

Government of India's Boost to Country's Immunization

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The honourable Prime Minister of India, Shri Narendra Modi, has announced the introduction of four new vaccines as part of India's Universal Immunization Programme (UIP) [1]. The decision of the Government of India (GOI) was based on the recommendations of the National Technical Advisory Group on Immunization (NTAGI), the country's apex scientific advisory body on immunization, which met in New Delhi in June 2014. The Indian Academy of Pediatrics (IAP) was honoured to be one of the invitees for this prestigious meeting.

The newest entrant in the UIP is the Rotavirus vaccine which will be introduced in phases, in parallel with evaluation of the results of post-marketing surveillance and pilot observational study of the recently licensed indigenous 116E strain vaccine. The recommendation is based on the huge burden of rotaviral diarrhea in the country, with estimated 11.37 million episodes requiring 3.27 million outpatient visits, 872,000 inpatient admissions and 78,000 deaths annually [2]. Despite the reported low vaccine efficacy (55-60%) in developing countries, introduction of rotavirus vaccine is expected to avert the diarrhea-related morbidity and mortality significantly.

After the historic declaration of India as polio free in March 2014, as part of the global endgame strategic plan of 2013-2018, there will be a timeline based withdrawal of oral polio vaccine (OPV) from the immunization program with globally synchronized trivalent-OPV (tOPV) to bivalent-OPV (bOPV) switch, and simultaneous introduction of injectable polio vaccine (IPV) as an additional dose at 14 weeks (with DPT3 and OPV3), tentatively by mid-2015.

India has committed to the elimination of Measles and control of Rubella by the year 2020. Rubella vaccine will be introduced as Measles-Rubella (MR) vaccine replacing both doses of the Measles containing vaccine at 9 months and 16-24 months. Surveillance for congenital rubella syndrome and serosurveys for disease tracking has been taken up as other important strategies for the control and elimination of rubella. Pediatricians are requested to report and maintain records of rubella cases to support the

Government survey. IAP is contemplating to include Congenital Rubella Syndrome (CRS) in the list of the diseases reported on *idsurv.org*. The IAP has also now made a change – in line with the NTAGI decision – and now recommends MMR in place of stand alone measles vaccine at 9 months. The IAP in the Standing Technical Subcommittee (STSC) meeting in February 2014 argued for inclusion of the Mumps vaccine in the UIP (MMR in place of MR) but could not convince the government on the need.

The pentavalent vaccine which was rolled out in a phased manner in eight states in India is likely to be introduced in eleven other states by October 2014. The Adverse Events following Immunization (AEFI) surveillance system in the country has been strengthened and members are requested to report adverse events to this system. Japanese Encephalitis vaccination will be introduced in adults in endemic districts, based on substantial disease burden (one or more confirmed cases among adults in the district).

To reiterate the Prime Minister's own words: "The introduction of four new lifesaving vaccines will play a key role in reducing the childhood and infant mortality and morbidity in the country. Many of these vaccines are already available through private practitioners to those who can afford them. The government will now ensure that the benefits of vaccination reach all sections of the society, regardless of social and economic status." The IAP welcomes the decision of the Government to introduce these vaccines in the UIP, and extends its full fledged support to the Government in all the above promising strategies for reducing childhood and infant mortality in the country.

REFERENCES

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