to the UK in October 1992 with the aim of eliminating the disease. In order to achieve and maintain high vaccine uptake it is essential that health professionals and parents fully appreciate the potentially serious consequences of this disease.

HELEN BEDFORD
CATHERINE PECKHAM
*Department of Epidemiology and Biostatistics,
Institute of Child Health,
30 Guilford Street,
London WC1N 1EH*

SUSAN HALKET
ROSALINDE HURLEY
DAVID HARVEY
JOHN DE LOUVOIS
*Karim Centre for Meningitis Research,
Queen Charlotte's and Chelsea Hospital,
Goldhawk Road,
London W6 0XG*

- 1 de Louvois J, Blackburn J, Hurley R, Harvey D. Infantile meningitis in England and Wales: a two year study. *Arch Dis Child* 1991; **66**: 603-7.
- 2 Booy R, Taylor SA, Dobson SRM, et al. Immunogenicity and safety of PRP-T conjugate vaccine given according to the British accelerated immunisation schedule. *Arch Dis Child* 1992; **67**: 475-8.
- 3 Feigin RD, Stechenberg BW, Chang MJ, et al. Prospective evaluation of treatment of *Hemophilus influenzae* meningitis. *J Pediatr* 1976; **88**: 542-8.

- 4 Sproles ET, Azzerad J, Williamson C, Merrill RE. Meningitis due to *Hemophilus influenzae*: long-term sequelae. *J Pediatr* 1969; **75**: 782-8.

Is hearing assessed after bacterial meningitis?

EDITOR,—Fortnum and Hull reported that 89.4% of 686 paediatricians in the UK claimed to refer children for hearing assessment after bacterial meningitis¹ and Fortnum stressed the importance of 'the paediatric service to ensure a fail-safe administrative system exists to make certain that referral actually occurs'.² Recently we have audited various aspects of meningitis care of children admitted to the Royal Belfast Hospital for Sick Children. There are 11 paediatricians attached to this hospital who are likely to have children admitted with acute meningitis and all are aware of the need for formal hearing assessment after bacterial meningitis. During the year from September 1990-1 we identified 39 cases of meningitis with four deaths. A written note was recorded in all the remaining 35 casenote charts that a formal hearing assessment was to be made at an outpatient visit. However, our audiology department

only received 19 requests out of 35 (54%) and three of these patients failed to attend. After this audit we decided that: (1) all patients were to have a formal hearing assessment in the audiology department when they had recovered from the acute effects of meningitis and immediately before discharge, that is as inpatients and (2) those with an impairment detected at this early assessment should be followed up in 4-6 weeks' time to allow for resolution of any associated conductive impairment.

The audit was repeated for 1992 and 25 of 29 (86%) of children had had formal hearing assessments made. We would like to stress the importance of providing a 'fail-safe' system to make certain that referral actually occurs.

MICHAEL D SHIELDS
DAVID ADAMS
PATRICIA BERESFORD
*Royal Belfast Hospital for Sick Children,
180 Falls Road, Belfast BT12 6BE*

- 1 Fortnum HN, Hull D. Is hearing assessed after bacterial meningitis? *Arch Dis Child* 1992; **67**: 1111-2.
- 2 Fortnum HN. Hearing impairment after bacterial meningitis: a review. *Arch Dis Child* 1992; **67**: 1128-33.