

MMR Vaccination: New Thought

Measles is rightly called as captain of killer team in India. We used to see measles cases mostly between 1 to 3 years of age group and mumps in school going children. Morbidity due to measles and mumps is very well known. Nowadays there is distinct change in the measles and mumps disease pattern due to measles and MMR vaccination. Both these vaccine were supposed to offer lifelong immunity to the children. But now-a-days we see measles in 7 to 10 years age group children who received only measles vaccine by 9 months of age. Those children who received both measles and MMR vaccines, contracted measles and/or mumps by 12 to 15 years so it is obvious from our field experience that measles vaccines immunity wanes away by 7 to 8 years of age and when both measles and MMR vaccines are given to the children according to our IAP schedule(1) immunity against measles and mumps lasts up to 12 to 15 years of age. Mumps was the disease of school going children, but now we see mumps patients in much older age group children. So introduction of MMR is very useful, but it falls short of our expectation. Therefore, why not give booster dose of MMR say by 10 years of age? There is a strong recommendation of rubella vaccine in adolescent girls. But why only rubella? Measles, mumps are also troubling our adolescents. If we start repeating booster dose of MMR vaccine, say by 10 years of age, then there is no need of rubella vaccination as well. The immunity from MMR lasts for 10-15 yrs of age. Then a booster dose at 10 years of age will give a life long immunity. Our children should not suffer from measles, mumps and rubella during the crucial period of their life is the thought behind this communication.

While going through the literature it was

found that American Academy of Pediatrics and most of the western countries are following the revaccination schedule since 1989(2-4). They are revaccinating their children either by 5 years of age or when they become adolescents. IAP has not recommended a booster dose of MMR vaccine. This is because routine coverage by measles and MMR vaccine is poor. Therefore naturally occurring sub clinical measles, mumps and rubella are common which act like a natural booster in vaccinees. In future high percentage of immunization amongst our people will take away the advantage of natural sub clinical infections and then second dose of MMR may be considered.

Our experience is not in favor of these natural sub clinical infections working as booster doses. There are so many grown up adolescents we see suffering from full-blown picture of measles or mumps. Our appeal to IAP is kindly give due consideration to recommend the booster dose of MMR vaccine at 10 years of age.

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REFERENCES

1. Recommendation. *In: Dubey AP, Surjit S, editors. IAP Guidebook on Immunization, 3rd edn. New Delhi: IAP Committee on Immunization, p. 17-19.*
2. Johnson CE, Kumar ML, Whitwell JK, Staehle BO, Rome LP, Dinkar C, *et al.* Antibody persis-tence after primary measles-mumps-rubella vaccine and response to second dose given at four to six vs eleven to thirteen years. *Pediatr Infect Dis J* 1996; 15: 687-692.
3. Davidkin I, Peltola H, Leinikki P, Valle M. Duration of rubella immunity by two-dose

measles, mumps, rubella (MMR) vaccine. A 15 year follow up in Finland. *Vaccine* 2000; 18: 3106-3112.

4. Cote TR, Sivertson D, Horan JM, Lindegren

ML, Dwyer DM. Evaluation of two doses of measles, mumps and rubella vaccination schedule in a cohort of college athletes. *Public Health Res* 1993; 4: 431-435.

Cultural Practices and Neonatal Septicemia

Neonatal septicemia continues to be a major cause of mortality and morbidity among neonates around the world(1). Late onset septicemia in the community is often associated with locally prevalent cultural practices.

We evaluated the association of cultural practices in fifty consecutively admitted newborns with onset of sepsis after 7 days and weight >1500 g.

In 70% of these newborns some form of the cultural practices was present. Prelacteal feeds (honey, ajwain water, etc.) were noted in 40%, head shaving in 34%, not washing neonatal clothes in 11.42%, providing non-human milk in 5.7%. Other cultural practices included nose-piercing, application of cow-dung on umbilicus and kajal application in

eyes (1 each). In most cases of head shaving, the instrument used was not sterile. While some of these have definite association with sepsis, the others are innocuous. We believe that efforts must continue to educate communities to give up potentially dangerous cultural practices in newborn care.

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REFERENCE

1. Puopolo MK. Manual of Neonatal Care, 5th edn. Cloherty JP, Eichenwald EC, Stark AR eds. Philadelphia: Lippincott-Raven, 2004; p. 287-312.

Radio Advertising of Varicella Vaccine

Recently a prominent radio channel (91 FM) has been airing advertisements by a vaccine manufacturing company (GlaxoSmith

Kline) with reference to the Varicella vaccine. The content of the advertisement implies that non administration of the vaccine leads to significant school absenteeism and hence academic underperformance. It has a serious connotation to parents, suggesting negligence on their part in case of failure to vaccinate.