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LETTER TO EDITOR CODEN: AAJMBG

Some issues in vaccination scene in India

Dear Editor:

The current vaccination scene is full of controversies and conflicts. Absence of clear-cut policies, hard-core evidence, and lack of transparency are some of the important reasons for that.In the developing country like India, Immunization is broadly carried out by Government agencies, Private paediatricians and general practitioners.

The Government agencies follow the National immunization schedule as recommended by the National Technical Advisory Group on Immunization (NTAGI) on behalf of Government of India which is meant for mass strategy. Similarly majority of the private practitioners and paediatricians follow the guidelines recommended by Indian Academy of Paediatrics (IAP) which are meant for individual strategy for office practice.

There are certain differences in the guidelines issued by these two bodies and caregivers do find themselves in confusion in certain situations. However in the recent two years certain changes have taken place and the National Technical Advisory Group on Immunization (NTAGI) has recommended for introduction of another dose of measles vaccine at 18 months of age. IAP since many years is recommending Measles Mumps and Rubella (MMR) vaccine at the age of 15-18 months Recently IAP also recommended MMR vaccine at nine months of age along with Oral polio vaccine (OPV) whereas the national immunization schedule still gives measles vaccine at nine months of age. Controversies are also there in the type of the DPT vaccine to be used.

Acellular verses the traditional Whole Cell Pertussis component vaccine is the fight. The manufacturers of both the type are claiming safety and efficiency of their respective vaccine type and criticizing the opposite product. As per the WHO recommendations based on the comparable vaccine efficacy of whole cell Pertussis vaccine and Acellular type vaccines and the adverse events both vaccines are relatively minor, whole cell Pertussis vaccine remain the vaccine of choice in many developing countries [1].

IAP is also recommending oral rota virus. Advertisement of the rota virus are seen on the television. The manufacturers are behaving in a very unethical way for the promotion of their product. As per various studies based on the mathematical model to predict vaccine efficacy, rota virus vaccination was predicted to prevent 93%, 86% and 51% of severe rotavirus gastroenteritis in high, middle and low Socio economic status (SES) respectively.[2].

Recently there was a controversy associated with pentavalent vaccines following the deaths of few beneficiaries in Kerela. However the National Adverse Events Following Immunization(AEFI) committee in its report in September 2013 in the country clarified that the deaths reported in Kerala in the last year, after due investigation, were found as not related to the pentavalent vaccine. The government now plans to introduce pentavalent vaccines throughout the country.

However some experts state the combination of DPT with hepatitis B raises the price of DPT immunization 17 fold. Moreover, the relative safety and efficacy of these cocktail combinations are much lower than their individual counterparts [3-6]. There is definite confusion in between our experts and the beneficiaries at large. Role of oral polio vaccine in post polio eradication phase is not clear. IAP has already recommended

Inactivated Polio Virus (IPV) vaccine and many children are already vaccinated with IPV in private sector. The government agencies and its beneficiaries are waiting for the guidelines from their apex advisory group. There is an urgent need to resolve these issues.

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