retinopathy of prematurity, intraventricular hemorrhage and periventricular leukomalacia. Nevertheless, premature infants born between 32-36 weeks form a large proportion in NICU, and some need assisted ventilation. Longtime ventilation will increase the risk of lung injury. Length of ventilation should be the primary outcome as it plays an important role leading to ventilator- associated lung injury. Further researchon the mechanisms of heliox in respiratory diseases are still needed.

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Immunization Recommendations Should not be Ambiguous

This refers to the Guidelines regarding immunization schedule for children upto the age of 18 years recommended by IAP [1]. There are some contradictory or confusing statements which need clarification:

Rotavirus vaccine: There is no change in the existing schedule of RV1 vaccine that includes the first dose at 10 weeks of age instead of 6 weeks in order to achieve better immune response, and the second dose at 14 weeks to fit with existing National immunization schedule [2]. It is further stated RV1 (Rotarix) should preferably be employed in 10 and 14 week schedule, instead of 6 and 10 weeks, which suggests that for RV5 (Rota Teq) 1st dose is to be administered at 6 weeks.

Hepatitis B vaccine: Under footnotes it is stated that ideally, the final (3rd or 4th) dose in the Hepatitis B vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose, whichever is later. On the contrary, it also states "Hepatitis B vaccine may also be given in any of the following schedules: birth, 1 and 6 mo; birth, 6 and 14 weeks; 6, 10 and 14 weeks; birth, 6, 10 and 14 weeks."

HPV vaccine: It is stated that "two doses of HPV vaccine are advised for adolescent/pre-adolescent girls aged 9-14 years; for girls 15 years and older, current 3 dose schedule will continue." In the figure 1, range of recommended ages for all children in yellow shade is for 11 and 12 years, which would suggest that it is not recommended for 9 and 10 year old girls, and also that two doses are required till the age of 12 years, and not till age of 14 years.

Changing the needle: Under General instructions in the footnotes, authors state that changing needles between drawing vaccine into the syringe and injecting it into the child is not necessary. Currently used syringes and needles are meant for single use. When the needle pierces skin or rubber stopper, it loses its sharpness. To reduce pain, after refilling the syringe, it would be advisable that the needle be changed. There is no need to change the needle if vaccine or other liquid has been withdrawn from an ampule, and injected. In case liquid from one container is withdrawn and pushed in another containing vaccine and withdrawn, then needle should be changed.

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