

vaccines. In case of lost records, the statement of parents assumes greater importance regarding immunization in BCG scar negative children. Presently there does not exist any universal recommendation for BCG vaccination for those children where BCG scar is not seen and parents cannot recall whether BCG was given or not. In my opinion all such children should be given advantage of BCG vaccination (or doubtfully revaccination !!). To avoid unnecessary wastage such vaccination can be restricted to children upto 5 years of age who are most vulnerable to milliary and meningeal forms of tuberculosis preventable by BCG vaccination.

An interesting point in the above study was the dose of BCG vaccine. Authors used 0.05 ml(1) while the standard worldwide recommendation is to use 0.1 ml volume of

reconstituted vaccine. Inspite of this 50% of the recommended dose, satisfactory immunogenicity was found. Does it make a ground in future to reduce the dose of BCG vaccine?

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Reply

Dr. Goyal has rightly pointed out that record keeping of vaccination programme in children is very important and steps should be taken to ensure it. The waning of immune response after BCG is already reported(1,2). The role of revaccination is still not clear especially in view of the presence of large number of non tuberculous mycobacteria(3) sensitizing the children and their own role in altering the immune response after BCG vaccination(4). However, some countries are already implementing revaccination(5).

BCG vaccination is being given in doses of 0.05 ml in less than 3 months and 0.1 ml in more than 3 months as a policy by State TB Center from where the subjects were

studied. Recently, for the last 6 months BCG vaccination is being given in doses of 0.1 ml to all children in our hospital irrespective of the age

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The Updates are for the Audience

The updates are organized either to impart new knowledge and insight or to discuss and clear some controversies. After the talk many points need clarification. It is observed that on many occasions the discussion time or the question time is cut short on the plea that "Sorry! we are already behind the schedule, or the distinguished visiting speaker has to catch either a train or a flight", and the real purpose of the update is defeated. The members of the audience feel betrayed, because, they had come for a specific purpose and had to spare time and money for it. Here are some suggestions for consideration by the organizers of the Updates, so as to make these Updates achieve the aim for which these are held:

1. Utmost punctuality should be observed, the program should begin at the assigned time, even if the attendance is poor at that point of time; let the late comers miss some thing.

2. The speakers should not exceed the allotted time in any case. Proper home work should be done by speakers in selecting the number of the slides according to the length of the talk.
3. The speakers should be given definite assignments so that repetition is avoided. Sometimes many speakers actually repeat what the previous speaker had already said, or show similar slides stating that it had already been discussed, but, precious time is lost because of the projection of these slides.
4. About 25-30 minutes time should be allotted to the audience for each hour of the speakers' time, because, the updates are organized for the benefit of the attending doctors.

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