using OPV during pre-eradication era [2]. The new IAP Immunization timetable has slots for Hepatitis-B and Measles vaccines at 6 and 9 months, respectively. Hence, the new polio schedule will not entail extra visits.

3. It is true that there is no efficacy trial of available rotavirus vaccines in the country and efficacy low in other developing countries. But considering the huge burden of rotavirus disease in India, even a low efficacy should translate in to significant number of lives saved. Higher vaccine efficacy is desirable but should not delay use of an effective public health tool. Regarding proper strain match, it should be noted that there is significant amount of cross-protection offered by the rotavirus vaccines, and even RV1 provided comparable protection against non-vaccine strains in the African trial [3].

4. There is lack of epidemiological data on the incidence of mumps and rubella in different ages in the country but it is a common knowledge that all these diseases are more common amongst school age group of children. According to most recent unpublished data of the last 18 months (till August 16th 2012) acquired through IAP's IDSurv passive reporting system from pediatricians, school age group has now emerged as the commonest affected group for varicella and mumps in the country. Fifty-five percent of all varicella cases and 65% of all mumps cases are in the age-group of 5-12 years.

The second dose of MMR vaccine is not a "booster"; it is intended to produce immunity in the small number of persons who failed to respond to the first dose. If we delay these 'boosters' to 10 years of age, a significant number of children will be exposed to these diseases, will experience breakthrough diseases (varicella and mumps), and vaccine efficacy especially against varicella will be compromised. Besides, it is more convenient to 'catch' susceptible children before school entry than at later age.

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

REFERENCES

1. Meeting of the Strategic Advisory Group of Experts on immunization, Geneva, April 2012 - conclusions and recommendations. Available from: http://www.polioeradication.org/Portals/0/Document/Aboutus/Governance/IMB/6IMBMeeting/2.11_6IMB.pdf Accessed on September 2, 2012.
2. WHO. Polio vaccines and polio immunization in the pre-eradication era:WHO position paper. Wkly Epidemiol Rec. 2010;85:213-28.
3. Madhi SA, Cunliffe NA, Steele D, Witte D, Kirsten M, Louw C, *et al*. Effect of human rotavirus vaccine on severe diarrhea in African infants. N Engl J Med. 2010;362: 289-98.

OPV for Children Who Have Received IPV

According to the Consensus Recommendation on Immunization 2012 [1] the Committee recommends birth dose of OPV, three primary doses of IPV at 6, 10 and 14 weeks, followed by two doses of OPV at 6 and 9 months. It further states that since IPV administered to infants in EPI schedule (*i.e.*, 6 weeks, 10 weeks and 14 weeks) results in suboptimal seroconversion, hence a supplementary dose of IPV is recommended at 15-18 months. Will administration of two doses of OPV not enhance the levels of antibodies generated by three doses of IPV so that supplementary dose of IPV at 15-18 months be eliminated?

The Committee further states that there is considerable evidence to show that sequential schedules that provide IPV first followed by OPV can prevent VAPP while maintaining the critical benefits conferred by OPV (*i.e.*, high levels of gut immunity). In case subsequent administration of OPV is to provide 'critical benefit of gut immunity', it would be interesting to know the reasons why children from the countries which have switched over to IPV only are being deprived of 'critical benefit of gut immunity'.

YASH PAUL
A-D-7, Devi Marg,
Bani Park, Jaipur-302016, India.
dryashpaul2003@yahoo.com

REFERENCE

1. Consensus Recommendations on Immunization and IAP Immunization Timetable 2012. Indian Pediatr. 2012;49:549-64.

REPLY

As stated in the consensus recommendations also, this schedule is an interim arrangement to take care of VAPP cases and also to pave the way to ultimately all-IPV