HIVNET012 randomized trial. Lancet 1999; 354: 795-802.

- 2. Edward MC, Rhoda SS, Richard G, Pavel K, Gwendolyn S, Mary JO, *et al.* Reduction of maternalinfant transmission of Human immunodeficiency virus type 1 with Zidovudine treatment. PACTG076. N Engl J Med 1994; 331: 1173-1180.
- 3. Marc L, Gonzagne J, Sophie LC, Jean YM, Nicole NGH, Suporn K, *et al.* Single dose perinatal Nevirapine plus standard Zidovudine to prevent Mother-to-child transmission of HIV-1 in Thailand. N Engl J Med 2004; 351: 217-228.
- Cooper ER, Charurat M, Mofenson L, Hanson IC, Pitt J, Diaz C, *et al.* Combination antiretroviral strategies for the treatment of pregnant HIV-1 infected women and prevention of perinatal HIV-1 transmission. J Acquir Immune Defic Syndr Hum Retroviral 2002; 29: 484-494.
- 5. WHO PMTCT guidelines 2006 revision. Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants in resource limited settings. Recommendations for a public health approach. Available from: URL: http:// www.who.int/hiv/mediacentre/fs_2006 guidelines pmtct/en/index.html. Accessed June 20, 2006.

Tuberculosis Infection in BCG Vaccinated Children

- A good number of BCG vaccinated children do not develop a scar. In Kerala, BCG coverage is above 95%. But in the present study(1), only 59% of children have a BCG scar. This clearly shows that the BCG scar alone, to identify the vaccinated children, is an irrational and misleading criteria. This study ideally should have been conducted as a prospective study(2,3).
- 2. Tuberculin induration measured, should be interpreted without any prejudice, whether the children are vaccinated or not. But this study probably brings out that the interpretation of Tuberculin induration differentially in vaccinated and unvaccinated children is baseless.

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REFERENCES

1. Pulickal AS, Fernandez GVJ. Comparison of the Prevalence of Tuberculosis Infection in BCG Vaccinated versus Non-Vaccinated School Age Children. Indian Pediatr 2007; 44: 344-347.

- 2. Nutrition Subcommittee of the Indian Academy of Pediatrics. Classification of Protein Energy Malnutrition. Indian Pediatr 1972; 9:360.
- 3. Singh MC, Badole CM, Singh MP. Immunization coverage and the knowledge and practice of mothers regarding immunization in rural area. Indian J Public Health.1994; 38:103-107.

Reply

- 1. We disagree. Studies have demonstrated >90% scar formation post-vaccination with BCG(1-5). These data indicate that a BCG scar is indeed a sensitive and reliable indicator of BCG vaccination. However, we do concur with Dr. Kartha that a prospective study could have had more validity but temporal and resource limitations ruled this out.
- 2. We do not deny that the use of a differential cutoff is unconventional. The multiple reasons for using this strategy have been described in detail in the article. Our hypothesis is that, despite tuberculin reactions appearing similar in both groups (as suggested by the data and pointed out by Dr. Kartha), vaccinated and unvaccinated children, ipso facto, have different risks of acquiring tuberculosis and developing disseminated disease that necessitates a different tuberculin cut-off reading for each group. It is an