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## 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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## 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.

Most developing countries have other vaccine-preventable diseases that cause significantly greater morbidity and mortality. WHO does not recommend the routine introduction of varicella vaccine into their national immunization programs in developing countries, due to inability to maintain a high, sustained coverage(1). If the coverage of routine immunization is less than 85-90%, there may be a shift in the epidemiology of the disease. As the use of varicella vaccine increases, the circulation of wild-type varicella zoster vaccine will decrease. There will be an increase in unimmunized adolescents and adults who are also unexposed to natural infection. The risk of complications and death attributable to varicella is considerably higher (10 to 20 fold) in this group than that for children. In addition, the varicella vaccine virus can cause herpes zoster post-immunization, which is more severe than the natural disease. The rate is 2.6 per 100,000 vaccine doses distributed(2).

The absolute indications for varicella vaccination include children with chronic lung or heart disease, humoral immunodeficiencies, HIV infection (when CD4 counts are above 25%), leukemia (in remission for a year), on long term salicylates/steroids, household contacts of immunocompromised children and postexposure immunization(3,4). Varicella vaccination may be considered in children attending day care centers, susceptible adolescents and adults confined to institutions or about to attend residential school and on a one-to-one "named child" basis.

This issue is being commended to consideration of the readers, so that they may guide concerned parents appropriately and vaccinate when indicated. The lay media has been used in the past for advertising optional and combination vaccines. The Indian Academy of Pediatrics (IAP) had lodged a formal complaint before the Drug Controller General of India and the Union Health Ministry, prompting the former to issue a letter for withdrawal of these advertisements. I would request the IAP to make note of this advertisement and take action as they see appropriate. Stronger steps need to be taken to curtail this kind of unethical campaigning.

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