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## Multiple concurrent childhood immunization

Sir,  
General practitioners and health visitors have expressed concern that the introduction of a second injection, against *Haemophilus influenzae* type b, into the primary immunization programme for infants aged two, three and four months may adversely affect uptake. We investigated reasons for refusal of the *Haemophilus influenzae* type b vaccine during 1991 in a prospective community intervention study of the vaccine. Parental consent was usually obtained by health visitors when routine immunizations were discussed. If consent for the new vaccine was refused, a questionnaire was completed to document the reasons for refusal.

We have previously found that acceptance of the *Haemophilus influenzae* type b conjugate vaccine polyribosyl ribitol phosphate-tetanus toxoid, was high, being 97% in five randomly selected Oxfordshire practices,<sup>1</sup> although over the first three months of the 17-month study, acceptance was about 88%. For most of the first 202 infants for whom the study vaccine was refused, the principal reason given by the parents for refusal was that it was new (138 parents, 68%). For 15% of refusals (31) the extra injection was the reason, while only 2% (five parents) refused all vaccines, at least some of these on presumed homoeopathic grounds. Taking 88% as the uptake figure when these refusals occurred, 2% of all infants did not receive the new vaccine because it involved an extra injection, and a maximum of 0.3% because of a parental preference for homoeopathy. Simpson and colleagues have found that 0.3% of children eligible for routine immunization did not receive it, the most common reason being a parental preference for homoeopathy.<sup>2</sup>

The likely introduction in the near future of a quadruple vaccine against diphtheria, tetanus, pertussis and *Haemophilus influenzae* type b, where all antigens are combined in one vaccine, will thus have the potential for a small increase in vaccine uptake. Perhaps more importantly, it will allow for the introduction of further vaccines into routine use, such as Menin-

gococcus C conjugate vaccine, because although parents generally accepted two concurrent injections given monthly on three occasions, there is likely to be greater refusal of three concurrent injections.

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## References

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- Simpson N, Lenton S, Randall R. Parental refusal to have children immunised: extent and reasons. *BMJ* 1995; **310**: 227.

## Over-the-counter medicines

Sir,  
We were interested to read the discussion paper by Bradley and Bond (October *Journal*, p.553). The increase in the number of drugs available over the counter has important ramifications for patients' use of medication and the work of both general practitioners and community pharmacists. The paper raised a number of important issues particularly relating to the work of the general practitioner. The effect of this change on the role of the community pharmacist also needs to be highlighted. As more drugs become available over the counter, the community pharmacist is being increasingly called on to act as gatekeeper to minimize the risks associated with the use of potent drugs. Some of the findings we obtained from a recent survey of community pharmacists' attitudes towards the over-the-counter availability of H<sub>2</sub>-antagonists suggest that pharmacists are experiencing difficulties in carrying out this role.

In November 1994 a postal questionnaire survey was undertaken of a random sample of 500 pharmacists from eight family health services authorities across England. Of the 500 pharmacists, 272

(54.4%) responded. The questionnaire included a series of questions relating to the pharmacist's attitudes towards dispensing of medicines by community pharmacists without a doctor's prescription, with particular reference to H<sub>2</sub>-antagonists which became available over the counter in April 1994.

Only 67.6% of respondents agreed to cimetidine being available over the counter to adults aged under 45 years with dyspepsia not responsive to antacids. Pharmacists were asked to report any concerns they had regarding the over-the-counter availability of H<sub>2</sub>-antagonists. Inappropriate advertising was mentioned by 26% of 234 respondents, problems in giving advice by 14%, masking of a serious condition or a serious condition not being diagnosed by 12%, and drug interactions or side effects by 12%.

Of the 272 community pharmacists, 79.7% reported being asked for advice on H<sub>2</sub>-antagonists at least once a week in the six months before the survey. Pharmacists were asked to describe any difficulties that they had encountered in giving this advice. A total of 164 pharmacists responded to this question. Fifty two respondents (31.7%) reported that customers resented questions or were reluctant to answer. Fifty respondents (30.5%) reported that patients see television advertisements and expect to be sold the product freely without questioning. Only 9.6% of the 272 pharmacists reported having discussed the appropriate management of customers seeking over-the-counter H<sub>2</sub>-antagonists with their local general practitioner.

This survey indicated that many community pharmacists find the television advertising campaigns for H<sub>2</sub>-antagonists inappropriate because they do not prepare customers for questioning by the pharmacist. As a result pharmacists experience difficulties in providing advice and have concerns about patients' use of these potent drugs. The communication between general practitioners and community pharmacists that could facilitate the appropriate provision of H<sub>2</sub>-antagonists over the counter is not yet taking place.

A new extended role for the community pharmacist, resulting from the increased availability of over-the-counter medicines, requires a greater awareness by manufac-