

antibiotics. General condition of the patient deteriorated and the patient expired in next few days.

Although it sounds paradoxical, an autoimmune phenomenon can complicate a pre-existing primary immunodeficiency disorder, thereby creating a diagnostic and therapeutic challenge for the physician. Cases like Autoimmune thrombocytopenia and Autoimmune hemolytic anemia in Common variable immuno-deficiency [1], and Omen syndrome and Autoimmune thrombocytopenia in SCID [2] have been reported. Impairment of both central and peripheral tolerance is responsible for autoimmunity observed in SCID [3]. Treatment with immunosuppressive agents such as corticosteroids can exacerbate the infections associated with immunodeficiency disorders. So non-immunosuppressive agents such as intravenous immunoglobulins and targeted monoclonal antibodies are likely to be preferable [4].

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Pentavalent vaccines and operational difficulties

The Puducherry Government had been providing BCG, OPV, DPT, Hepatitis B, Measles and MMR vaccines to all government hospitals, medical colleges and primary health centers. Now, the Government of Puducherry launched the pentavalent vaccine is program in January 2013 [1]. The pentavalent vaccine is given in three doses at 6, 10 and 14 weeks along with oral polio vaccine (OPV). IAPCOI timetable 2013 recommends HiB vaccine at 6, 10, 14 weeks, and a booster dose between 15-18 months [2]. Some want to follow the older regimen instead of pentavalent vaccines as they feel the safety of vaccines is more important than the number of injections. With the non-availability of HiB vaccine in the government supply, parents are advised to buy it from outside.

When the Government of India and Indian Academy of Pediatrics are sure of implementation of pentavalent vaccine program, why it is not incorporated in the National immunization programme and IAPCOI Recommendations 2013? Is it not wiser to expand the National immunization program first, and more importantly, make it uniform throughout the country, and,

then go for the combined vaccines? Is it not wiser to expand the spectrum of vaccine preventable diseases rather than focus on combination vaccines? No doubt the combined vaccines are there to stay, but the policy makers cannot ignore the pitfalls. The most important objective is effective and safe vaccines, and to achieve the goal of 100% immunization coverage in the country.

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REPLY

Apropos of the query regarding Hib vaccination schedule, this is to clarify herewith that IAP ACVIP recommendations are mainly for individual protection of a particular child in an office-practice setting. They are the most appropriate way of using available licensed vaccines