# IAP Immunization Guidelines: Author's Reply

1. *Rotravirus vaccine*: It is true that the figure with range does not show the range of administration of rotavirus vaccines [1]. We have deliberately avoided providing a range since it is of paramount importance to complete the series with RV1 or RV5 within the stipulated time limit owing to higher incidence of intussusception if the prescribed age-limit is exceeded. It is not always possible to display all the information in a single figure or chart. The detailed information on administration of each of the vaccines shown in the figure is provided in the footnotes. One should also make note of the footnote immediately below the figure which reads, "These recommendations must be read with the footnotes that follow".
2. *Hepatitis B vaccine*: It is customary to provide ideal minimum and maximum intervals between different doses of a vaccine that is employed in more than one dose schedule. This is of significant importance for those who fall behind or start late, *i.e*. for catch-up vaccination. The schedule and duration provided in the IAP immunization schedule are ideal for immunizing an individual child in office practice. However, Hepatitis B vaccine is also provided through mass immunization in Universal Immunization Program (UIP) in a shorter schedule (*i.e.* at birth, 6, 10 and 14 weeks) mainly due to logistic and programmatic reasons. These schedules are also found to be protective and permitted for use in large scale immunization programs, particularly in developing countries [2].
3. *HPV vaccine*: The most appropriate time slot recommended for HPV vaccine is indicated in yellow shade in the figure [1]. As elaborated above, it is not possible to display all the information in a single figure and the figure must be read with the footnotes that follow.
4. *Changing the needle*: The current recommendation, *i.e.* "changing needles between drawing vaccine into the syringe and injecting it into the child is not necessary" is based on overall general vaccination practice all over the world. In most instances it is not necessary. The recommendation is also in concurrence with the guidelines issued by international agencies like CDC and WHO. However, on certain exceptional occasions when the clinician thinks the needle may have got blunted due to multiple punctures/pricks, it can be changed.

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2. Hepatitis B vaccines. WHO position paper. Wkly Epidemiol Rec. 2009;84:405-19.

# Listen to Mother First

My daughter in law delivered a 3.5 kg baby with caesarean section. On third day, the baby was taken for immunization to a private pediatric nursing home where two pediatricians combine have a practice; each one attends the outpatient department on alternate days. The baby was given BCG, oral polio and hepatitis B vaccinations. The parents were advised to bring the baby on fifth day for re-examination. On 5$^{th}$ day, attending pediatrician did not read the immunization notes of his colleague. Inspite of telling that primary immunization was over on first visit, he turned deaf ears to mother's remarks and repeated all three vaccines. He tried to satisfy to worried mother by sham confidence that nothing will happen. He further remarked that all children who received initial vaccinations at government hospital are re-vaccinated within one week interval at their nursing home.

What will be the antibody response in such children due to immune insult caused by repeat vaccination within one week? What should be the advice to mother regarding immunization schedule in this situation?

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