

antibiotics. General condition of the patient deteriorated and the patient expired in next few days.

Although it sounds paradoxical, an autoimmune phenomenon can complicate a pre-existing primary immunodeficiency disorder, thereby creating a diagnostic and therapeutic challenge for the physician. Cases like Autoimmune thrombocytopenia and Autoimmune hemolytic anemia in Common variable immuno-deficiency [1], and Omen syndrome and Autoimmune thrombocytopenia in SCID [2] have been reported. Impairment of both central and peripheral tolerance is responsible for autoimmunity observed in SCID [3]. Treatment with immunosuppressive agents such as corticosteroids can exacerbate the infections associated with immunodeficiency disorders. So non-immunosuppressive agents such as intravenous immunoglobulins and targeted monoclonal antibodies are likely to be preferable [4].

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Pentavalent vaccines and operational difficulties

The Puducherry Government had been providing BCG, OPV, DPT, Hepatitis B, Measles and MMR vaccines to all government hospitals, medical colleges and primary health centers. Now, the Government of Puducherry launched the pentavalent vaccine is program in January 2013 [1]. The pentavalent vaccine is given in three doses at 6, 10 and 14 weeks along with oral polio vaccine (OPV). IAPCOI timetable 2013 recommends HiB vaccine at 6, 10, 14 weeks, and a booster dose between 15-18 months [2]. Some want to follow the older regimen instead of pentavalent vaccines as they feel the safety of vaccines is more important than the number of injections. With the non-availability of HiB vaccine in the government supply, parents are advised to buy it from outside.

When the Government of India and Indian Academy of Pediatrics are sure of implementation of pentavalent vaccine program, why it is not incorporated in the National immunization programme and IAPCOI Recommendations 2013? Is it not wiser to expand the National immunization program first, and more importantly, make it uniform throughout the country, and,

then go for the combined vaccines? Is it not wiser to expand the spectrum of vaccine preventable diseases rather than focus on combination vaccines? No doubt the combined vaccines are there to stay, but the policy makers cannot ignore the pitfalls. The most important objective is effective and safe vaccines, and to achieve the goal of 100% immunization coverage in the country.

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REPLY

Apropos of the query regarding Hib vaccination schedule, this is to clarify herewith that IAP ACVIP recommendations are mainly for individual protection of a particular child in an office-practice setting. They are the most appropriate way of using available licensed vaccines

to provide best possible protection to an individual child. It may not always be feasible to apply these guidelines *in-toto* while designing a mass, national level vaccination program. The logistics, cost and other operational issues may override other considerations. Combination vaccines have several advantages like fewer injections, better compliance, reduced requirement of syringes and needles, reduced burden on cold chain, and easier record-keeping. In fact, they are more 'program-friendly' than single antigen products. IAP also prefers combination vaccine over separate injections of its equivalent component vaccines [1]. Regarding the booster of Hib vaccine, IAP has recommended its use in its schedule; however, the Government of India (GoI) has not yet included it in their National Immunization Schedule, mainly because of programmatic considerations. They also believe the current epidemiology of Hib disease in the country does not warrant a booster dose.

The issue regarding safety of pentavalent vaccine has been critically analyzed at various fora, including in the IAPACVIP. The GoI and WHO have cleared this vaccine as no causal association between administration of the vaccine and death of children could be found so far. Following a detailed discussion and analyzing all the available evidences, the Academy has also issued a

statement in the favor of the safety of pentavalent vaccine [2]. After getting reassurance on the safety of this vaccine, the GoI has recently decided to broaden the coverage of the vaccine to all other States of the country not covered so far. The lack of an effective AEFI surveillance system uniformly all over the country, and poor routine immunization coverage of many States were the reasons why this vaccine was not launched all over the country in the first go.

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Mycotic Aneurysm Rupture in Klebsiella Endocarditis

Damage to the vasa vasorum of blood vessels due to vasculitis may result in the formation of cerebral mycotic aneurysm that can rupture and result in massive intra cranial bleeding. We report an adolescent boy who presented with hemorrhagic stroke due to ruptured mycotic aneurysm associated with *Klebsiella* endocarditis of aortic valve cusps.

A 14-year-old boy presented with right hemiparesis and aphasia with a history of fever, joint pain, palpitations and left sided chest pain. His blood pressure was more than 95th percentile; fundus examination showed multiple superficial and deep hemorrhages. He had anaemia, polymorphonuclear leukocytosis, elevated ESR, elevated ASO titer and positive C-reactive protein. Blood culture reported growth of *Klebsiella pneumoniae*.

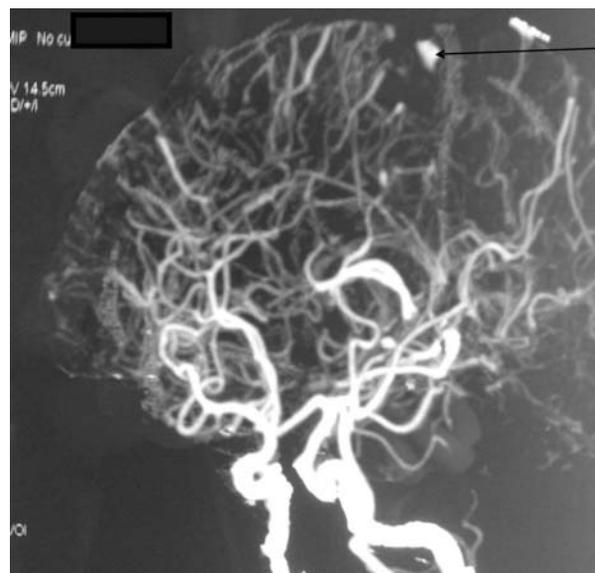


FIG. 1 CT angiogram demonstrating intracerebral bleeding in the left parieto-occipital lobe with outpouching in the distal branch of left middle cerebral artery suggestive of ruptured mycotic aneurysm.