

PCD is an extremely rare cause of neonatal respiratory distress. It is usually an autosomal recessive disease with a prevalence of 1:15-30000 live births, but this is likely to be underestimated because underdiagnosis is common [1]. PCD is characterized by recurrent infections of upper and lower respiratory tract such as pneumonia, sinusitis, otitis media, and in almost half of the cases is associated with situs inversus (Kartagener syndrome) [2]. PCD diagnosis is rarely made in the newborn infant, and is often delayed until late childhood or even adulthood despite a history of unexplained respiratory distress in the neonatal period [1-5]. The association of PCD with neonatal respiratory distress suggests that motile cilia are critical for effective clearance of fetal lung fluid [5].

In our case, respiratory distress syndrome was associated with persistent rhinitis and productive cough. The early diagnosis of PCD is difficult and requires a high index of suspicion. We want to emphasize the diagnostic role of rhinitis and productive cough, that are both very rarely seen in normal neonates, but are common from the first few days of life in patients with PCD. These two clinical symptoms should increase the suspect especially when they occur simultaneously in a single patient and/or in an healthy newborn without respiratory risk factors. Early diagnosis allows an adequate program of treatment

and follow-up, consisting of physiotherapy for airway clearance and microbiological surveillance with aggressive treatment of inter-current infections, in order to preserve the lung function in this genetic condition as long as possible [1].

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Tetanus Vaccine in UIP in India

The World Health organization has recommended childhood immunization with Teatuns vaccine (or TT containing vaccines) with a 5 doses schedule [1]. This included a 3 doses in infancy as DPT, followed by booster at 4-7 year and another dose at 12-15 years of age [1]. However, the national immunization schedule in Universal Immunization Program (UIP) in India, recommends at least 7 doses of Tetanus vaccine are administered in various combinations (3 doses of DPT in infancy, 2 booster doses at 16-24 months and 5-6 years of age, 2 TTs at 10 and 16 years of age). The pregnant women get at least 2 additional doses in her life time for first pregnancy [2]. Adults get additional TT doses following injuries. This is suggestive that in India the TT vaccine is being overused for vaccination.

As a practitioner, I would like to know from the experts why booster of TT is given in India at 16-24 months, while it is not recommended by WHO? Why immunization schedule for Tetanus vaccine has 7 shots against WHO recommendation of 5 doses? Are these extra doses really

necessary? For pregnant women and adults, who receive extra doses following injuries, does the current schedule poses any risk of hyper-immunization?

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REPLY

WHO has recommended 5 doses of tetanus toxoid for childhood immunization: the primary series of 3 doses of DTP3 (DTwP or DTaP) in infancy (age <1 year), with a booster dose of a tetanus toxoid-containing vaccine ideally at age 4-7 years and another booster in adolescence, e.g. at age 12-15 years. However, it has also advised a sixth dose