

 **Maternal child marriage and under-5 mortality** (*BMJ 2010; 340: b4258*)

This study assessed associations between maternal child marriage (marriage before age 18) and morbidity and mortality of infants and children under 5 in India. The population studied were women aged 15-49 years ( $n=124\ 385$ ) from data collected in 2005-6 through NFHS-3. The majority of births (73%) were to mothers married as minors. Bivariate analyses showed significant associations between maternal child marriage and infant and child diarrhea, malnutrition, low birth weight, and mortality; but only stunting and underweight remained significant in adjusted analyses.

**COMMENTS** Almost half of 20-24 year old women in India (44.5%) are married before age 18 and 22% of all 20-24 year old women have given birth by age 18 years. Early motherhood was associated with increased likelihood of low birthweight infants, and increased infant and child morbidity and mortality. These disproportionate risks seem to be related to social and health related vulnerabilities among adolescents, including increased rates of poverty, maternal depression, and malnutrition.

 **Combination vaccine for measles, mumps, rubella and varicella** (*MMWR Recomb Rep:2010; 59(RR-3):1-12*)

This report presents new recommendations adopted in June 2009 by CDC's Advisory Committee on Immunization Practices (ACIP) regarding use of the combination measles, mumps, rubella, and varicella vaccine (MMRV, ProQuad, Merck & Co, Inc). Post-licensure studies indicated that among children aged 12-23 months, one additional febrile seizure occurred 5-12 days after vaccination per 2,300-2,600 children who had received the first dose of MMRV vaccine compared with children who had received the first dose of MMR vaccine and varicella vaccine separately. However, children aged 4-6 years who received the second dose of MMRV vaccine did not have an increased risk for febrile seizures after vaccination. ACIP identified a personal or family history of seizure as a precaution for use of MMRV vaccine. Providers who are considering administering MMRV vaccine

should discuss the benefits and risks of both vaccination options with the caregivers.

**COMMENTS** CDC recommends that MMR vaccine and varicella vaccine should be administered separately for the first dose in this age group. For the second dose at any age (15 months-12 years) and for the first dose at age  $\geq 48$  months, use of MMRV vaccine generally is preferred over separate injections of MMR and varicella vaccines.

 **Treatment of common cold** (*Otolaryngol Head Neck Surg 2010;142:647-650*)

Over-the-counter cough/cold medications are commonly used in children. Data from controlled clinical trials of cough/cold product ingredients do not support their efficacy in children younger than four years of age. Serious adverse effects have been reported from cough/cold product use in infants and children, which largely result from inappropriate use by caregivers.

**COMMENT** The treatment of common cold is still supportive - consisting of antipyretics, hydration, and nasal clearing.

 **Botulinum toxin and cerebral palsy** (*Dev Med Child Neurol 2010;52:186-193*)

Children (mean age 6 y 4 mo) with hemiplegic ( $n=22$ ) or diplegic ( $n=9$ ) CP were evaluated before and 3 months following injection of Botulinum toxin A (BoNT-A) into the gastrocnemius. Younger age and fewer number of BoNT-A treatments were associated with greater change in gross motor function. Child's motivation and parenting stress were significantly associated with improvements in muscle tone, passive range of motion, gait pattern, level of ambulation, and functional independence.

**COMMENTS** Several characteristics influence the degree of responsiveness to botulinum treatment. The contribution of contextual factors (personal and environmental) on responsiveness is not well recognized.

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