getting the available services utilised has been a significant contribution as we are nearing the 100 per cent hypothetical target of immunization.

Discussion

The advent of ICDS scheme has brought increased maternal and child health services, both in terms of quantity quality as is evident from the indicators of health check ups, administration of therapeutic and prophylactic nutrients, supplementary and therapeutic nutrition, feeding and immunization coverage for target groups. **Ouality** aspects of service contents have been viewed in respect of systematic approach being adopted for monitoring health and nutrition of under-six children on welldesigned cards at the level of anganwadi. Serial weight recording and longitudinal follow-up of children, pregnant and lactating mothers have been in operation at village level by anganwadi workers.

Cases of severe degrees of malnutrition have declined from 17.6 to 8.4 per centalmost 50 per cent reduction which is quite encouraging. Change agents and primary health workers (anganwadi workers) have been developed at the village level to ensure better acceptance of health, nutrition and immunization programmes. Long-due linkage with the community through anganwadi workers has been achieved. Health and nutrition surveillance of eligible vulnerable groups is in the offing in these tiny health and nutrition satellites (anganwadis) at the grass root level in the rural areas.

References

- 1. Government of India, Integrated Child Development Services Scheme, Department of Social Welfare, Ministry of Education and Social Welfare, New Delhi, 1976.
- 2. Report of Nutrition Sub-committee of Indian Academy of Pediatrics. Indian Pediatr 9: 360, 1972

Vaccine development against Enterotoxigenic E. coli (ETEC): research needs

Development of a vaccine against ETEC disease deserves a high priority. Activities in this respect should take into account the following considerations:

- (1) Immunity at mucosal surface of the intestine is probably the most important machanism of protection. Therefore, oral vaccines deserve thorough study.
- (2) As ETEC disease incidence is highest in children aged 6 months to 2 years and in travellers to endemic countries, induction of active immunity seems appropriate. Studies should also evaluate immunization of mothers near term

- to induce high litres of antibodies in breast milk.
- (3) The most appropriate antigens for use as vaccines are not yet known. A self replicating live vaccine strain of E. coli containing important protective antigens would be desirable. Nonreplicating antigens such as colonization factors, cell-wall antigens and toxoids also need to be studied as oral vaccines.

Abstracted by I.C. Verma From WHO Scientific Working Group: E. Coil diarrhea Bull WHO 58: 23, 1980,