both these situations), if we just vaccinated them in the first place.

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2. Schuchat A, Robinson K, Wenger JD, Harrison LH, Farley M, Reingold AL, et al. Bacterial meningitis in the United States in 1995. Active Surveillance Team. *N Engl J Med* 1997;337:970-6.
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[The author responds:]

I thank Yves Jalbert for pointing out the error in my recent Health and Drug Alert on the risk of meningitis for cochlear implant recipients:[1] the 12-year-old implant recipient in Quebec had meningitis caused by *H. influenzae* type f, not *H. influenzae* type b (Hib). Although neither the Canadian[2] nor the US[3] advisory specified the type of *H. influenzae* involved, the US Food and Drug Administration (FDA) has recorded meningitis cases due to Hib (Nancy Pressley, FDA: personal communication, 2003), and both advisories included recommendations favouring universal vaccination against Hib. I echoed this recommendation because the prevention of meningitis in cochlear implant recipients is often just targeted secondary prevention. As Blake Papsin points out, many recipients of cochlear implants became deaf in the first place because of bacterial meningitis, so broader primary prevention efforts may be advisable.

Universal Hib vaccination has proven highly successful, reducing rates of serious Hib disease, including meningitis.[4,5] I thank Papsin and others who have "wrestled" to expand funding for pneumococcal vaccine coverage for cochlear implant recipients. We can only hope that aggressive "twisting of government arms" will soon lead to universal coverage of the cost of vaccination against common meningitis pathogens such as *S. pneumoniae*[6] and *Neisseria meningitidis*.[7]

Eric Wooltorton
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CMAJ

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Corrections

In the recent Health and Drug Alert on the risk of meningitis for cochlear implant recipients,[1] the type of *H. influenzae* in the third Canadian case (in a 12-year-old child who subsequently died) was incorrectly listed as type b when in fact it was type f.

Reference
1. Wooltorton E. Cochlear implant recipients at risk for meningitis. *CMAJ* 2002;167(6):670.

In a recent letter,[1] the figure caption incorrectly indentified a calcified right vertebral artery. The figure shows calcification in the sellar area.

Reference
1. Parmar MS. Telephone stroke [letter]. *CMAJ* 2002;167(10):1104.

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