

Immunization in Practice - Clearing the Cobwebs: Correspondence

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Received: 28 April 2013 / Accepted: 23 May 2013 / Published online: 17 July 2013
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To the Editor: We read the article “*Immunization in Practice—Clearing the Cobwebs*” in ahead of print publication of Indian Journal of Pediatrics [1] with a lot of interest and noticed some information which can be misleading for practicing pediatricians and post graduate students who are the primary target readers of this article, apart from several typographical errors. The purpose of this communication is to draw attention of the authors. We have following observations:

In Abstract: In the list of vaccines supplied free of cost by Govt. of India the name of MMR is missing but the newest member of this group Hib vaccine, which is included so far in only 9 states in India has been included.

In abbreviations: In PCV, ‘C’ stands for conjugate and in IPV, ‘I’ stands for Inactivated.

In section on scheduling of vaccination: A statement is made “*However if two or more live vaccines are to be administered, then an interval of 28 d are required....*”

This statement should be suitably modified to say that two live vaccine can also be given together. For example, if a child presents first time after 9 mo, BCG, OPV and measles, all three live vaccines should be given simultaneously. However, if live vaccine are not given on the same day, then there should be a minimum gap of 4 wk between two live vaccines.

In table 3 (IAP Immunization Schedule), the visit at 6 mo, included in IAP Immunization Schedule 2012 [2], is

missing. Hence OPV1 and Hep B3 are completely missed out from the schedule.

In the description of Rotavirus vaccine, it has not been mentioned that for RV1(Rotarix), which is more commonly available in India, only two doses are required not three [3]. This needs to be clarified because a practitioner may unnecessarily prescribe third dose. Regarding Rotavirus vaccine the maximum age for administering the last dose should be 8 mo, instead of 32 wk. Another important omission is about contraindication for Rotavirus vaccine. History of intussusception in the past is an absolute contraindication for rotavirus vaccine administration [4]. There are two avoidable typographical mistakes. In BCG vaccine description ‘miliary’ tuberculosis has been typed as ‘military tuberculosis’. Similarly in the list of high risk categories ‘nephrotic syndrome’ is written as ‘nephritic syndrome’.

References

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