normalized thyroid function after a month of treatment (thyrotropin 3.5 mU/L and free thyroxine 1.52 ng/dL) it was discontinued at 10 months, maintaining normal thyroid function four years later (thyrotropin < 5 mU/L).

The thyroid gland of both fetus and newborn infants is most affected by an iodine overload. When amiodarone is administered in pregnant women due to maternal or fetal arrhythmias, it can reach the fetus transplacentally, inducing a transient congenital hypothyroidism and, in some cases, compensating goiter [2]. However, reported cases of acquired hypothyroidism after postnatal amiodarone administration are very less [3,4]. There was complete recovery of thyroid function in all of them several months after medication removal.

Guidelines recommend monitoring thyroid function before starting amiodarone, and after six months in adult patients [5]. However, there are no such recommen-dations for children. In childhood, especially in younger ages, these surveillance intervals of thyroid function should be much shorter. Among children under four years of age, some authors recommend determining thyroid hormones at baseline, weekly during the first month of treatment, monthly during the first quarter, and then quarterly [4]. We agree with these recommendations, taking into account how quickly hypothyroidism is established in neonates and young infants exposed to amiodarone.

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Media and Measles-Rubella Vaccination Campaign – Musings from Pondicherry

Achieving and maintaining high levels of population immunity by providing high vaccination coverage with two doses of measles and rubella (MR) containing vaccines is a key strategy towards their control and elimination. The MR vaccine campaign was launched on February 6, 2017 targeting around 41 crore children across India, the largest ever in any campaign. All children aged between 9 months to 15 years are being given a single dose of MR vaccine, irrespective of their previous vaccination status. The Union territory of Pondicherry was included in the first phase of the campaign [1].

Surprisingly, even before the campaign started, several rumors were circulating on social media about MR vaccine, warning parents not to allow their children to be vaccinated and confusing many. Many pediatricians received several calls from parents regarding the safety of the vaccine and need for the campaign. Some of the schools asked for written willingness from parents, which actually escalated their concerns. Minor adverse events following immunization (AEFI) were disproportionately magnified by the media adding to public panic and increased vaccine hesitancy. Subsequently firefighting, was done with more information, education and communication (IEC) activities and involvement of all stakeholders including Indian Academy of Pediatrics and non-government organizations.

In this era of advanced telecommunication, this is a classic example of how false information in social media can derail a noble cause and create a dent in the entire machinery. Vaccine safety gets more public attention than vaccination effectiveness. Independent experts and WHO have shown that vaccines are far safer than therapeutic medicines [2,3]. We should address the specific determinants underlying vaccine hesitancy. Strategies

may include engagement of religious or other influential leaders to promote vaccination in the community, social mobilization, mass media, improving convenience and access to vaccines, training for health care workers, and effective health education for public [4]. Lessons learnt from Pondicherry reiterate the importance of intensive pre-campaign mass education through all forms of media, and these can serve as valuable inputs for successful vaccine campaigns in the other states.

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