

cells has not been determined in patients who have undergone liver transplantation. However, using drugs with different modes of immunosuppressive action can have an additive effect in dampening the response to vaccination. There is no evidence to link transplant rejection to immunization.

To summarize, vaccination status should be reviewed at the time of the first visit to the treating physician and a plan should be developed. The status should be reviewed once the patient is listed for transplantation. For patients who are incompletely vaccinated prior to transplant, inactivated vaccines can be given safely once immunosuppression is established. Data on safety and immunogenicity of live vaccines in such patients is awaited.

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## Control of Tuberculosis in India: President's Vision and Bold Initiative

The President of Indian Academy of Pediatrics (IAP) has highlighted the importance of addressing pediatric tuberculosis (TB) – for cure and prevention [1]. The announcements that IAP will train pediatricians on 'TB control' and the idea of creating 'State and District level Task Forces for TB Control', if implemented, will give IAP a new role in health management.

Our children deserve to live without the risk of inhaling *Mycobacterium tuberculosis* (MTb), which of course is their fundamental human right. For that, we must transform India from a high prevalence to a low prevalence nation. The only way to achieve this goal is by effective TB control.

The term 'control' has specific meaning in epidemiology [2]. TB control has been defined as yearly 5 percent reduction of annual rate of MTb infection (ARTI) [2]. In 20 years, India can become a low prevalence nation, like Western countries [2]. This can be achieved only through community level action, particularly for socio-behavioral change, supported by intensive bio-medical interventions. Only the Government has reach and power to establish such modalities. We in healthcare profession cannot control TB through treating and curing individual children with TB, even if we reach 100% [2].

The Government has currently no policy to control TB [3]. IAP's first task is to force our Government to accept TB control as national policy [1,3]. IAP has the opportunity and President has the vision, for such advocacy [1]. IAP ought to establish a National Task Force on TB Control to assist the Government to re-define the goal of the Revised National TB Control Programme from the current 50 percent mortality reduction to annual 5 percent reduction of ARTI [1-3].

The control of TB offers India a unique opportunity to construct a model of primary healthcare linked to public health [4]. TB control is not only a humanitarian service but also a developmental endeavor – India can become richer by annual saving of 23.7 billion US dollars if TB is controlled [3]. IAP can thus contribute to our country's socio-economic development.

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