

the recommendation followed in the above 4-doses schedule, wherein the first dose is given within 24 hours of birth for institutional deliveries only. With these, we will be missing out on those delivered outside the hospital and also those coming for vaccination beyond 24 hours of birth even in case of hospital deliveries also which happen many a time. If on the other hand if it is beneficial, should we recommend it?

As to the other schedules where 6-10 weeks schedule are also included, should we altogether forgo it, despite the programmatic implications and logistic issues as it is not ideal immunologically and does not conform to the classical schedule of 0-1-6 months.

Coming back to the schedule followed here, where the birth-6-10-14 weeks are recommended, and based on what we have noted above, it is far from being ideal. First, the 'Zero' dose benefits only a section of a population and deprives those newborns delivered outside and also those of institutional deliveries presenting after 24 hours of life. Secondly, the schedule with its recommended dose at 10 and 14 weeks dose not conform to the ideal immunological response and schedule as recommended under ACIP guidelines [2]. So what should be the further course to be taken here in the context mentioned above.

NINGSHEN THEMAYOLA AND ALBAIRWA,
*Department of Pediatrics,
Govt Medical College, Kota, Rajasthan, 324001.
amritbairwa@yahoo.co.in.*

REFERENCES

1. Indian Academy of Pediatrics Committee on Immunization (IAPCOI). Consensus guidelines on recommendations on immunization, 2008. *Indian Pediatr.* 2008;45:635-48.
2. Recommended Childhood and Adolescent Immunization Schedules-United States, 2012, Committee on Infectious Diseases. *Pediatrics*; 385 Available from: <http://paediatrics.aappublications.org/content/129/385.full.html> Accessed on March 4, 2012.

REPLY

The IAPCOI's guidelines are primarily for pediatricians in their office practice. The stress is more on providing the best practice guidelines for an individual child

overlooking the programmatic and logistics considerations. Hence, these guidelines are offering the best ways of utilizing the most optimum response of an individual vaccine for an individual person. IAPCOI is also issuing guidelines for mass or public use of a vaccine in form of recommendations to Government of India including its position on incorporation of new vaccines in the national immunization schedule [1]. Let us not confuse the two recommendations.

As far as Hepatitis-B recommendations are concerned, we have offered the best 'feasible' individual schedule that can be incorporated in to current IAP's immunization timetable. Nowhere have we stated that hepatitis-B vaccine should not be administered after 24 hours of birth but the recommendations have stated clearly that it should be offered to all newborns before hospital discharge (see comments of Table 1 and footnote on Hepatitis-B of Figure 1). Similarly, though the committee stresses the need and significance of birth dose, it has not out-rightly rejected the other schedules including the government's adopted 6-10-14 weeks, considering the programmatic implications and logistic issues. When a vaccine is used in a program, there are many other considerations apart from vaccine efficacy and effectiveness like vaccine cost, burden of that particular vaccine preventable disease, logistics, vaccine safety, public acceptance, etc. These issues may be inconsequential when a vaccine is used in office practice for protection of an individual subject. In the former, one may be forced to compromise on certain attributes of a vaccine, but there may be no such compulsions in the latter.

VIPIN M VASHISHTHA,
*Convener, IAP Committee on Immunization,
Mangla Hospital & Research Center,
Shakti Chowk,
Bijnor, Uttar Pradesh, 246701, India
vmv@manglahospital.org*

REFERENCE

1. Indian Academy of Pediatrics Committee on Immunization (IAPCOI), Vashishtha VM, Sukumaran TU, Agrawal R, Parthasarathy A, Shah N, *et al.* Consensus Recommendations on Immunization and IAP Immunization Timetable 2012. *Indian Pediatr.* 2012;49:549-64.