virus in Ontario or during a trip abroad. Indeed, two healthy British men, aged 62 and 65 years, were infected with paralytic polio while holidaying in Morocco.[2]

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REFERENCES

1. King A. Ontario immunization rate for polio. *CMAJ* 2010;182:1331-2.
2. Joce R, Wood D, Brown D, et al. Paralytic poliomyelitis in England and Wales 1985–91. *BMJ* 1992;305;79-82.

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A step in the right direction

I applaud the new vitamin D in adult health and disease guideline statement. Certainly this is a step in the right direction. Average 25(OH)D levels in all studies in Canada,[2] including Health Canada's household studies, are consistently below the recommended 75–80 nmol/L. Supplementation with 1000IU of vitamin D_3 in the general population would result in a mean 25(OH)D level slightly above 85 nmol/L still leaving 20%–30% of Canadians below the suggested 75 nmol/L. That's not good enough. These studies show that children and teens have significant insufficiency. Addressing osteoporosis early will influence peak bone mass and result in stronger bones for the future.

Supplementation with 2000 IU of vitamin D_3 in an institutionalized group (tested after a minimum of five months of supplementation) did not result in toxicity and did not achieve normal levels for everyone (94% > 80 nmol/L).[3]

The use of 2000 IU in the first year of life reduced the risk of developing type 1 diabetes over the next 30 years.[4]

There is emerging evidence of the benefit of vitamin D in the immune system for oral health, tuberculosis, influenza, hepatitis C, eczema, wound-healing, etc. Vitamin D levels required may be significantly higher than 75 nmol/L.[5]

Should we not be looking at using 2000 IU for all Canadians since the authors suggest this is safe and does not require monitoring? In implementing this strategy, the economic benefit to the Canadian population has been estimated in the billions of dollars.[6]

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REFERENCES

1. Hanley DA, Cranney A, Jones G. Vitamin D in adult health and disease: a review and guideline statement from Osteoporosis Canada (summary). *CMAJ* 2010;182:1315-9.
2. Schwalfenberg GK, Genuis SJ, Hiltz MN. Addressing vitamin D deficiency in Canada: A public health innovation whose time has come. *Public Health*, 2010;124:350-9.
3. Schwalfenberg GK, SJ Genuis, Vitamin D supplementation in a nursing home population. *Mol Nutr Food Res* 2010;54:1072-6.
4. Hyppönen E, Läärä E, Reunanen A, et al. Intake of vitamin D and risk of type 1 diabetes: a birth-cohort study. *Lancet* 2001;358:1500-3.
5. Schwalfenberg G.K. A review of the critical role of vitamin D in the functioning of the immune system and the clinical implications of vitamin D deficiency. *Mol Nutr Food Res* 2010; Sept. 7 [Epub ahead of print].
6. Grant WB, Schwalfenberg GK, Genuis SJ, et al. An estimate of the economic burden and premature deaths due to vitamin D deficiency in Canada. *Mol Nutr Food Res* 2010;54:1172-81.

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