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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Rubella vaccination

SIR,—The suggestion made by Drs C G D Brook and E M Ross (16 April, p 1028) that rubella vaccination in the United Kingdom should be switched to conform with the mass vaccination policy as practised in the United States "forthwith" rather than putting increased effort into the present policy of selective immunisation must not pass unchallenged. Rather than being as simple as they suggest, the whole problem of prevention of congenital rubella by immunisation is exceedingly complex.

The immunisation programme which they advocate is designed to produce herd immunity and thereby prevent the acquisition of rubella by susceptible pregnant women. Attempts to produce herd immunity for rubella with vaccines have been unconvincing and there is no epidemiological evidence that this has been or can be achieved.¹⁻³ It should also be made clear that the original recommendation for the use of rubella vaccine in the United States has now been modified by recommending that the programme of vaccination of adolescent girls and adult women should be extended. Thus they are also using selective immunisation of women of childbearing age similar to the practice in this country.

Before the incidence of congenital rubella in the United States can be assessed the adequacy of the method of surveillance of

congenital rubella must be carefully evaluated. The fact that relatively little congenital rubella has been recognised in the United States since the widespread vaccination of children began in 1972 could also be accounted for by the infrequency of epidemics of rubella, declining birthrates, and the increased availability of induced abortions.⁴

Immunisation of girls aged 11-14 years has certain advantages: (1) Approximately half the girls will already have acquired natural infection and will therefore have solid protection for the future. (2) Another reason for delaying immunisation to the 11-14-year-old group is that we still do not know how long vaccine-induced immunity will last in comparison with natural immunity from rubella. The need for a booster dose when vaccine is given in very early childhood cannot be discounted. (3) Clearly there is greater interest among the girls and their parents to protect them against rubella than would be the case for boys. (4) Selective immunisation is far less costly.

It is not yet possible to evaluate fully either the British policy of selective immunisation or the United States policy of mass immunisation. However, for the above reasons we believe that the present immunisation programme in the United Kingdom is the correct one and every effort should be made by members of

the medical profession and others concerned with immunisation to promote the use of rubella vaccine for all groups for whom it is currently recommended. The national acceptance rate is at present far below the desired level.

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¹ Klock, L E, and Rachelefsky, G S, *New England Journal of Medicine*, 1973, **288**, 69.

² Guyer, B, et al, *Journal of the American Medical Association*, 1974, **227**, 1298.

³ Bolognese, R J, and Corson, S L, *Obstetrics and Gynecology*, 1973, **42**, 851.

⁴ Schoenbaum, S C, *Journal of the American Medical Association*, 1976, **235**, 248.

Drug compliance in hypertensive patients

SIR,—Your leading article on adherence to prescribed drug therapy (26 March, p 793) is timely. The realisation that the treatment of asymptomatic hypertension improves prognosis has created another large group of patients who will face years of swallowing tablets.

We studied 24 hypertensive patients, treated with one of the simplest of hypotensive regimens, over a 26-week period. Their ages ranged from 28 to 65 years. They were entered into a double-blind comparison of atenolol with placebo, given as matching tablets, firstly twice a day and then once daily. We used all the aids to improve drug compliance described in your article, assessed the patients at two-