

issues that could inflate the perceived utility of such samples.^{5,9} The content and topics of the WHO forum were structured around several presenters with known conflicts of interest and close industry involvement. Although a “balance” of scientists representing public health and scientific organization views were later invited to the WHO forum, they were not asked to contribute to MacLeod and Cairns’ article.⁸

The conclusion that dietary sodium reduction is controversial was announced in WHO advertising before the forum program was even finalized, resulting in the withdrawal of several invited speakers. Organizers did not respond to a call for public disclosure on the distribution and use of industry funds raised. Commercial sponsorship by the food and beverage industry of food-policy meetings has been viewed as a public health threat.¹⁵

That a small group of dissident scientists, most of whom have conducted weak and flawed research, and a few scientists with long histories of working with food and salt industries disagree is not a surprise. That MacLeod and Cairns’⁸ article caters to this small conflicted group is a concern as it provides undeserved credence and endangers public health.

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Competing interests: Norm Campbell is a member of World Action on Salt and Health, Co-chair of the Pan American Health Organization/World Health Organization Technical Advisory Group on Dietary Salt and the HSF CIHR Chair in Hypertension Prevention and Control and was on the steering committee of the Canadian Sodium Working Group. Norm Campbell received travel support in 2012 from Novartis to present on hypertension control. Mary L’Abbe has received funding for sodium research from the CIHR, CSN, HSFC, DFC and IDRC; she received funding (2014–2015) from the Retail Council of Canada to examine changes in sodium levels in the Canadian food supply. She was Chair/Vice-chair of the Canadian Sodium Working Group and is a member of the WHO Nutrition Guidance Expert Advisory Group on Diet and Health and the HSFC Compass advisory group.

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The problem isn’t just “out there,” it’s also “in here”

Giddings¹ suggests that Canada might benefit from a harmonized national vaccination initiative focused on increasing vaccine coverage. I’d like to suggest alternatives.

Although the effect of vaccine hesitancy on particular subpopulations is

unequivocal, I do not think that a national policy aimed at decreasing vaccine hesitancy, and ultimately increasing vaccine coverage, will be the leverage point that Giddings¹ hopes.

We assume that the cause of the problem is “out there” (e.g., parents who are hesitant to vaccinate their children), and not “in here” (e.g., policy decisions).^{2,3} When we lose sight of the connections between top-down vaccination programs and the bottom-up immune response of an individual, we can expect to be surprised.

Heffernan and Keeling⁴ show that measles vaccination has intended as well as unintended effects. Measles vaccination reduces the susceptible population as well as the incidence of disease (this is the intended effect — the one we claim credit for), but it also prevents the virus from circulating and thus prevents natural boosting. In the face of high vaccine coverage (i.e., > 70%), population immunity wanes slowly, and susceptibles replenish over time. The whole system balances uneasily near outbreak conditions (this is the unintended effect — the one that surprises). The final trigger is the introduction of infected individuals.

I am not opposed to a harmonized national solution, but it will require more thought than simply increasing vaccination coverage. Effective policies will need to creatively balance population-specific goals with an individual’s requisites for life-long immunity.

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Letters to the editor

Letters have been abbreviated for print. See www.cmaj.ca for full versions and competing interests.