

the polysaccharide encapsulated bacteria *Neisseria meningitidis* (meningococcus), *Hemophilus influenzae*, and *Streptococcus pneumoniae* (pneumococcus) is recommended by the Canadian National Advisory Committee on Immunization (NACI), as published in the 2006 Canadian Immunization Guide.<sup>2</sup> Since 2006, recommendations incorporating newer protein conjugate vaccines for *N. meningitidis* have been made.

Polysaccharide vaccines are poorly immunogenic, even in immunocompetent people. The development of vaccines in which a polysaccharide antigen is conjugated to a protein carrier has resulted in highly immunogenic vaccines against the polysaccharide bacteria *S. pneumoniae*, *H. influenzae* and *N. meningitidis* that are now routinely used in childhood vaccination programs. In May 2007, NACI recommended the use of conjugate meningococcal vaccine for serogroups A, C, Y and W135 for immunization of people aged 2 to 55 with anatomic or functional asplenia, and that this vaccine be considered for asplenic persons 56 years of age or older.<sup>3</sup> Menactra (Sanofi Pasteur) and Menveo (Novartis) are 2 quadrivalent meningococcal vaccine products now available in Canada. Unlike the quadrivalent polysaccharide vaccine, regular boosters are not required following conjugate meningococcal vaccine, though some experts recommend a single booster dose 5 years after the initial dose.

In January 2012, Prevnar 13 (PNEU-C-13) (Pfizer), a 13-valent protein conjugate vaccine for *pneumococcus*, was approved by Health Canada for use in people older than 50 years of age.<sup>4</sup> Although no routine Canadian recommendations for offering this vaccine to asplenic adults are available, some experts recommend that clinicians consider using a protein-conjugated pneumococcal vaccine as the initial dose, followed by the polysaccharide vaccine, as this may theoretically improve antibody response and immunologic memory.<sup>2,5</sup> In June 2012, the United States Advisory Committee on Immunization Practices voted to recommend Prevnar 13 for use in people aged 19 years or older with functional or anatomic asplenia.<sup>6</sup>

Physicians should also ensure that adult asplenic persons are offered all routine adult vaccines. An adult schedule may be found at the Public Health Agency of Canada website at [www.phac-aspc.gc.ca/im/is-cv/index-eng.php](http://www.phac-aspc.gc.ca/im/is-cv/index-eng.php). Vaccine schedules for asplenic children are more complex; one can refer to the Canadian Immunization Guide<sup>2</sup> at [www.phac-aspc.gc.ca/publicat/ccdr-mtcl/10vol136/acs-12/index-eng.php](http://www.phac-aspc.gc.ca/publicat/ccdr-mtcl/10vol136/acs-12/index-eng.php) and NACI updates at [www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/acs-dcc-3/index-eng.php](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/acs-dcc-3/index-eng.php)

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## Clarifying the assistance provided by the CMPA

We at the Canadian Medical Protective Association (CMPA) read with interest the *CMAJ* article, "Touch the screen now to see a doctor."<sup>1</sup> We are concerned about a statement in the article regarding the CMPA, attributed to Dr. Thom Tyson, founder and CEO of the Apple-tree Medical Group. He states, "Many physicians are unaware that the Canadian Medical Protective Association doesn't provide protection from privacy complaints." Physicians might misinterpret this statement. Is it intended to

suggest that the CMPA does not protect physicians from privacy complaints, does not assist in responding to privacy complaints brought against members, or does not assist with paying costs and/or damages related to privacy complaints?

Irrespective of the intent of Dr. Tyson's statement, we believe clarifying the nature of CMPA's assistance to members in relation to privacy matters is important.

Members of the CMPA will typically be eligible for assistance with privacy matters arising from their practice, including complaints, investigations and associated medicolegal issues. The CMPA will assist during an investigation and proceedings, as well as with the payment of most damages awarded to patients; the CMPA may not pay fines or costs. Although the CMPA will provide advice, we will not assist members to become compliant with privacy legislation. Members with questions about privacy matters or their eligibility for assistance with such issues are encouraged to contact the CMPA. Resources are available at [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca) to assist physicians in understanding their confidentiality and privacy obligations.

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## Reference

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## Letters to the editor

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