

A detailed and careful analysis of the history of polio control in India from the time of the establishment of EPI must be undertaken to throw further light on this matter. It would be appropriate for the Government of India to appoint an expert enquiry commission to investigate the sequence, causes and effects of these events. If injury and injustice had been done to children and their families, they deserve to be informed and compensated.

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Impact of Maternal and Child Health Strategy on Child Survival

In a recent paper on this subject(1), the authors studied mortality rates in twelve villages of Pondicherry and compared these with data from a health survey conducted in 1967, prior to the setting up of a comprehensive health delivery system in this area. The inputs consisted of two medical officers, three public health nurses, two auxiliary nurse-midwives, two pharmacists, one social worker, one sanitary inspector and a vehicle available throughout the day and night for any emergency transport. There was also considerable input in health and nutrition education. The response of the community regarding antenatal visits, delivery by trained personnel and immunization was extremely good. Ninety four per cent deliveries were conducted by trained personnel. Besides, there was a very active ICDS project in the area and most pregnant women and children took advantage of the food supplement of-

fered. While the mortality rates have come down considerably, certain points of interest and concern emerge. Although there is no difference in IMR between the cohort study and the sample registration scheme (SRS) data from rural Tamil Nadu (64/1000 live births in both), there is a great deal of difference in the neonatal mortality. Neonatal mortality as a percentage of infant mortality is 54.7% in the cohort studied. The figures for rural Tamil Nadu and rural India are 83.1% and 63.7%, respectively. Obviously the neonatal mortality has been reduced considerably due to the inputs mentioned earlier, but it has not made a similar impact on the post-neonatal mortality, in spite of ready access to health services. This is a pointer to the importance of other socio-economic factors such as education, environment, income, nutritional status, *etc.* Importance of birth weight and gestation (regarding which we have no information in the paper) cannot be overlooked because low birth weight babies both term and pre-term continue to have higher neonatal and infant mortality rates

as well, as was shown in the longitudinal follow-up of a birth cohort in Delhi(2). These comments by no means underestimate the remarkable impact that has been made on mortality in the Pondicherry study.

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Intestinal Parasites Among Children at Bharatpur, Nepal

Intestinal parasitic infections are still responsible for malnutrition and morbidity in underdeveloped countries. We evaluated the magnitude of intestinal parasites among children at Bharatpur, Nepal. Stool samples were collected from 211 children attending the OPD of our hospital during the period April, 1996 to February, 1997. Presenting complaints included pain abdomen, respiratory infections, fever, loss of appetite, diarrhea, dysentery, fullness of abdomen, *etc.* Both saline and iodine smears were made and microscopic examination was done for cysts and ova of various parasites.

The various parasites isolated are shown in *Table I*. The maximum isolation was of *Ascaris lumbricoides* followed by *Giardia lamblia*. Mixed infections were also noted in a few children. The prevalence of *Enterobius vermicularis* was low in our study. A contributory factor may be the fact that the perianal swabs from these children were not collected.

Amongst the intervention measures, it is important to take up sustained health education, provision of safe drinking water, improvement in environmental sanitation and provision of septic lavatories for these communities. It would also be useful to teach them about personal hygiene and conduct health education at schools through school health projects. During the school health checkups, periodic screening

TABLE I—Isolation of Specific Parasites

Parasite	<i>Ascaris lumbricoides</i>	<i>Giardia lamblia</i>	<i>Entamoeba histolytica</i>	<i>H. nana</i>	Hook worm	<i>Trichuris trichuri</i>	<i>Enterobius vermicularis</i>	Total no. of positive cases
No. of +ve cases	46	39	27	15	13	11	06	157
%	21.8	18.5	12.8	7.1	6.2	5.2	2.8	74.4