carried out during pregnancy. A pre-school "catch-up" program for all children under five years of age on 29 February 1988 was instituted at the same time. This age group was chosen because of the higher risk of infection resulting in chronic carriage of the virus. The extension of the program to all neonates and infants followed the availability of data showing that the vaccine was effective at a low dose, thus reducing vaccine costs.

In December 1989, the original plasma-derived vaccine had been replaced by the new yeast-derived vaccine, produced through recombinant DNA technology, and the cost of vaccine had decreased considerably. The government was able to consider a further extension of the program, including, for the first time, school-aged children.

The New Zealand immunization program was reviewed in February 1990. The current program now consists of the following elements. Free immunization against hepatitis B is available to all children under the age of 16 years, from general practitioners. Free immunization is available to all susceptible household/family contacts and sexual partners of persons identified as carrying the virus. There is also a prenatal screening program, and immunoglobulin plus vaccine is available to infants of carrier mothers.

The New Zealand Department of Health's approach to occupational groups is that the responsibility for safety and protection of employees in the workplace rests with employers. Other groups at risk from hepatitis B, including intellectually handicapped children, intravenous drug users, homosexually active men, hemophiliacs and prisoners, have been the responsibility of medical practitioners. In some cases, programs have been developed for them, usually by the organization that is responsible for their care. The Department acknowledges that it is likely that most of these groups will be underserved, for a variety of reasons.

The Government of New Zealand has had to address a number of sensitive issues associated with hepatitis B. These included specific targeting of Maori and Pacific Island groups who had a high endemicity of the virus, and debating the need for pre-vaccination testing of groups and individuals. Canada may have to face similar sensitive issues given the high endemicity in certain aboriginal populations and the fact that many immigrants to Canada come from regions of high disease incidence.