risk of acquiring infections due to encapsulated bacterial pathogens, particularly those with sickle cell disease.

Within the last decade, methods employed to prevent pneumococcal infections (caused by another encapsulated bacterial pathogen) in sickle cell patients by the use of pneumococcal vaccine alone or with prophylactic antibiotics have been employed with a significant decrease in morbidity and mortality in sickle cell patients in developed countries.

Should we recommend the addition of the newly licensed Hib vaccine to the childhood immunization programme in Bahrain? Should we want further recommendations from other agencies such as the World Health Organization? Should we, at least, recommend the vaccine for children and other children known to have an increased risk of acquiring Hib infection?

Should we request our survey identifying the incidence of serious Hib infection in our community? How much emphasis should we put on the cost of the vaccine? In answering all these questions we must keep in mind that we are usually obliged to recommend and provide the highest level of medical care to the community.

Bahrain has always been recognised as a leader in the Middle East in the Arabian Gulf, especially when childhood immunisation is concerned. I strongly believe that we should add the newly licensed Hib vaccine to the infant immunisation programme in use in Bahrain. As an initial step, Hib vaccine should be made available as soon as possible to patients with sickle cell disease. Meanwhile, we can study and thoroughly evaluate the use of providing Hib vaccine to all infants and children in Bahrain. Pneumococcal vaccine is available in Bahrain, and is routinely administered to children with sickle cell disease. I am certain that the health authorities in Bahrain will look favourably to the suggestion to introduce Hib vaccine to the same category of patients and eventually to all infants and children in Bahrain.

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