

stimulating antibody. Thus, both aplastic anemia and Grave's disease appear to have altered T-cell function.

A previous report details the appearance of Grave's disease after cyclosporine was discontinued for several months. As GD is also considered an autoimmune disorder with abnormal T lymphocytes, it is interesting to speculate that cyclosporine CSA was keeping the disease under control by immune modulation. Grave's disease is not commonly seen in pediatric patients, less so in boys, and the association with severe aplastic anemia in a child has not been frequently described. Our patient's mother had Grave's diseases for 9 years and was put on propylthiouracil treatment, but neonatal Grave's disease is rare, and it is probable that Grave's disease may be hereditary [3].

We propose that both diseases might be related in the autoimmune pathology under certain genetic backgrounds, which needs to be further studied.

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Can Rashtriya Bal Swasthya Karyakram Give Impetus and Direction to Japanese Encephalitis Vaccination Program?

Japanese encephalitis (JE) is endemic in almost all States of India except Jammu and Kashmir, Himachal Pradesh and Uttarakhand [1]. The States with highest number of encephalitis cases include Assam, Bihar, Tamil Nadu, Uttarpradesh and West Bengal [2]. Every year JE accounts for 10000 to 15000 deaths, and neurological sequelae in an equal proportion [2]. As there is no known specific treatment, prevention is the key to overcome mortality and severe neurological disability that is associated with this infection.

A vaccination program using cell culture derived live attenuated strain (SA 14-14-2) is in place in selected districts of India as a pilot project to prevent this disease. The Indian Academy of Pediatrics, Committee on Immunization recommends one dose of vaccine to be administered to all infants in endemic areas along with measles vaccine with catch-up vaccination administered ahead of anticipated outbreaks in campaign mode [3]. It also recommends the vaccine for travellers to India who intend to stay for longer than four weeks in the endemic districts. The recent launch of the indigenously developed JE vaccine, using an Indian strain of the virus, as a trilateral venture between National Institute of

Virology, Indian Council of Medical Research and Bharat Biotech, is a shot in the arm for control and prevention of JE in India. However, JE vaccination program should be further strengthened to provide nationwide coverage to prevent neurological disability. Nationwide JE vaccination can be implemented through Rashtriya Bal Swasthya Karyakram (RBSK) [4], a flagship program of the Union Health Ministry, to combat disability, which is one of the four health conditions targeted under the RBSK scheme.

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